ADOPTION CHECKLIST

AD[illegible]: MBY 10267

CONTRACT NO: MAO 277

- [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 992003000645771

Adoptee INFO:

Name & Surname: Imogen Grootboom

Contact INFO: 068 801 3532.

Completed by: _____ Date: 30/04/2026

Manager: _____ Date: 30/4/26

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.

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 I. Grootboom.

HOME ADDRESS: 114 BIRKENHEAD HEIGHTS

MOSSELBAY ID NO.: 8301100140080.

POSTAL ADDRESS: SPA

TEL NO (H): (B):

CELL NO: 068 801 3530 FAX NO:

EMAIL: imogen609kirk@gmail.com.

Address where animal will be kept: SPA.

Occupation: TEAM LEADER MANPOWER.

Do you own or rent your property: Rent Do you have consent from owner / Body Corporate? Yes.

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

Reason for wanting animal: ANIMAL LOVER (Will be my 1st pet.).

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? CAT

Can you afford private fees? Yes Who is your vet? Mosselbay animal hospital.

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

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

Are all your animals sterilised? Give details ✓

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

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

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

Full description of the fencing and gate: Height:

What shelter is provided: OUTDOORS KENNEL OTHER INDOOR.

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

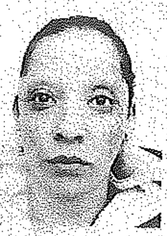
Pre Home Inspection Fee: R 100 Receipt No: M0149907.

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 **Date of application** 1/04/26

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
GROOTBOOM
Names:
IMOGEN JODY-CLAIRE
Sex:
F
Nationality:
RSA
Identity Number:
8301100140080
Date of Birth:
10 JAN 1983
Country of Birth:
RSA
Status:
CITIZEN



Signature:

[illegible]

[illegible]

7267299-4 CST

S. Ngq[illegible]

SOUTH AFRICAN POLICE SERVICE
STATION COMMANDER
COMMUNITY SERVICE CENTRE
2026 -04- 14
STATION COMMANDER
KWANONQABA
SOUTH AFRICAN POLICE SERVICE

201299429

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:
21 MAY 2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 068 801 3532

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * imogen50akirk@gmail.com

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

Title * MRS Initials * I Surname * Grootboom

Street 114 Birkenhead Heights. City

Suburb Area Code MOSSELBAY

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * - -

Date of Implant * 17 - 04 - 2026

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Date of birth

Species * FELINE Breed * DSH

Colour GINGER Markings

Gender (Male) Female Sterilised Yes (No)

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

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, consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS - Please use one of the following option to register on the backhome database

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

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

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 do 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
s of pplicant	Details of third Applicant

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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Imogen Graatboom
   - Contact Number: 068 801 3532
   - Email Address: imogen509kirk@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Edward Graatboom
   - Contact Number: 065 433 7214
   - Email Address: edwardgraatboom1308@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? N/A
   - Where? —
   - What animal did you adopt? Cat.

1. **Adoption Contract Acknowledgment**

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

Signature: [signature]

Date: 30/04/26

MY OWNER

NAME	Imogen Grootboom
POSTAL ADDRESS	
STREET ADDRESS	114 Birkenhead Heights Mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	068 801 3532
BREEDER DETAILS	

ME

SPECIES	~~Cat~~ Feline
BREED	DSH
COLOUR	Ginger
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645771
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VETSIGNATURE
18/03/26	Nobivac Tricat; 375275 R2; Ser: 02071464A; Exp: 10-MAR-2027	[signature]
14/04/26	Nobivac Tricat; 375275 R2; Ser: 02071464A; 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 (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. G4063 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

9920030006 4 5771

ADMISSION NO MBY 10267

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 14/04/2026 TIME: 14:00

NAME OF APPLICANT: Mrs I. Grootboom

ADDRESS: 114 Birkhead Heights, Mosselbay

HOME TEL No: CELL No: 068 801 3532

ANIMAL(S) ADOPTING: Ginger

SEX: Male AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibracrete 2metre		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?	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

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: [illegible] SPCA: Mosselby 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. MA 0277 DATE: 30/04/22

between Mosselbay SPCA

and 8301100140080

Name Imogen Groenboom imogen509kirk@gmail.com

Address 114 Birkenhead Heights, Mosselbay

Telephone Numbers (H) 068 801 3532 (B)

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

Animal's Name Sex Male Age

Description Dash Ginger

On (due date) June Adoption Form No. MA 0277

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: _____