ADOPTION CHECKLIST

ADMISSION NO: MBY 8093

CONTRACT NO: MA0181

- [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
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 18/12/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579305 11/02/26.

Adoptee INFO:

Name & Surname Farhaana Undre

Contact INFO: 073 462 4708

Completed by: _____ Date: 19/12/2025

Manager: _____ Date: 19/12/25

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.

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): Ferhana Umoke

HOME ADDRESS: 77 Noordsig Avenue, Klein Brak

ID NO.: 9410 27 0061 080

POSTAL ADDRESS: 64 Paul Kruger, Sonska Kuils Riv

TEL NO (H): N/a (B): 021 904 0076

CELL NO: 073 462 4708 FAX NO:

EMAIL: Umoreferhana@gmail.com

Address where animal will be kept: 77 Noordsig Avenue, Klein Bra

Occupation: Dentist

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

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?

Can you afford private fees? ✓ Who is your vet? N/a

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

What are the sexes of your animals? DOGS: Male _____ Female X2 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? _____ CATS? _____ OTHER? N/a

Which animals do you still have, and what happened to the others? N/a.

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

Full description of the fencing and gate: fenced yard (will be in door c Height:

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER _____

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: 8541

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 _____ **Date of application** 08/02/20

ADMISSION NO 8694 + 8093

9920030005 79305

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 9/12/25 TIME: 10:00

NAME OF APPLICANT: Farhaana Undre

ADDRESS: 77 Noordsig Ave, Kleinbrak

HOME TEL No: CELL No: 0734624708

ANIMAL(S) ADOPTING: Two DLH

SEX: Female x2 AGE: 9 weeks + 2 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Palisades 1.5m ok		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?	0

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

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Kyes SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
UNDRE
Names:
FARHAANA
Sex:
F
Nationality:
RSA
Identity Number:
9410270061080
Date of Birth:
27 OCT 1994
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
01 MAR 2018

RSA

106234048

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
02/12/25	milpro		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 18-12-2025

DOCTOR'S NAME Dr. AS. Mulle

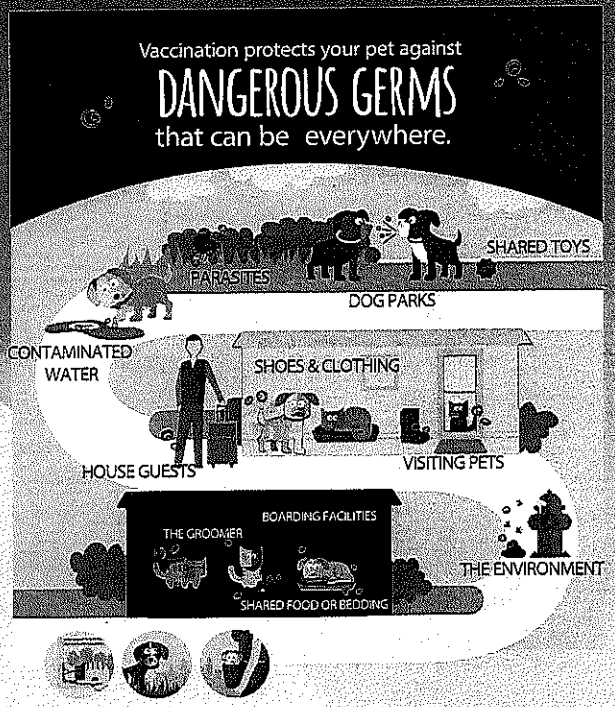
Garden Route SPCA
P.O. Box 238
George 6530
[illegible]

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16.00
Saturday: 09:00 -11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No. CB3 C5 (LOADED)				ADMISSION No. MBY8093		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 28/11/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	Yes / No	Lost & Found Date checked	
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	28/11/25	Microchip or ID Tag number	NONE		

DESCRIPTION & HISTORY

Dog	Cat ~	Other species (Specify) U3 KM		
Breed DLH		Colour and Markings Tort/Tabb		
Condition Good		Sex ♀	Age +- 2 YEARS	
Temperament Good		Sterilisation details NO yes	Name	
Coat ~~LONG~~ SHO	Tail LONG	Teeth Condition Good	Ears UP	Size LARGE
Area found / collected from GROOTBRAK			Date 28/11/25	
Reason for surrender TOO MANY				

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

Surrendered by / Found by	X	Name	RICARDO WILSON		
Residential Address	3843 WOLWEDANS STR. G/BRAK				
Postal Address	NONE				
Tel (H) NONE	Tel (W) NONE		Cell 078 6023969		
Email NONE					
Donation R ~	Cash	Card	EFT	(Receipt No.) ~	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: ~ Case No: ~ Inspector: SHJ

STATEMENT OF SURRENDER

I do hereby certify that **I 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	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: _____

29/01/26

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0180

DATE: 19/12/2025

between Mosselbay SPCA

941027 0061080
undrefarhaana@gmail.c

and

Name Farhaana Undre

Address 77 Nbordsig Ave, Kleinbrak

Telephone Numbers (H) (B) 0734624708

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

Animal's Name Sex Female Age 9 weeks

Description DLH

On (due date) Feb 2026 Adoption Form No. MA0180

on the understanding that you will arrange to have this done at the MA clinic 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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: AS Wyllie Signed: _____

Date: 29/01/2026

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Mikaeel Moola
   - Contact Number: 066 218 6662
   - Email Address: mikaeelmoola@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Razeema Umake
   - Contact Number: 082 961 4570
   - Email Address: razeemaumake@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/~~No~~)
   - If yes, when? _____
   - Where? N/A.
   - What animal did you adopt? N/A.

1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 19/12/2025

AFFIDAVIT

I, the undersigned,

Full Names: Farhana Ukdre
Identity Number: 9410270061080
Physical Address: 77 Noordsig Avenue, Klein Brak

do hereby make oath and state that:

1. I am an adult residing at **77 Noordsig Avenue, Klein Brak**.
2. The contents of this affidavit are true and correct to the best of my knowledge and belief.
3. This affidavit is made for the purpose of confirming my residential address and for any lawful purpose for which it may be required.

DEPONENT:

Signature

PLACE: Groot Brak River
DATE: 19/12/2025

CERTIFICATION

Thus signed and sworn to before me at Groot Brakriver on this 19 day of December 2025, the Deponent having acknowledged that:

- they know and understand the contents of this affidavit,
- they have no objection to taking the prescribed oath, and
- they consider the oath to be binding on their conscience,

in terms of **Section 9 of the Justices of the Peace and Commissioners of Oaths Act, 1963**, and the regulations contained in **Government Notice R1258 of 21 July 1972**, as amended.

COMMISSIONER OF OATHS

Name: Lucino Frans
Signature: 72884476
Designation: SAPS, Cst.
Address: 113 Long street, Bergsig
Great Brakriver SAPS.

SUID-AFRIKAANSE POLISIEDIENS
RURAL SECTOR MANAGER
GROOT BRAKRIVIER
19-12-2025
STATION COMMANDER
GREAT BRAK RIVER
SOUTH AFRICAN POLICE SERVICE

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICR

992003000579305

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. * 073 4624708 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

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

Title * MRS | Initials * F | Surname * UNDRE

Street 77 NOORDSIG AVE | City

Suburb | Area Code KLEINBRAK

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 * 18 - 12 - 2025

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

Name of Vet who implanted the Chip Kay Lewis

PET DETAILS

Pet Name | Date of birth 2023

Species * FELINE | Breed * DLH

Colour TABBY | 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