ADOPTION CHECKLIST

ADMISSION NO: MBY 10313

CONTRACT NO: MA0257

- [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 May
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579332

ADOPTER INFO:

Name & Surname: Cornea Veldman

Contact INFO: 0786188865

Completed by: _____ Date: 26/03/2026.

Manager: _____ Date: 26/03/26

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.

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 close 2

Fraaiuitsig ID NO.: 7408145006089

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0786188865 FAX NO:

EMAIL: corneaveldman@gmail.com

Address where animal will be kept: Alma close 2, Fraaiuitsig

Occupation: Huisvrou

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

YES/N

Are you a student with consent to keep pets:

Reason for wanting animal: Mate for other kitten.

Is the animal for yourself? (YES/N)

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/N

What breed of dog or cat are you interested in?

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

How many animals live on the property? DOGS? CATS? 2 OTHERS

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

Are all your animals sterilised? Give details No, one is coming in Apr; other is.

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 k 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 In hous

Have you previously had pets from an SPCA? Yes. Are there children under 10 in your household? N

Pre Home Inspection Fee: Receipt No:

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 CVdl **Date of application** 26/03/26

992003000579332

Vet Practice Number *

Vet Practice Name *

Vet Practice Physical Address *

Cell No. * 0786188865

E-mail * corneaveldman@gmail.com

Title * MRS Initials * C Surname Veldman

Street Alma Close 2 City

Suburb Area Code Fraaiuitsig

Country Province

Phone - Day time Phone - Night time

CLIENT DETAILS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

PET DETAILS

Registration Date * - -

Date of Implant * 26 - 03 - 2026

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name SNOWY.

Species * Feline

Colour CREAM

Gender (Male) Female

Date of birth

Breed * DSH

Markings

Sterilised Yes (No)

KUSA MEMBERSHIP DETAILS (IF KNOWN)

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 he / 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 WRB&C (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 his personal information being used by _____ and Virbac RSA (pty) Ltd for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS - PLEASE FILL IN THE REGISTRATION FORM AND SUBMIT IN ONE OF THE FOLLOWING METHODS

1. On-line — Log onto www.backhome.co.za. Complete the registration process.
2. By fax — Fax this completed form to Backhome on 0[illegible] 252 546 /TOLL FREE] or 011 853 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

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSEL BAY

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

BTW REG. NO.
Naam:
VELDMAN C
Liggingsadres:
2 ALMASLOT FRAAIUITSIG
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 2040.00 ERF NOMMER: 1126000 TOTALE WAARDASIE: 1625000 WYK No: 4

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		1956.84
19/02/2026 0706018129	ELEKTRISITEIT		496.69 *
	BASIES	431.91	
	VAT/BTW	64.78	
19/02/2026 CPRK7474	WATER 12/12/2025-16/01/2026		651.19 *
	6158 - 6192 (34 Kl 35 Dae)		
	BASIES	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 300004	VULLIS		320.62 *
19/02/2026	BELASTING PAAIEMENT		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

Betaling moet voor of op die vervaldatum gemaak word

BETAALBAAR OP	BEDRAG BETAALBAAR
16/03/2026	2049.00

11 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062

Standard Bank

PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 280011260044

>>>>>91526280011260044
11379 280011260044

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Postnet Mail
P4010395

Vou en skeur af.

Mossel Bay

VELDMAN C
ALMASLOT 2
FRAAIUITSIG
KLEIN-BRAKRIVIER
6500

28-001126-004-4

1. [illegible] PERSONAL PARTICULARS

- Any changes in 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 booklet to report a change of address or a change in particular of your present address [illegible] 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

[illegible]

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

ADMISSION NO MBY 10313

9920030005 19332.

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 12-3-26 TIME: 13:32

NAME OF APPLICANT: Cornea Veldman

ADDRESS: Alma Slot (close) 2, Fraaiuitzig

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): 2m	
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	♀ / 10wks	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

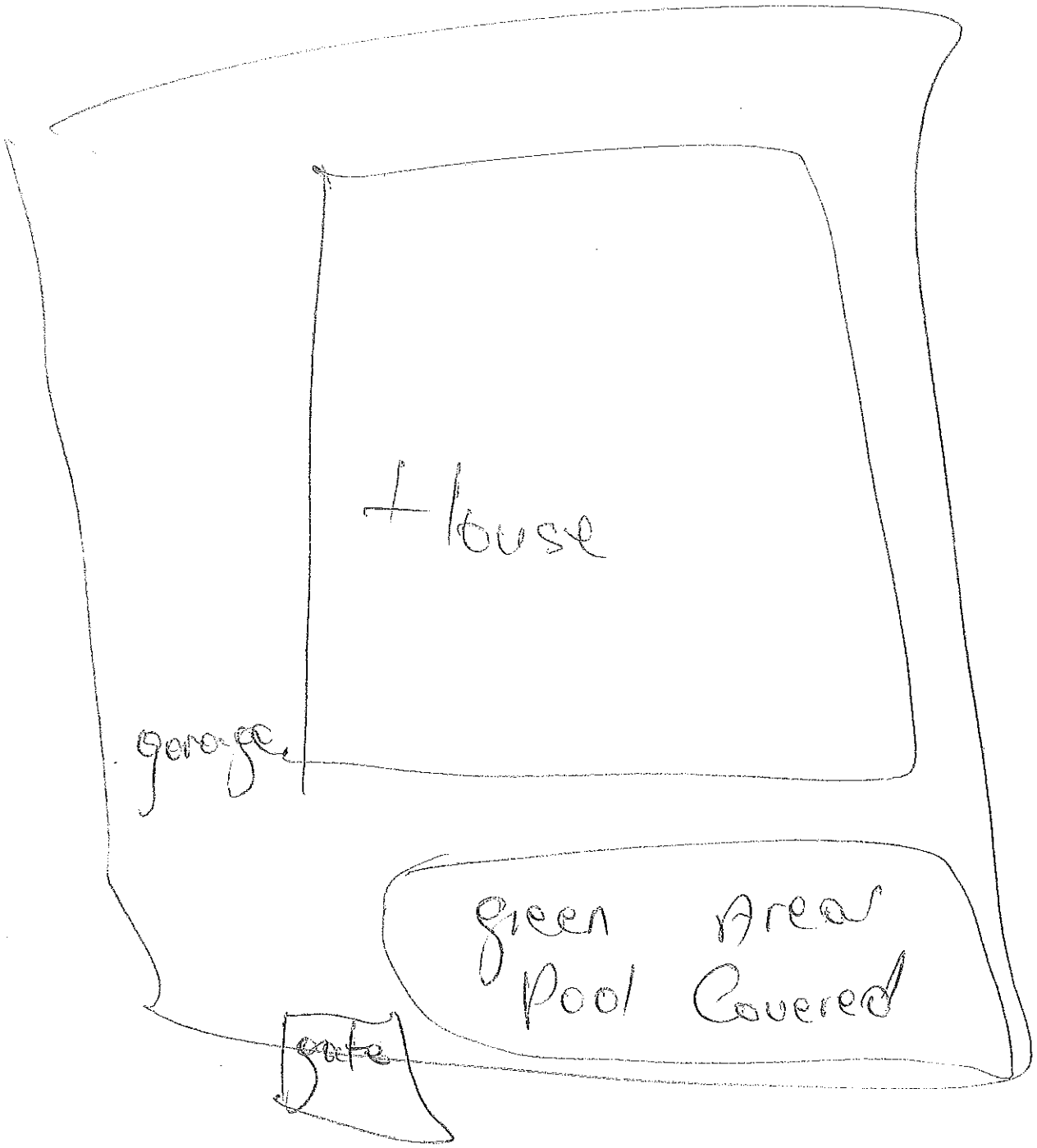
☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Hilcane SPCA: Middelburg SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


House
garage
Green Area
Pool Covered
gate

MY OWNER

NAME	Cornea Veldman
POSTAL ADDRESS	
STREET ADDRESS	Alma close 2
	Fraiuitsig
HOME PHONE	
WORK PHONE	
CELL PHONE	0786188865
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	Siamese
COLOUR	Cream
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579332
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
15/04/2026		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/03/26	375235 R2	

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 Praziquantel (isoqinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and 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.

MSD Animal Health

Nobivac

Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO

facebook.com/BravectoSouthAfrica
facebook.com/MsdPetsSa

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.

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0257 DATE: 26/03/2026

between Mosselbay SPCA

and

Name Cornea Veldman

Address Alma Close 2, Fraaiuitsig

Telephone Numbers (H) 0786188865 (B)

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

Animal's Name S Snowy Sex Male Age 8 weeks

Description Siamese

On (due date) May Adoption Form No. MA 0257

on 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 their 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: _____ Signed: _____

Date: _____

ADMISSION, ASSESSMENT AND HISTORY RECORD

booked

DBV SPCA Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			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 / No	Date scanned or checked		Microchip or ID Tag number		

DESCRIPTION & HISTORY

Dog	Cat X	Other species (Specify)			
Breed			Colour and Markings		
Condition			Sex		Age
Temperament			Sterilisation details		Name
Coat	Tail	Teeth Condition	Ears		Size
Area found / collected from					Date
Reason for surrender					

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			
Residential Address					
Postal Address					
Tel (H)		Tel (W)		Cell	
Email					
Donation R		Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

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: _____