

ADOPTION CHECKLIST

ADOPTION NO:

MB19734.

CONTRACT NO:

MA0234.



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

May



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number



992003000579333

Completed by:

[Signature]

Date:

26/03/2026

Manager:

[Signature]

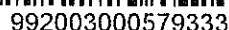
Date:

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.



Vol. Page No. Date :

$$S_{\text{max}} = \frac{1}{2} \left(\frac{1}{\alpha} + \frac{1}{\beta} \right) = \frac{1}{2} \left(\frac{1}{0.0001} + \frac{1}{0.0002} \right) = 3750$$

— *Journal of the American Medical Association*, 1997

Cell no. " 0825628011

Email: marieprinstoo7@gmail.com

Page: 1025 Initial: M

Sheet 12 Saffran Singel

Summary

Country

Phone - Day time

Title:

Initials *

Surname ^w

Cell No. 2

Title:

Initials *

Surname :

Cell No. 8

Title: *

Initials: *

Surnante *

Cell No. 7

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 LEUGERS

Pet Name

Species * FELINE

Colour **GREY**

Gender ☒ Male ☐ Female

Date of birth

Breed: DSH

Markings

Sterilised Yes ☒ No

Are you a KUSA Registered Member? Yes No

K USA Registration Number

Pet Registered Name

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

PROTECTION OF PERSONAL INFORMATION LAWS
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 WREAC (Supporter of the Child) in order for Wreac 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 his / her personal information for marketing purposes and unless expressly stated otherwise hereby consents to his personal information being used by _____ and Virbac RSA (t)to fly for the above mentioned purposes. SIGNATURE _____

10-10-1965

1. On-line Log onto www.backhome.co.za. Complete the registration process.
2. By fax Fax this completed form to backhome on 0124 202 546 (TOLL FREE) or 011 852 8364
3. By email Scan and E-mail the completed form to backhome@vtrb.co.za or backhome@cup.on.estad.co.za
4. By App Download the i-urban 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: Wita V.O. Bengeh
- Contact Number: 082 925 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 0234DATE: 26/03/2026

between

Mosselbay

SPCA

and

5204200068081marieprinsloo7@gmail.com

Name

Marie Prinsloo

Address

Telephone Number (H) 082 562 8011

(B)

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

Animal's Name

Sex

Male

Age

8 weeks

Description

Grey DSH

On (due date)

May

Adoption Form No.

MA 0234

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

Veterinary Hospital

Mosselbay SPCA

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



Garden Route

KENNEL No. <u>QB/B 25/23</u>		ADMISSION No. <u>MBY9734</u>				
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in <u>11/03/26</u>			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>11/03/26</u>
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	<u>11/03/26</u>	Microchip or ID Tag number	<u>NONE</u>	

DESCRIPTION & HISTORY	Dog	☒ Cat	Other species (Specify) <u>B/I</u>			
	Breed	<u>DSH</u>		Colour and Markings <u>Grey</u>		
	Condition	<u>Fair</u>		Sex	<u>♂</u>	Age <u>1 month</u>
	Temperament	<u>Fair</u>		Sterilisation details	<u>NO</u>	Name
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition <u>Fair</u>	Ears <u>Pricked</u>	Size <u>S</u>	
	Area found / collected from <u>Back</u>					Date <u>11/03/26</u>
	Reason for surrender <u>Stray cat found near main road.</u>					

ASSESSMENT		Surrendered by		Name <u>Tony Nkomo</u>	
GOOD WITH:	Yes No	Found by			
Children		Residential Address		<u>296 Fflood Road Doria</u>	
Cats		Postal Address		<u>P.O. Box 10020</u>	
Other Dogs		Tel (H) <u>No num</u>		Tel (W) <u>No num</u>	Cell <u>0832630637</u>
Livestock/Other		Email		<u>No email</u>	
DO THEY:	Yes No	Donation R <u>N/A</u>		Cash	Card
Jump Fences				EFT	(Receipt No.) <u>N/A</u>
Run Away					
COMMENTS:		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 / ~~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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant <u>[Signature]</u>
	Details of third Applicant

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



1. Name
 2. Date of Birth
 3. Sex
 4. Nationality
 5. Issuing Authority
 6. Validity Period
 7. Issuance Date
 8. Issuance Location
 9. Issuance Country
 10. Issuance City
 11. Issuance Address
 12. Issuance Phone
 13. Issuance Email
 14. Issuance Website
 15. Issuance Fax
 16. Issuance Other

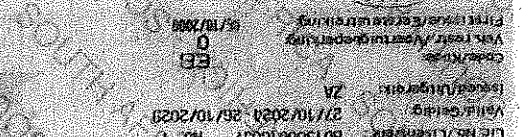
Category	Vehicle	Weight	Power
A1	Motorcycle	≤ 125 kg	≤ 11 kW
B	Motorcycle	≤ 400 kg	≤ 11 kW
C1	Motorcycle	≤ 1600 kg	≤ 11 kW
C	Motorcycle	≤ 1600 kg	≤ 11 kW
EC1	Motorcycle	≤ 1600 kg	≤ 11 kW
EC	Motorcycle	≤ 1600 kg	≤ 11 kW

1. Name
 2. Date of Birth
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 10. Issuance City
 11. Issuance Address
 12. Issuance Phone
 13. Issuance Email
 14. Issuance Website
 15. Issuance Fax
 16. Issuance Other



1. Name
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 16. Issuance Other

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 8. Issuance Location
 9. Issuance Country
 10. Issuance City
 11. Issuance Address
 12. Issuance Phone
 13. Issuance Email
 14. Issuance Website
 15. Issuance Fax
 16. Issuance Other



D8012:1 Wd: N3D -- Dr CJ Le Roux

Vidamed Day

PRINSLOO MARIE A MRS

ID: 5204200068081

SAFFRAANSINGEL 12

REEBOK

Adm: 23/05/2022

Age: 70Y 1M 20/

Sex: Female

Tel: (H)

Tel: (H)

Auth No: 860716

Med. Aid: MEDSHIELD MEDICAL AI

Scheme: MEDIVALUE COMPACT

Med#: 562000083

Member: MR ICR PRINSLOO

Dep#: 01

Member ID: 4907085053082

Category: Day P

Unavailable

Hospital

07:24:5
4/52

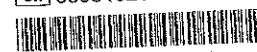
14
1

Client

MODEL: DIB00 Johnson-Johnson vision

DIOPTER: +28.0D 2023-08-08

SN 3355152008 Ø_r 13 mm Ø_b 6 mm



2330421 Rev. 01 717

I WAS VACCINATED ON

I WAS VACCINATED ON

THE

Marie
Pin\$100

STYLISH

STYLISH

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STILL ADDRES

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THE
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PUBLIC
LIBRARY

THE
BOSTON
PUBLIC
LIBRARY

STARRS

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OSI

Introduction

Green

466

Male

THE
NEW
AND
REVISED
EDITION
OF
THE
AMERICAN
DICTIONARY
OF THE
ENGLISH LANGUAGE

A vertical strip of 12 US postage stamps, each featuring a different historical figure and the word 'LIBERTY'.

A vertical strip of 12 US postage stamps, each featuring a different historical figure and a unique design. The stamps are arranged in a single column, with each stamp having its own distinct background and color scheme. The figures depicted include various presidents, scientists, and historical figures, each with a unique design and color scheme. The stamps are arranged in a single column, with each stamp having its own distinct background and color scheme. The figures depicted include various presidents, scientists, and historical figures, each with a unique design and color scheme.

OFFICIALS

OFFICIALS

NEXT VACCINATION DUE

DATE _____

DATE _____

DATE _____

15/04/2026

Nobivac® DHPPI (Reg. No. G2377 Act36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DA5PV (Reg. No. G3992 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3980 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 (isoginoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. Extel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. Extel 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.

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's up to you to keep me vaccinated to help as advised by my pediatrician.



MSD
Animal Health

Nobivac... Quantel

Intel Plus

Intel Plus XL

CELESTIO ELECTRO

Find us on:
Facebook.com/2012

facebook.com/BravectoSouthAfrica
facebook.com/MsdPetsSa

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): Maria Pankas

HOME ADDRESS: 12 Salomon Singer Road

Hein Brakrie ID NO.: 524200068081

POSTAL ADDRESS: _____

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

CELL NO: 0825628011 FAX NO: _____

EMAIL: maria.pankas@gmail.com

Address where animal will be kept: 12 Salomon Singer Road

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

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? DSH

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

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

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 passed due

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

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

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? No

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 Maria Pankas Date of application 27/02/26



992003000579333

ADMISSION NO

MB19734

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN:

02/03/26

TIME:

15:21

NAME OF APPLICANT:

Marie Piuske

ADDRESS:

12 Saffraen single, Rehoboth

HOME TEL No:

CELL No:

082 562 8011

ANIMAL(S) ADOPTING:

1 kitten

SEX:

Still deciding

AGE:

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	Pulverised / 4.6m concrete		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	07 / 10 yrs	1	1	1	1
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:

K. van der Merwe

SPCA:

M. van der Merwe

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE