ADOPTION CHECKLIST

ADMISSION NO: MBY8806

CONTRACT NO: MA0196

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [NA] Letter from Body Corporate
- [X] Sterilization Contract and Date of sterilization Contract Done 22/01/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579263 11/02/26.

Adoptee INFO:

Name & Surname Thamrin Human

Contact INFO: 072 2807418

Completed by: Mary Ann Cardnum Date: 28/01/26.

Manager: [signature] Date: 30/01/26

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.

C3 Raven

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): Ms Thamrin Human

HOME ADDRESS: 5 Saint Diaz Beach Blvd W

ID NO.: 0601030150080

POSTAL ADDRESS:

TEL NO (H): N/A (B):

CELL NO: 0722807418 FAX NO: N/A

EMAIL: thamrinhuman123@gmail.com

Address where animal will be kept: 5 Saint Diaz Beach Blvd W.

Occupation: Sales

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

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

Reason for wanting animal: We have been looking for someone to join our little family. YES/NO

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

What breed of dog or cat are you interested in? Black Cat.

Can you afford private fees? Yes Who is your vet?

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

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

Are all your animals sterilised? Give details N/A

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? 0 OTHER? 0

Which animals do you still have, and what happened to the others? Dog, lives with my parents

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

Full description of the fencing and gate: High fence, concret, motor gate Height: 2m

What shelter is provided: OUTDOORS KENNEL OTHER Indoor

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

Pre Home Inspection Fee: R100 Receipt No: 8698

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 Thamrin **Date of application** 2011/26

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579263

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

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0728807418 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * thamrihuman123@gmail.com If possible, please provide a personal email, not a company email.

Title * MS Initials * T Surname * HUMAN

Street 5 Saint DIAZ BEACH BLVD City

Suburb Area Code DIAZ

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * 11 - 02 - 2026

Date of Implant * 22 - 01 - 2026

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name Date of birth

Species * FELINE Breed * DSH

Colour BLACK Markings

Gender (Male) Female Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

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 it's 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 institutions 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 its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS – Please use one of the following option to register on the backhome database

1. On-line	Log onto www.backhome.co.za. Complete the registration process.
2. By fax	Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
3. By e-mail	Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App	Download the Virbac Backhome Africa App

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. CAT 3				ADMISSION No. MBY8806		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 11/11/2025			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	11/11/25
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	11/11/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	DSH		Colour and Markings Black		
Condition	Fair		Sex ♂	Age 3 months	
Temperament	Good		Sterilisation details NO	Name	
Coat Short	Tail long	Teeth Condition good	Ears up	Size small	
Area found / collected from	Mosselbay			Date 11/11/25	
Reason for surrender	Too many cats				

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by ☒ / Found by ☐	Name	Claudia Marais
Residential Address	29 Church Street Mosselbay	
Postal Address	None	
Tel (H) None	Tel (W) None	Cell None
Email	None	
Donation R None	Cash	Card	EFT	(Receipt No.) None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: Luciano

STATEMENT OF SURRENDER

I do hereby certify that **(DO / DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and **I DO / DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see" Conditions on reversed side.**

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdrukiik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature Refer to MBY 8853	Witness for ~~Society~~

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

MY OWNER

NAME	Thamrin Humao
POSTAL ADDRESS	
STREET ADDRESS	5 Saint Diaz
	Beach Blvd W
HOME PHONE	
WORK PHONE	
CELL PHONE	0722807418
BREEDER DETAILS	

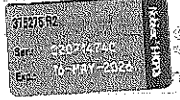
ME

SPECIES	FELINE
BREED	DSH
COLOUR	BLACK
SEX	MALE
DATE OF BIRTH	
MICROCHIP NO.	992003000579263
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

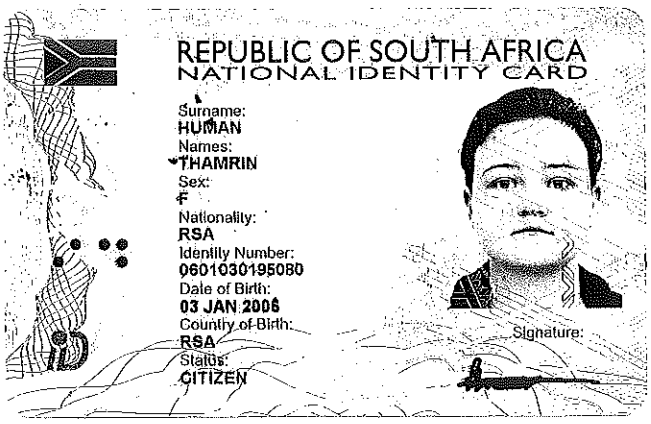
DATE	VACCINE AND BATCH NO.	VET SIGNATURE
13/11/25		
15/12/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet.

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoqinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
HUMAN
Names:
THAMRIN
Sex:
F
Nationality:
RSA
Identity Number:
0601030195080
Date of Birth:
03 JAN 2006
Country of Birth:
RSA
Status:
CITIZEN
Signature:

Standard Bank

STANDARD BANK
PRIESKA
23 Jan 2026
051001

Customer Care: 0860 123 000
Website: www.standardbank.co.za

3 month statement
From: 25 Oct 25
To: 23 Jan 26

Account number: **01 512 114 3**
Account holder: **MISS. THAMRIN HUMAN**
Product name: **MYMOACC**

Address:
5 ST DIAZ BOULEVARD WEST
VOORBAAI
MOSSELBAAI
6506
ZA

Transaction details

Available Balance: **R77.48**

Date	Description	Payments	Deposits	Balance
	STATEMENT OPENING BALANCE			641.02
27 Oct 25	SHELL VOORBAA 5196*3221 24 OCT DEBIT CARD PURCHASE FROM	-507.00		134.02
27 Oct 25	OK EXPRESS VO 5196*3221 23 OCT DEBIT CARD PURCHASE FROM	-85.99		48.03
27 Oct 25	NETFLIX.CO AMSTERDAM NLD 26-10-2025 23H40:46 FEE- POS DECLINED INSUFF FUNDS	-8.50		39.53
27 Oct 25	NETFLIX.CO AMSTERDAM NLD 27-10-2025 15H09:50 FEE- POS DECLINED INSUFF FUNDS	-8.50		31.03
27 Oct 25	*****8116665 18H24 *****3221 IB TRANSFER FROM		750.00	781.03
28 Oct 25	T HUMAN IB PAYMENT FROM		500.00	1,281.03
29 Oct 25	NETFLIX.COM 5196*3221 28 OCT DEBIT CARD PURCHASE FROM	-179.00		1,102.03
30 Oct 25	PNP CRP LANGE 5196*3221 28 OCT DEBIT CARD PURCHASE FROM	-44.99		1,057.04
30 Oct 25	VOD PREPAID 0722807418 E PRE-PAID PAYMENT TO	-55.00		1,002.04
30 Oct 25	FEE - PRE-PAID TOP UP FEE - PRE-PAID TOP UP	-0.70		1,001.34
31 Oct 25	I*MICROSOFT I 5196*3221 28 OCT DEBIT CARD PURCHASE FROM	-199.00		802.34
31 Oct 25	OK EXPRESS VO 5196*3221 28 OCT DEBIT CARD PURCHASE FROM	-43.98		758.36
31 Oct 25	*****8116665 16H01 *****3221 IB TRANSFER FROM		200.00	958.36
31 Oct 25	MONTHLY MANAGEMENT FEE MONTHLY MANAGEMENT FEE	-7.50		950.86

9920030005 79263 ADMISSION NO MBY 8806

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 22/1/26 TIME: 14:00

NAME OF APPLICANT: Thamrin Human

ADDRESS: 5 Saint Diaz Beach Blvd W

HOME TEL No: CELL No:

ANIMAL(S) ADOPTING: DSH Black

SEX: Male AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick wall 2 metre		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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ M.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Owner lives in Complex that is secured

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Kur SPCA: Rosalba SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE