

ADOPTION CHECKLIST

ADMISSION NO:

MBY 9910

CONTRACT NO:

MA0246



Admission Form



Application for adoption



Pre-Home Inspection Report



Adoption contract



Copy of Identity Document or Driver's License



Proof of Residence



Letter from Body Corporate



Sterilization Contract and Date of sterilization Contract End April



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number



992003000579240

Completed by:

[Signature]

Date: 19/03/2026

Manager:

[Signature]

Date: _____

FUTURE POST HOME INSPECTION (every 6 Months)

Date of inspection	Date of inspection

This checklist must be completed and attached to the front of every adoption that has been processes.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0246DATE: 19/03/26

between Mosselbay SPCA
 and 7408 14 0006 089
Cornveldman@gmail.com

Name Cornelia Veldman

Address _____

Telephone Numbers (H) 0736188865 (B) _____

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name _____ Sex Female Age 2 monthsDescription Fawn puppyOn (due date) END APRIL Adoption Form No. MA 0246on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society reserves the right to confiscate the animal and **NO MONEY WILL BE REFUNDED**. The owner agrees that a member of the SPCA's staff may enter upon the premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: [Signature]For SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

C2
SP0x

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Cornea Veldman

HOME ADDRESS: Alma slot (close) 2

Fraciwitsig ID NO.: 7408140006089

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): _____

CELL NO: 0786188865 FAX NO: _____

EMAIL: corneaveldman@gmail.com

Address where animal will be kept: Alma slot 2, Fraciwitsig

Occupation: Huisvrouw

Do you own or rent your property: own Do you have consent from owner / Body Corporate? ☒

Are you a student with consent to keep pets: _____ YES/NO

Reason for wanting animal: companion

Is the animal for yourself? ☒ YES/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary ☒ YES/NO

What breed of dog or cat are you interested in? cat

Can you afford private fees? yes Who is your vet? Dr. Frans de Graaf

How many animals live on the property? DOGS? _____ CATS? 1 OTHERS _____

What are the sexes of your animals? DOGS: Male ☒ Female _____ CATS: Male ☒ Female _____

Are all your animals sterilised? Give details yes

How many dogs and cats have you owned in the last 3 years? DOGS? _____ CATS? 2 OTHER? _____

Which animals do you still have, and what happened to the others? 1, other died of kidney failure

Is your property fenced and has a proper gate? yes Will you chain/ an animal? no

Full description of the fencing and gate: white picket fence Height: 1m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER indoors

Have you previously had pets from an SPCA? No Are there children under 10 in your household? No

Pre Home Inspection Fee: R100 Receipt No: 9175

Declaration: The above information is true and correct
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT [Signature] Date of application 16.03.2026



ADMISSION NO

MBY 9910

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 17-3-26

TIME: 13:32

NAME OF APPLICANT: Cornea Veldman

ADDRESS: Alma Slot (close) 2, Fraaiuitsig

HOME TEL No: CELL No: 0786188865

ANIMAL(S) ADOPTING: Tabby kitten

SEX: Male

AGE: 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	Wall	Suitability of fence (i.e. small pets can't escape):	
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☐ / NO ☒	If yes, what partitioning?	
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify:	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	ASH				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	♂ / 14yrs	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY: human

SPCA: moss/bay

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE		ANIMAL NAME	
KENNEL NUMBER	CR88	BREED	
CARD NUMBER		STERILIZED	
COLOUR	Calico	MALE/FEMALE	Female
VACCINATED		AGE	
PROOF OF VACC		STRAY/SURRENDER	

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.80		
TEMPERATURE	37.7		
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS



MICROCHIP PEDD ANIMAL REGISTRATION FORM

RECEIVED FROM VIRBAC
DATE: 10/01/2024



992003000579240

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

Vet Practice Number *

Vet Practice Name *

Vet Practice Email - On Email *

Cell No. * 0786138365

Only mobile numbers in South Africa, Botswana and Namibia will be entering in it successfully

Email *

If possible, please provide a personal email, not a company email *

Title *

Initials *

Surname *

Street

City

Suburb

Area Code

Country

Province

Phone - Day time

Phone - Night time

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

CHIP DETAILS

Registration Date *

Date of Implant *

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name LEO

Date of birth

Species *

Breed *

Colour

Markings

Gender Male Female

Sterilised Yes No

KANNEI UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said veterinarian and / or its office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant instructions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of his personal information for marketing purposes and unless expressly stated otherwise he / she consents to his personal information being used by Virbac RSA (Pty) for the above-mentioned purposes. SIGNATURE

REGISTRATION PORTALS - Please use only the following options to register on the BackHome database

1. Online Log onto www.backhome.co.za. Completes the registration process.
2. By fax Fax this completed form to Back Home on (0800) 222 546 (TOLL FREE) or 011 852 6164
3. By email Scan and Email the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App Download the Virbac BackHome Africa App www.backhome.co.za • Tel: 011 852 6120 or 011 027 8087 • Fax: 0800 222 546

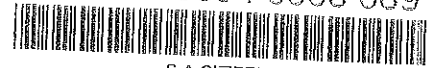
NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 740814 0006 089



S.A.CITIZEN

SURNAME

VELDMAN

FORENAMES

CORNEA

COUNTRY OF BIRTH

SOUTH AFRICA

DATE OF BIRTH

1974-08-14



DATE ISSUED

2011-04-14

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS



Mossel Bay

MOSSSEL BAY MUNICIPALITY
MOSSSELBAY MUNISIPALITEIT
UMASIPALA WASEMOSSSELBAYI

BTW REG. NO.

Naam:

VELDMAN C

Liggingsadres:

2 ALMASLOT FRAAUITSG

BELASTING FAKTUUR MAANDELIJKE REKENING

REKENINGNUMMER:	28-001126-004-4
DATUM VAN REKENING:	23/02/2026
LAASTE KWITANSIE DATUM:	20/02/2026
VOORAFBETAALDE METERNUMMER:	07060181299

DENSTE DEPOSITO:	2040.00	ERF NUMMER:	1126000	TOTAAL WAARDASIE:	1625000	WVK No:	4
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DATUM	BESONDERHEDE	BEDRAG
19/02/2026	BALANS OORGEERING	1956.94
19/02/2026	19/02/2026 07060181299 ELEKTRISITEIT	496.69*
	BASTIES	431.91
	VAT/BTW	64.78
19/02/2026	WATER 12/12/2025-16/01/2026	
	6158 - 6192 (34 Kl 35 Dae)	
	BASTIES	261.39
	07/25	6.90 @ 0.000 = 0.00
		16.11 @ 10.030 = 161.58
		10.99 @ 13.038 = 143.29
	VAT/BTW	84.93
19/02/2026	VULLIS	320.62*
19/02/2026	BELASTING PRAAIENT	580.12
	KWITANSIES	1956.00-
	Balans Oorgedra	0.46-
	BTW OP '.*' ITEMS:	191.53 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	2049.46	2049.00
BETAALBAAR OP 16/03/2026				BEDRAG BETAALBAAR 2049.00

Betaling moet voor of
op die vervaldatum
gemaak word



Mossel Bay

VAT NO. 1277435 4830116370

☒ 101 Marsh Street
Private Bag X 29
MOSSSEL BAY
6500

(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

PREDEFINED BENEFICIARY.
MOSSSEL BAY MUNICIPALITY
REF NO. 280011260044

Standard Bank

11379 280011260044

Standard Bank is now the Primary banker for the
MOSSSEL BAY MUNICIPALITY.

Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the
MOSSSEL BAY MUNICIPALITY.

The municipality has been added as a predefined
beneficiary on the Bank Directory.

VELDMAN C
ALMASLOT 2
FRAAUITSG
KLEIN-BRAKRIVIER
6503

28-001126-004-4



ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: _____
- Contact Number: _____
- Email Address: _____

2. Additional Family Member/Friend Details

- Full Name: Marius van Vuuren
- Contact Number: 073 254 2415
- Email Address: marius.vanVuuren@gmail.com

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No)
- If yes, when? _____
- Where? _____
- What animal did you adopt? _____

1. Adoption Contract Acknowledgment

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 19.03.2026.