ADOPTION CHECKLIST

ADOPTION NO: MBY10314

CONTRACT NO: MA0282

- [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 June
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645731 29/04/26

Adopters INFO:

Name & Surname: Myrtle Sauer

082 896 3747

Contact INFO: 84 B Montegu Stv.

Completed by: _____ Date: 16/04/26

Manager: _____ Date: 16/4/26

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.

Siamese
C3

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 MYRTLE SAUER

HOME ADDRESS: 84b MONTEGU STR

MOSSELBAY ID NO.: 590309 0104 084

POSTAL ADDRESS: —

TEL NO (H): ✓ (B): —

CELL NO: 082 896 3747 FAX NO: —

EMAIL: myrtle.sauer@gmail.com

Address where animal will be kept: AS ABOVE.

Occupation: Home maker

Do you own or rent your property: NO Do you have consent from owner / Body Corporate? NO

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

Reason for wanting animal: COMPANY

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? Siamese CAT CROSS

Can you afford private fees? ✓ YES Who is your vet? Heidelrand Dieve kliniek

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

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

Are all your animals sterilised? Give details YES, SPAOG

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? 1 cat, still have it

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

Full description of the fencing and gate: Fully Meshed Height: High.

What shelter is provided: OUTDOORS COVERED BED. KENNEL ____ OTHER ____

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

Pre Home Inspection Fee: R100 Receipt No: 9920

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 Sauer **Date of application** 14/04/26.

DRIVING LICENCE SADC ZA SOUTH AFRICA

CARTA DE CONDUCAO

H SAUER

ID No. 02/5903090104084 FEMALE

Birth 09/03/1959 ZA Restriction 1

Licence Number 60150001C1HB No. 1

Valid 25/11/2024 - 25/11/2029

Issued ZA

Code EB

Vehicle restriction 0

First issue 28/12/1998

DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb

PrDP CATEGORIES
P Passengers
G Goods
D Dangerous goods

VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted

A	A1	≤ 125 cc
B		GVM ≤ 3500 kg ≤ 750 kg
C1		GVM ≤ 16000 kg
C		GVM > 16000 kg
EB	EC1	
EC	EC	

No Print

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: Alfred Bruce
   - Contact Number: 082 908 0282
   - Email Address: _____

2. Additional Family Member/Friend Details
   - Full Name: Tamarin Marsala
   - Contact Number: 082 815 1934
   - Email Address: Tamigan@yahoo.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? Dec 24
   - Where? SPCA Mossdbay
   - What animal did you adopt? Kitty

1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 16/4/26

9 920030006 4 8731

Vet Practice Number

Cell No. 082 896 3747

E-mail myrtle.sauer@gmail.com

If possible, please provide a personal email, not a company email.

Title MRS | Initials M | Surname SAUER

Street 84 B MONTE GU STR | City

Suburb | Area Code MBAY

Country | Province

Phone - Day time | Phone - Night time

[illegible]

Title * | Initials * | Surname *

Cell No. *

Title * | Initials * | Surname *

Cell No. *

Title * | Initials * | Surname *

Cell No. *

[illegible]

Registration Date * 09 - 04 - 2026

Date of Implant * 10 - 04 - 2026

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

Name of Vet who implanted the Chip RAY LEUERS

[illegible]

Pet Name Suzi. | Date of birth

Species * FELINE | Breed * SIAMESE X

Colour CREAM | Markings

Gender Male (Female) | Sterilised (Yes) No

[illegible] | [illegible]

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 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 X Sauer ______________

[illegible]

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 6164

3. By email — 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

9920030006 4 5731 ADMISSION NO MBY 10314.

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 15/4/26 TIME: 13:02

NAME OF APPLICANT: Myrtle Sauer

ADDRESS: 84 B Montegu Street, Masselbaai

HOME TEL No: CELL No: 082 896 3747

ANIMAL(S) ADOPTING: Siamese X

SEX: Female AGE: 12 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Bricks		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	DSH				
CONDITION	Poor				
WELFARE (good?)	Good				
SEX & AGE	Female/1year	/	/	/	/
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: Wally Wagener SPCA: M.Bay SIGNATURE:

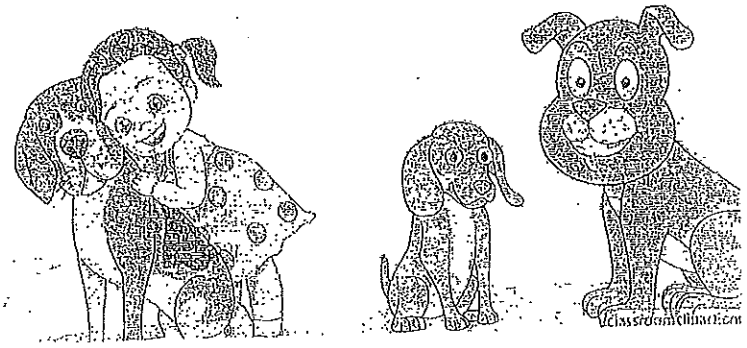
POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

THANK YOU FOR ADOPTING ME!

I am in a new environment with different smells, people and four legged friends all around me. I have just travelled in a car to my new home. It was so cool! I need you to understand that it will take time for me to settle into the new environment and get used to my new fur friends at my new home. I may be a bit nervous or edgy, as I may have been treated badly in the past. The society could only give you information that they were aware of. I ask that you be patient with me and teach me right from wrong. Ask a dog/cat behaviourist with regards to any concerns you may have regarding my temperament or behaviour. Please provide me with the proper training/puppy classes to ensure that I am always on my best behaviour. If I am a puppy, and chew up your shoes, know that I most probably did not have toys at my previous home and my gums may be itching. If I bully the other dog at home or chase the cat, know that I never had friends and this is truly an exciting experience for me. The integration process of being in a new environment, around new people as well as the other pets at home can take up to 2-3 months. Allow me a fair chance to adjust in my new home and always keep my best interest at heart.
THANK YOU for changing my life by adopting me.



MY OWNER

NAME	Myrtle Sauer
POSTAL ADDRESS	
STREET ADDRESS	84 B Montegu STR
HOME PHONE	
WORK PHONE	
CELLPHONE	
BREEDER DETAILS	082 890 3747

ME

SPECIES	Feline
BREED	DSH
COLOUR	white
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645731
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
15/04		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/03/26	375275 R2 Ser: 02071484A Exp: 10-MAR-2027 MSD+ milpro	[signature]
14/04/26	375275 R2 Ser: 02071484A Exp: 10-MAR-2027 MSD+ milpro	[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, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

booked

KENNEL No.	C3 CB24			ADMISSION No.	MBY10314	
Stray	Surrender ✓	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	12/03/26		Time in	11:35	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	12/03/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog	Cat ✓	Other species (Specify)	4 1/2 km		
Breed		Colour and Markings	White		
Condition	Good	Sex	Female	Age	Juvenile
Temperament	Friendly	Sterilisation details	No	Name	
Coat S	Tail L	Teeth Condition Good	Ears Up	Size	Small
Area found / collected from	Grootbrak			Date	12/03/26
Reason for surrender	Can't afford				

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	[illegible]			
Residential Address	4393 [illegible] Villa Grootbrak Wolwedans				
Postal Address	None				
Tel (H) None	Tel (W) None	Cell None			
Email	None				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: — Case No: — Inspector: [signature]

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 [signature]	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of Applicant	Details of third Applicant

Returned ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ ____________ On Date: ____________

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0282. DATE: 16/04/26

between Masselbay SPCA

and

myrtle.sauer@gmail.com
0828963747

Name Myrtle Sauer

Address 84 B Montegu Street

Telephone Numbers (H) 0828963747 (B)

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

Animal's Name Sex Female Age 9 weeks

Description Brown x

On (due date) June Adoption Form No. MA0282

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

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____