

ADOPTION CHECKLIST

ADoption NO:

MBY 9687

CONTRACT NO:

MA 0249

- ☒ 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 END MAY
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

Adoption INFO:

Name & Surname Julie Lager

Contact INFO: 0641178770

Completed by: [Signature]

Date: 27/03/2026

Manager: [Signature]

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: 064 1178 770 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 NA Female — CATS: Male — Female —

Are all your animals sterilised? Give details NA

How many dogs and cats have you owned in the last 3 years? DOGS? — CATS? NA 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 Jager Date of application 19/03/2026

DRIVING LICENCE
BESTUURSLIENSIE
CARTÃO DE CONDUÇÃO

S400
ZA
SOUTH AFRICA

J LACER

ID No: 02/5601310142088 FEMALE

Birth/Geborte: 31/01/1956 ZA Restr./Beperk: 1

Lic. No./Lisensienr.: 60150001025N No: 1

Valid/Geldig: 05/10/2019 - 04/10/2024

Issued/Uitgereik: ZA

Code/Kode: B

Van restr./Voertuigbeperkings: 0

First Issue/Eerste uitreiking: 23/03/2001

Dupe





992003000579331

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Day time *

Cell No. * 064 1178770

E-mail * j.lager7@gmail.com

Title * MRS Initials * J

Street 20 P Scarta Street

Suburb

Country

Phone - Day time

Only South African numbers in South Africa. If you are outside South Africa, please provide a personal email address.

If you are outside South Africa, please provide a personal email address.

Surname * Lager

City

Area Code Dana Bay

Province

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 LEVERS

Pet Name PRRO

Species * FELINE

Colour CALICO

Gender Male ☒ Female

Date of birth

Breed * DSH

Markings

Sterilised ☒ Yes ☐ NoAre 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 its 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 his personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and Virbac RSA (Pty) Ltd for the above-mentioned purposes. SIGNATURE

I hereby declare that the information provided is true and correct and I agree to the terms and conditions of the registration process.

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 Backhome Africa App

www.backhome.co.za • Tel: 011 852-5120 or 011 027 8697 • Fax: 0800 222 546



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0249DATE: 26/03/2026

between

Mosselbay

SPCA

and

S601310142088j.lager@gmail.comName Julie LagerAddress 20 P. Scarra Street, Dana BayTelephone Numbers (H) 0641178710 (B)

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

Animal's Name _____ Sex Female Age 8 weeksDescription Don PedroOn (due date) END May Adoption Form No. MA 0249on 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.

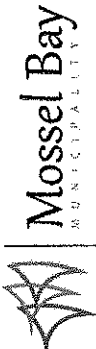
I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: Julie LagerFor SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____



MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

BTW REG. NO.

Naam:

Lager J

Liggingadres:

20 P SCARTASTRAAT DANABAAI

BELASTING FAKTUUR MAANDELIJKE REKENING

REKENINGNUMMER: 86-008206-004-6	
DATUM VAN REKENING: 23/03/2026	
LAASTE KWITANSIE DATUM: 22/03/2026	
VOORAFBETAALDE METERNUMMER: 07148941516	
TOTAAL WAARDASIE: 1900000	
WYK NR: 11	

BTW REG. NO.	
Naam: LAGER J	
Ligingsadres: 20 P SCABTA STRAAT DAKABAAI	
BELASTING FAKTUUR MAANDELIKSE REKENING	
DIEENSTE DEPOSITO: 2850.00	ERF NUMMER: 8206000

DATUM	BESONDERHEDE	BEDRAG
20/03/2026	BALANS OORGERING 20/03/2026 0714894151ELEKTRISITEIT BASIES VAT/BTW 431.91 64.78	2813.10 496.69 *
20/03/2026	0715020057ELEKTRISITEIT BASIES VAT/BTW 215.96 32.39	248.35 *
20/03/2026	AMR1211369WATER 09/02/2026-09/03/2026 1036 - 1050 (14 KI 28 Dae) BASIES 07/25 5.52 @ 0.000 = 8.48 @ 10.030 = VAT/BTW RIJOL VULLIS VULLIS BELASTING PAATIENT Balans Oorgedra BTW OP ** ITEMS: 259.54 ACB TOT:	398.40 *
20/03/2026	400011	365.61 *
20/03/2026	300011	320.82 *
20/03/2026	301011	160.31 *
20/03/2026		686.48 0.56-

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	2812.52	2677.04	5489.00
Betalings moet voor of op die vervaldatum gemaak word				BEDRAG BETAALBAAR
15/04/2026				5489.00

Vou en skeur af.



Mossel Bay



VAT No. / BTW Nr. 4830118370

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

Payment Details / Betalings Besonderhede

PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 860082060046

Standard Bank

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.

LAGER J
PROTEAWEG 51
POSTE RESTANTE
DANABAAI
6510



86-008206-004-6

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

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Figure 1 is a schematic representation of the experimental design. It shows a flow from 'Study 1' to 'Study 2'. Study 1 involves 'Pretest' and 'Main Study'. Study 2 involves 'Pretest' and 'Main Study'. The 'Main Study' in Study 2 is further divided into 'Pretest' and 'Main Study'.

[illegible]

Artificially Insulated

DATE

THE LANCET'S NEWLY REVISED
DICTIONARY OF MEDICAL SCIENCE
AND PRACTICE
EDITED BY
WILLIAM G. FARR, M.D., F.R.S.
AND
WILLIAM PEARSON, M.D., F.R.S.
IN TWO VOLUMES.
LONDON: H. K. LEY, 15, ADELPHI WING, STRAND.
1855.

My mother gave me immunity during typhoid fever by disease-fighting antibodies in her milk. Now it's up to you to keep my vaccination up to date as advised by my vet.

Now it's up to you to keep the 2266 nations of the world united by the very

Nobivac® DHPII (Reg. No. G2377 Act36/1947), Nobivac® KC (Reg. No. G2604 Act36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act36/1947), Nobivac® Treat Trio (Reg. No. G3712 Act36/1947), Nobivac® Rabies (Reg. No. G2207 Act36/1947), Quantel® Tablets (Reg. No. G2717 Act36/1947) Contains Praziquantel (Acopinol), 50 mg/ml and Fenbendazole (Benzimidazole), 500 mg/ml/label. Extel® Plus (Reg. No. G4226 Act36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 150 mg. Extel® Plus XL (Reg. No. G4227 Act36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 525 mg. Brevetto® (Reg. No. G4083 Act36/1947) each chew contains 25 mg Fluralaner per kg body weight.

—

Letter Plus XL

Director

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPestsSa

Find us on
Facebook



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 Lager

ADDRESS: 20 P Scarra Street, Darna Bay

HOME TEL No:

CELL No: 664 1178 770

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?	Plastic 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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ it.	/	/	/	/
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 Wenzel

SPCA: M. Bay

SIGNATURE: M Wenzel

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.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die D&V 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. 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.
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 menselikhedsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesteëliseer 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 Tag ID No: _____
and ID tag  992003000579331

Date 27/03/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
19/03/26	Vaccination + milpra		

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) Yes
- 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: 

Date: 27/03/2026.