ADOPTION CHECKLIST

ADOPTION NO: MBY 10312

CONTRACT NO: MA0259

- ☐ 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 08/04/26 992003000548127

ADOPTER INFO:

Name & Surname: Natalie Snyman

Contact INFO: 0614287999

Completed by: _____ Date: 02/04/26

Manager: _____ Date: 02/04/26

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: LEON SNYMAN
- Contact Number: 0815490189
- Email Address: leon100snyman@gmail.com

2. Additional Family Member/Friend Details

- Full Name: Natalie Snyman
- Contact Number: 061 428 7999
- Email Address: nataliesing1@gmail.com.

3. Previous SPCA Adoption

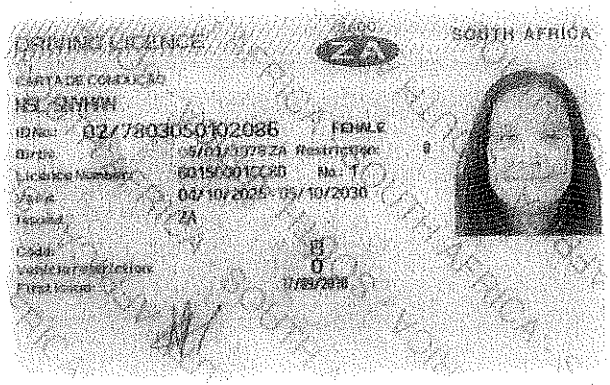
- Have you previously adopted SPCA? (Yes/(No))
- If yes, when? _____
- Where? _____
- What animal did you adopt? _____

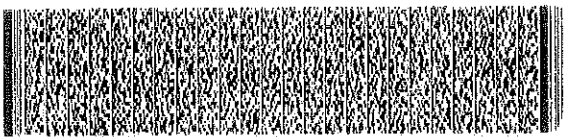
1. Adoption Contract Acknowledgment

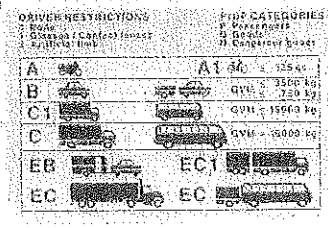
I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 2/4/26


DRIVING LICENCE
CARTA DE CONDUCIÓN
SOUTH AFRICA
ID No:
FEMALE
Birth:
Restrictions:
Licence Number:
No: 1
Valid:
05/10/2030
Issued:
ZA
Code
Vehicle restrictions
First Issued:
17/09/2018




DRIVER RESTRICTIONS
PRDP CATEGORIES
VEHICLE RESTRICTIONS
A
A1
B
C1
C
EB
EC1
EC

992003000548127

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone Contact *

Cell No. * 061428 7999

E-mail * nataliesing1@gmail.com

Title * MRS | Initials * N | Surname SNYMAN

Street 25 RYlaan 5 | City

Suburb | Area Code VYF BRAKKE FONTEIN

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 * 08 - 04 - 2026.

Date of Implant * 01 - 04 - 2026

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip RAY LEVERS

Pet Name LUNA. | Date of birth

Species * FELINE | Breed * SIAMESE

Colour CREAM + 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 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 BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
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

9920030005481 27 ADMISSION NO MBY 10312

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 1/04/26 TIME: 12:00

NAME OF APPLICANT: Natalie Snyman

ADDRESS: 25 Rylaan 5, Vyf Brakke Fontein, Mosselbay

HOME TEL No: CELL No: 0614287999

ANIMAL(S) ADOPTING: Kitten - Siamese

SEX: Female AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick wall 1.2meter		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					
	Salem Black	2	3	4	5
BREED	DSH				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	Female 4 years	/	/	/	/
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: Kuca SPCA: Mosselbay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

Checked

DBV SPCA Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		Date for release	

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

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)			
Breed		Colour and Markings			
Condition		Sex		Age	
Temperament		Sterilisation details		Name	
Coat	Tail	Teeth Condition	Ears	Size	
Area found / collected from				Date	
Reason for surrender					

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				
Residential Address					
Postal Address					
Tel (H)	Tel (W)	Cell			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: Case No: Inspector:

STATEMENT OF SURRENDER

I 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 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	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of 1st Applicant	Details of third Applicant

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

MY OWNER

NAME: Mrs Natalie Snyman

POSTAL ADDRESS:

STREET ADDRESS: 25 Rylaan 5

Vyf Brakke Fonteinen

HOME PHONE:

WORK PHONE:

CELLPHONE: 0614287999

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: Siamese

COLOUR: Cream + grey

SEX: Female

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000548127

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/03/26	[vaccine label]	
01/04/26	RABISIN	

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® Quantel® Exitel Plus Exitel Plus XL BRAVECTO®

facebook.com/BravectoSouthAfrica
facebook.com/MSDPetS...

BIZCOM
PROPERTY SALES AND RENTALS

Leon Snyman

25 Rylaan 5
Seemeeu Park
Hartenbos
6510
South Africa

Bizcom Property Sales and Rentals
Company Name: Fly Me Properties (Pty) Ltd
Reg. No. 2009/019591/07
VAT number: 4260270733

Shop 7
13 Parsons Street
Mossel Bay
6500
Tel: 044 695 1115
E-mail: info@biz-com.co.za
Web: www.bizcomproperty.co.za

TAX INVOICE

Payment reference: BST664
Invoice no. PP7774
Property: 25 Rylaan 5
Date: 28 Jan '26

R All amounts shown are in ZAR

Date		Description	VAT incl.	Amount
28 Jan '26	PP7774	Municipal Account - January	0.00	1,545.18
		Total	**0.00**	**1,545.18**

WAYS TO PAY

DIRECT DEPOSIT

Account number: **4085838745**
Bank name: **ABSA**
Branch code: **632005**
SWIFT code: **ABSAZAJJ**
Account name: **Bizcom Property Sales and Rentals**

Payment reference: **BST664**

Powered by PayProp
a Reapit company

PayProp, in its capacity as a licensed property practitioner, is contractually authorised to manage rental payments.

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 02 59 DATE: 02/04/2026

between Mosselbay SPCA

nataliesing1@gmail.com
7803050102 086

and

Name Natalie Snyman

Address 25 Rykaan 5, Vy[illegible] Brakke Fontein

Telephone Numbers (H) 061 42 87 999 (B)

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

Animal's Name Sex Female Age 8 weeks

Description Siamese

On (due date) May Adoption Form No. MA 0259

on 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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

ADMISSION No.
TOELATINGSNR. MA0259

ADOPTION CONTRACT

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female	
Micro	992003000548127		

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

DBV SPCA Garden Route

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV **terug** te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal **nie die dier vasketting of gehok hou nie**, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommerslële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Natalie Snyman

HOME ADDRESS
WOONADRES: 25 Rylaan 5, Vyf Brakke

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7803050102086

TEL No (H): Fonteine
TELEFOON Nr (H):

(B):
(W):

CELL No:
SELFOON Nr: 0614287999

FAX No:
FAKS Nr:

E-MAIL:
E-POS. nataliesing1@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 9272

VEHICLE REG No.
VOERTUIG REG Nr. CB987933

VEHICLE MAKE:
VOERTUIG MAAK: Subaru

COLOUR:
KLEUR: Grey

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 02/04/2026