ADOPTION CHECKLIST

ADMISSION NO: MB Y 9687

CONTRACT NO: MA 0249

- [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 END MAY
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579331

Adopter INFO:

Name & Surname: Julie Hager

Contact INFO: 0641178770

Completed by: _____ Date: 27/03/2026.

Manager: _____ Date: 27/03/2026

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.

Kitten: Calico.

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): Mrs Julie Lager

HOME ADDRESS: 20 P Scarfa Street Dana Bay.

ID NO.: 5601310142088

POSTAL ADDRESS: N/A

TEL NO (H): — (B): —

CELL NO: 0641178770 FAX NO: —

EMAIL: j.lager7@gmail.com

Address where animal will be kept: 20 P Scarfa Street, Dana Bay

Occupation: Pensioner

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

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

Reason for wanting animal: animal Lover

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? Domestic

Can you afford private fees? YES Who is your vet? Drs Basson - Dana Bay

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

What are the sexes of your animals? DOGS: Male N/A 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? ____ CATS? N/A OTHER? ____

Which animals do you still have, and what happened to the others? one cat died 7 years ago

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

Full description of the fencing and gate: Court Yard. Height: 3 Meter

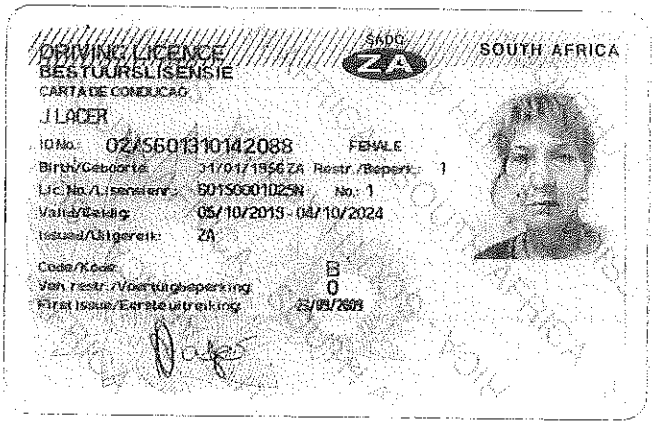
What shelter is provided: OUTDOORS — KENNEL — OTHER indoors.

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

Pre Home Inspection Fee: R100 Receipt No: 9187

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 Lager **Date of application** 19/03/2026


DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
SADC
ZA
SOUTH AFRICA
J LACER
ID No: 02A560131014208B
FEMALE
Birth/Gebooria: 31/01/1956 ZA
Restr./Beperk: 1
Lic No./Lisensienr: 501560010258
No: 1
Valid/Geldig: 05/10/2019 - 04/10/2024
Issued/Uitgereik: ZA
Code/Kode: B
Veh restr./Voertuigbeperking: 0
First Issue/Eerste uitreiking: 23/09/2003

Vet Practice Number *

Vet Practice Name *

Tel Number Practice Day time *

E-mail *

Title * MRS Initials * J Surname * Lager

Street 20 P Scarta Street City

Suburb Area Code Dana Bay

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 - 2026

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip KAY IEVERS

Pet Name PRRD Date of birth

Species * FELINE Breed * DSH

Colour CALICO Markings

Gender Male Female Sterilised Yes No

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

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 _____

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 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 Stock App

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0249. DATE: 26/03/2026

between Mosselbay SPCA

S6013101420 88

and

J.lager1@gmail.com

Name Julie Lager

Address 20 P.J. Scarlatt Street, Dana Bay

Telephone Numbers (H) 0641178770 (B)

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

Animal's Name Sex Female Age 8 weeks

Description Dark Cedro

On (due date) END May Adoption Form No. MA 0249

on the understanding that you will arrange to have this done at the Mossel Bay 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 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: Julie Lager For SPCA:

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER: 86-008206-004-6

DATUM VAN REKENING: 23/03/2026

LAASTE KWITANSIE DATUM: 22/03/2026

VOORAFBETAALDE METERNOMMER: 07148941516

BTW REG. NO.
Naam:
LAGER J
Liggingsadres:
20 P SCARTASTRAAT DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
2850.00	8206000	1900000	11

DATUM	BESONDERHEDE			BEDRAG
	BALANS OORGEBRING			2813.10
20/03/2026	0714894151ELEKTRISITEIT			496.69 *
	BASIES		431.91	
	VAT/BTW		64.78	
20/03/2026	0715020057ELEKTRISITEIT			248.35 *
	BASIES		215.96	
	VAT/BTW		32.39	
20/03/2026	AMR1211369WATER 09/02/2026-09/03/2026			398.40 *
	1036 - 1050 (14 KI 28 Dae)			
	BASIES		261.39	
	07/25 5.52 @	0.000 =	0.00	
	. 8.48 @	10.030 =	85.05	
	VAT/BTW		51.96	
20/03/2026	400011 RIOOL			365.61 *
20/03/2026	300011 VULLIS			320.62 *
20/03/2026	301011 VULLIS			160.31 *
20/03/2026	BELASTING PAAIEMENT			686.48
	Balans Oorgedra			0.56-
	BTW OP '*' ITEMS: 259.54	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	2812.52	2677.04	5489.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/04/2026	5489.00

VAT No./ BTW Nr. 4830116370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details /Betalings Besonderhede

Standard Bank

PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 860082060046

EasyPay >>>>>9152686800820600460

pay@ 11379 860082060046

Message /Boodskap

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
Permit Mail
P4010395

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay
MUNICIPALITY

LAGER J
PROTEAWEG 51
POSTE RESTANTE
DANABAAI
6510

86-008206-004-6

MY OWNER

NAME	Julie Lager
POSTAL ADDRESS	
STREET ADDRESS	20 P Scarra Street
	Oana Bay
HOME PHONE	
WORK PHONE	
CELL PHONE	0641178770
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	OSH
COLOUR	Calico
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579331
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/03/26	375275 R2 Ser.: [illegible] Exp.: 10-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!

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.

ADMISSION NO MBY 9687

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 27/03/26 TIME: 15:45

NAME OF APPLICANT: Julie Leger

ADDRESS: 20 P Scarta Street, Dana Bay

HOME TEL No: CELL No: 0641178770

ANIMAL(S) ADOPTING: Kitten

SEX: Still deciding AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: No Fence		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?	Plans wall.
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			N/A		
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: M Wentzel SPCA: M. Bay SIGNATURE: MWentzel

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

_____

Tel No (h): _____ Tel No (w) _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar / Tattoo and ID tag 992003000579331 _____ Date 27/03/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
18/03/26	Vaccination + milpro		

PTS APPROVAL

NAME	SIGN

ANNEXURE A

Additional Household Members & Emergency Contacts

1. ~~**Spouse Details**~~ Friend.
   - Full Name: Lenie Conradie.
   - Contact Number: 0792831413
   - Email Address: —

2. **Additional Family Member/Friend Details**
   - Full Name: Linda van Zyl.
   - Contact Number: 063 548 1566.
   - Email Address: —

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? 2014
   - Where? Mossel Bay.
   - What animal did you adopt? Kitten.

1. **Adoption Contract Acknowledgment**

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

Signature: Page
Date: 27/03/2026.