ADOPTION CHECKLIST

ADMISSION NO: MBV 9875

CONTRACT NO: MA0255

- ☐ 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 April
- ☐ Copy of Vaccination Record/ Certificate
- ☐ Microchip
- ☐ Microchip Registration- chip number 992003000579335

Adopters INFO:

Name & Surname: Mariaan Kruger

Contact INFO: 083 2699 148

Completed by: _____ Date: 26/03/26

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.

GARDEN ROUTE SPCA MOSSELBAY			
DATE		ANIMAL NAME	
KENNEL NUMBER	C88	BREED	
CARD NUMBER		STERILIZED	
COLOUR	Tabby, white underneath, white on ears	MALE/FEMALE	Male
VACCINATED		AGE	
PROOF OF VACC		STRAY/SURRENDER	

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.75		
TEMPERATURE	37.8		
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS

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): Mariaan Kruger

HOME ADDRESS: 33 Kierieboutstraat, Hartenboshewels

ID NO.: 720905 0155 084

POSTAL ADDRESS: Sees Bo

TEL NO (H): - (B): 044 695 2563

CELL NO: 083 2699148 FAX NO: -

EMAIL: fhartenbos@pap.co.za

Address where animal will be kept: Sees Bo

Occupation: Self employed

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

Are you a student with consent to keep pets: YES/N

Reason for wanting animal: I have lots of love to give

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? 2 x Tabby cats

Can you afford private fees? Yes Who is your vet? Dr Lourens

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Have none

How many dogs and cats have you owned in the last 3 years? DOGS? ____ CATS? 1 OTHER? ____

Which animals do you still have, and what happened to the others? Passed away

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

Full description of the fencing and gate: Wall + Palicades Height: 1.5 M

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 9192

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 Kruger **Date of application** 20/03/26

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
KRUGER
Names:
MARIANA
Sex:
F
Nationality:
RSA
Identity Number:
7209050159084
Date of Birth:
05 SEP 1972
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
08 DEC 2024

126246697

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	43-002877-009-2
DATUM VAN REKENING:	23/03/2026
LAASTE KWITANSIE DATUM:	22/03/2026
VOORAFBETAALDE METERNOMMER:	01081467563

BTW REG. NO.

Naam:
KRUGER M
Liggingsadres:
33 KIERIEHOUTSTRAAT HARTENBOSHEUWELS

BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
650.00	2877000	0	7

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				1282.91
20/03/2026	0108146756ELEKTRISITEIT				496.69 *
	BASIES			431.91	
	VAT/BTW			64.78	
20/03/2026	CMUE654 WATER 21/01/2026-18/02/2026				363.80 *
	4650 - 4661 (11 Kl 28 Dae)				
	BASIES			261.39	
	07/25	5.52 @	0.000 =	0.00	
	.	5.48 @	10.030 =	54.96	
	VAT/BTW			47.45	
20/03/2026	300007 VULLIS				320.62 *
	KWITANSIES				1282.00-
	Balans Oorgedra				0.02-
	BTW OP '*' ITEMS:	154.05	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1182.02	1182.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/04/2026	1182.00

VAT No. / BTW Nr. 4830118370

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. 430028770092

EasyPay >>>>>9152643002877009 29

payat 11379 430028770092

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

KRUGER M
POSBUS 1298
HARTENBOS
6520

43-002877-009-2

Fold and tear on perforation.

MY OWNER

NAME	Mariaan Kruger
POSTAL ADDRESS	
STREET ADDRESS	33 Kievietkoutstraat
	Hartenbos Heuwels
HOME PHONE	
WORK PHONE	
CELL PHONE	0832699148
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DSH
COLOUR	Tabby
SEX	Male.
DATE OF BIRTH	
MICROCHIP NUMBER	992003000579335
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12/02/26	875275 R2	
13/03/26		

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 (isoquinoline) 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.

MSD Animal Health

Nobivac® DHPPi Quantel® Exitel Plus Exitel Plus XL BRAVECTO®

facebook.com/BravectoSouthAfrica
facebook.com/MsdPetsSa

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

KENNEL No. 150+Q885				ADMISSION No. MBY9875		
Stray	~~Surrender~~	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 06-26		non	Time in 9-34	Date for release		

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked		Yes		Lost & Found Date checked		
		No	✓			
Microchip/Collar or ID tag found		Yes		Date scanned or checked	none	Microchip or ID Tag number
	✓	No				

DESCRIPTION & HISTORY

Dog	~~Dog~~	Other species (Specify) Skin			
Breed	Ash x 4 kittens	Colour and Markings Tabby and white			
Condition	Good	Sex ~~M~~ ~~F~~		Age 7 months	
Temperament	Friendly	Sterilisation details none		Name	
Coat Short	Tail Long	Teeth Condition good	Ears up	Size Small	
Area found / collected from Joe Slovo				Date	
Reason for surrender Too many					

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	Mthunzeli Mveni		
Residential Address	Peter Sheet 5 Joe Slovo				
Postal Address					
Tel (H) n/a	Tel (W) none	Cell none			
Email					
Donation R none	Cash	Card	EFT	(Receipt No. none)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: none

STATEMENT OF SURRENDER

I do hereby certify that ~~I DO / I~~ **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 M. Mveni	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: _____

9920030005793355 ADMISSION NO MBY 983

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 24.2.26 TIME: 11:12

NAME OF APPLICANT: Mariaan Kruger

ADDRESS: 33 Kierieklaut Straat, Hartenbos heiwels

HOME TEL No: _____ CELL No: 0832699148

ANIMAL(S) ADOPTING: Kitten

SEX: Male AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Steel Fence		Suitability of fence (i.e. small pets can't escape): Yes	
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?	Gate
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	/	/	/	/	/
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: _____ SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0255 DATE: 27/03/2026

between Masselbay SPCA
720905 0155 084
fhavenbos@pnp.co.za

and

Name Mariaan Kruger

Address 33 Kapiehout Street Havenbos Heuwels

Telephone Numbers (H) 0832699148 (B)

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

Animal's Name Sex Female Age 10 weeks

Description Tabby

On (due date) End April Adoption Form No. MA 0255

on the understanding that you will arrange to have this done at the Masselbay 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: Kruger For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

992003000579335

Vet Practice Number *

Cell no. * 083 2699148

Email * fharmenbos@pnp.co.za

Title * MRS Initials * M

Surname * KRUGER

Street 33 KIEPIEHOUTSTRAAT

City

Suburb

Area Code HARTEBOS HEUWELS

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 MAX

Species * FELINE

Colour Tabby

Gender Male Female

Date of birth

Breed * DSH

Markings

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 his 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 Back Home on 0800 222 546 (TOLL FREE) or 011 852 6864
3. By email — Scan and E-mail the completed form to backhome@virbac.co.za or backhome.europa.email@virbac.com
4. By App — Download the Virbac Backhome Africa App