ADOPTION CHECKLIST

ADOPTION NO: MB/9734.

CONTRACT NO: MA0234.

- [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 992003000579333

Adoptee INFO:

Name & Surname: Marie Prinsloo

Contact INFO: 0825628011

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.

992003000579333

Vet Practice Number *

Cell No. * 082562801l

E-mail * marieprinsloo7@gmail.com — please provide a personal email, not a company email

Title * MRS   Initials * M   Surname PRINSLOO

Street 12 Saffraan Singel   City

Suburb   Area Code Reebok

Country   Province

Phone - Day time   Phone - Night time

Title *   Initials *   Surname *

Cell No. *

Title *   Initials *   Surname *

Cell No. *

Title *   Initials *   Surname *

Cell No. *

Registration Date *

Date of Implant * 26 - 03 - 26

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 GREY   Markings

Gender (Male) Female   Sterilised Yes (No)

Are you a KUSA Registered Member? Yes No   Medical Conditions

KUSA Registration Number   Medical Insurance Company

Pet Registered Name   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 ______

1. On-line — Log onto www.backhome.co.za. Complete the registration process.
2. By fax — Fax this completed form to backhome on 0800 202 546 (TOLL FREE) or 011 852 6864
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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

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

2. Additional Family Member/Friend Details

- Full Name: Nita v.d. Bergh.
- Contact Number: 082 995 3722.
- Email Address: ______________________

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: 26/03/2026.

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0234 DATE: 26/03/2026

between Masselbay SPCA

and 5204200068081

mariepr1sloo7@gmail.com

Name Marie Prinsloo

Address

Telephone Numbers (H) 0825628011 (B)

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

Animal's Name Sex Male Age 8 weeks

Description Cream DSH

On (due date) May Adoption Form No. MA 0234

on the understanding that you will arrange to have this done at the Masselbay 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

DBV SPCA
Garden Route

KENNEL No.	GB/B [illegible]			ADMISSION No.	MBY9734	
Stray (circled)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11/3/26		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes (circled) / No	Lost & Found Date checked	11/03/26
Microchip/Collar or ID tag found	Yes / No (circled)	Date scanned or checked	11/03/26	Microchip or ID Tag number: None

DESCRIPTION & HISTORY

Dog / Cat (circled)		Other species (Specify)	BI
Breed	DSH	Colour and Markings	Grey
Condition	Fair	Sex ♂	Age 1 months
Temperament	Fair	Sterilisation details: no	Name
Coat S / Tail L / Teeth Condition fair		Ears Pricked	Size S
Area found / collected from	Pacs		Date 11/03/26
Reason for surrender	Stray cat found near main road.		

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: Tony Nhund
Residential Address	296 Plato Road Pelican Bay
Postal Address	no postal
Tel (H) No num / Tel (W) No num	Cell 0832630657
Email	No email
Donation R N/A	Cash / Card / EFT / (Receipt No.) N/A

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

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 uitdruklik 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 [signed]	Witness for Society [signed]
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

SADC

ZA

SOUTH AFRICA

HA PRINSLOO

ID No. 02/5204200068081 FEMALE

Birth/Geboorte: 20/04/1952 ZA Restr./Beperk. 0

Lic. No./Lisensienr. 60150001C0JV No. 1

Valid/Geldig: 27/10/2024 - 26/10/2029

Issued/Uitgereik: ZA

Code/Kode: EB

Veh. restr./Voertuigbeperking: 0

First issue/Eerste uitreiking: 15/10/2000

DRIVER RESTRICTIONS
0: None
1: Glasses / Contact lenses
2: Artificial limb

P.DP CATEGORIES
[illegible]

VEHICLE RESTRICTIONS
0: None
[illegible]omatic transmission
[illegible]ically powered
[illegible]ally disabled
[illegible]000 kg (GVM) permitted

A		A1		
B				GVM ≤ 3500 kg / ≤ 750 kg
C1				GVM ≤ 16000 kg
C				GVM > 16000 kg
EB		EC1		
EC		EC		

D8012:1 Wd: W3D - Dr CJ Le Roux

Vidamed Day

PRINSLOO MARIE A MRS
ID: 5204200068081
SAFFRAANSINGEL 12
REEBOK

6500

Med. Aid: MEDSHIELD MEDICAL AI
Scheme:MEDIVALUE COMPACT
Member: MR ICR PRINSLOO
Member ID: 4907085053082
Unavailable

Adm: 23/05/2022
Age: 70Y 1M 20/
Sex: Female
Tel: (W)
Tel: (H)
Auth No: 860716
Med#: 562000083
Dep#: 01
Category: Day P

Hospital

07:24:5
4/52

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MODEL: DIB00 Johnson&Johnson VISION
DIOPTER: +28.0D 2023-08-08
SN 3355152008 Ø$_r$:13 mm Ø$_o$:6 mm

Z330121 Rev.01 717

MY OWNER

NAME	Marie Prinsloo
POSTAL ADDRESS	
STREET ADDRESS	12 Saffraan Singel
	Reebok
HOME PHONE	
WORK PHONE	
CELLPHONE	0825628011
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	OSH
COLOUR	Grey
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579333
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	Nobivac 1 HCPCh 375275 R2 Ser. D207148A Exp. 30-MAR-2027	[signature]

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!

Kittens CBH.

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): Marie Prinsloo.

HOME ADDRESS: 12 Saffraan Singel Rackhold.

Klein Brakrivier ID NO.: 5904200068081

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0825628011 FAX NO:

EMAIL: marieprinsloo4@gmail.com.

Address where animal will be kept: 12 Saffraan Rackhold.

Occupation: Housewife (pensioner)

Do you own or rent your property: Own. Do you have consent from owner / Body Corporate? YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: Company. YES/NO

Is the animal for yourself? YES.

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

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

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

How many animals live on the property? DOGS? 1 CATS? – 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? 1 CATS? 1 OTHER?

Which animals do you still have, and what happened to the others? Cat past olde

Is your property fenced and has a proper gate? Yes Will you chain/ an animal?

Full description of the fencing and gate: Devils Fork. Height: 6 ft.

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: 9121

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 M Prinsloo **Date of application** 27/02/26.

ADMISSION NO MB 9734

9920030005794333

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 03/03/26 TIME: 15:21

NAME OF APPLICANT: Marie Pienaar

ADDRESS: 12 Saffron Single, Reebok

HOME TEL No: CELL No: 082 562 8011

ANIMAL(S) ADOPTING: kitten

SEX: still deciding AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Palisades / Wire mesh		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	JK				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	♂ / 1 yrs	/	/	/	/
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: Kuer SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE