ADOPTION CHECKLIST

ADOPTION NO: MBY ~~13114~~ 10607

CONTRACT NO: MA0276

- [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 May 2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 29/04/26 992003000[redacted] 548123

ADOPTER INFO:

Name & Surname: Chantel Vorster

Contact INFO: 082 890 9454

Completed by: _____ Date: 11/04/26

Manager: _____ Date: 11/04/26

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.

MY OWNER

NAME	Chantal Vorster
POSTAL ADDRESS	
STREET ADDRESS	16 19de Laan
	Moselbaai
HOME PHONE	044 6903186
WORK PHONE	082 8909454
CELLPHONE	0828909454
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	Siamese
COLOUR	Cream + grey
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548123
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/03/26	375015 Exp. 02/27	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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.

MSD Animal Health

Nobivac... Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfrica

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): Chantal Vorster

HOME ADDRESS: 16 19th Avenue, Mosselbay

ID NO.: 7206200137087

POSTAL ADDRESS: N/A

TEL NO (H): 044 690 9454 (B): 044 690 3186

CELL NO: 082 890 9454 FAX NO: N/A

EMAIL: chantalvorster1234@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Accountant

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/NO

Reason for wanting animal: Desire a kitten

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? Tabby and Siamese

Can you afford private fees? Yes Who is your vet? Vital Vet

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

What are the sexes of your animals? DOGS: Male Female 1 CATS: Male 1 Female

Are all your animals sterilised? Give details Yes

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

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

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

Full description of the fencing and gate: Gated area for dog, open front garden Height: 1.5M

What shelter is provided: OUTDOORS KENNEL OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 9295

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** 07/04/26

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VORSTER
Names:
CHANTAL
Sex:
F
Nationality:
RSA
Identity Number:
7206200137087
Date of Birth:
20 JUN 1972
Country of Birth:
RSA
Status:
CITIZEN

Signature:

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: Theuns Vorster
   - Contact Number: 0832291298
   - Email Address: theuns@epic4x4.co.za

2. Additional Family Member/Friend Details
   - Full Name: Mienke Vorster
   - Contact Number: 0677056587
   - Email Address: mienkevorster20@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? N/A
   - 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: 11/4/26

992003000[redacted] 548123

Vet Practice Number *

Cell No. * chantalvorster1234@gmail.com

Email * 0828909454 If possible, please provide a personal email, not a company email

Title * MRS Initials * C Surname VORSTER

Street 16 19th AVE City

Suburb Area Code MOSSELBAY

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 * 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 KAY IEVERS

Pet Name YUKI

Date of birth

Species * FELINE

Breed * SIAMESE

Colour WHITE

Markings

Gender (Male) [struck out]

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 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 ______________

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 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 Alert App

www.backhome.co.za • Tel: 011 852-9120 or or 011 027 8837 • Fax: 0800 222 546

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	58-002114-002-9
DATUM VAN REKENING:	23/03/2026
LAASTE KWITANSIE DATUM:	22/03/2026
VOORAFBETAALDE METERNOMMER:	

BTW REG. NO.
Naam:
VORSTER C & TJ
Liggingsadres:
15 19DE LAAN MOSSELBAAI
BELASTING FAKTUUR HANDELSKSE REKENING

DIENSTE DEPOSITO: 2680.00	ERF NOMMER: 2114000	TOTALE WAARDASIE: 2900000	WYK Nr: 8

DATUM	BESONDERHEDE	BEDRAG
	BALANS OORGEBRING	8648.67
20/03/2026 964256	ELEKTRISITEIT 23/01/2026-20/02/2026	2342.75 *
	69508 - 70105 (597 KWH 28 Dae)	
	BASIES 431.91	
	07/25 597.00 @ 2.689 = 1605.27	
	VAT/BTW 305.57	
20/03/2026 AHR1211381	WATER 23/01/2026-20/02/2026	398.40 *
	981 - 995 (14 Kl 28 Dae)	
	BASIES 261.39	
	07/25 5.52 @ 0.000 = 0.00	
	. 8.48 @ 10.030 = 85.05	
	VAT/BTW 51.96	
20/03/2026 400008	RIOOL	385.61 *
20/03/2026 300008	VULLIS	320.62 *
20/03/2026 877008	CID Residensieel	92.34 *
20/03/2026	BELASTING PARLEMENT	1673.23
	KWITANSIES	5000.00-
	Balans Oorgedra	0.52-
	BTW OP '*' ITEMS: 459.07 ACB TOT: 0.00	

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	3648.67	4592.95	8241.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/04/2026	8241.00

page 1 of 1

VAT No / BTW NR: 4930116379

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 / Betaling Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 580021140029

>>>>>>9152656002114000297

11379 580021140029

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
P4010396

Vou en sleur af.

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

Mossel Bay MUNICIPALITY

VORSTER C & TJ
PRIVAATSAK X5
SUITE 105
HARTENBOS
6520

58-002114-002-9

Fold and tear on perforation.

Between 11—12

MBY 10314
MBY 9912

ADMISSION NO S48123 9920030000[redacted]

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 16/4/26 TIME: 11:45

NAME OF APPLICANT: Chantal Vorster

ADDRESS: 16 19th Avenue, Mosselbay

HOME TEL No: _____ CELL No: 082 890 9454

ANIMAL(S) ADOPTING: Siamese + Tabby

SEX: ♂♀ + ♂ AGE: 9 weeks, 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of 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?	
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?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Spaniel	DSH			
CONDITION	Fair	Fair			
WELFARE (good?)	Fair	Fair			
SEX & AGE	Female / 9w.	Male / 10w.	/	/	/
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 Wagenaar SPCA: MBay SPCA SIGNATURE: [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 0276 DATE: 11/04/26

between Mosselbay SPCA

and 7206200137087

chantaldoorsteri234@gmail.com

Name Chantal Voirster

Address 16 19th Avenue, Mosselbay

Telephone Numbers (H) 082 890 9454 (B)

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

Animal's Name Sex ~~Female~~ Male 8 weeks

Description Bichon

On (due date) May Adoption Form No. MA 0276

on the understanding that you will arrange to have this done at the Mosselbay 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: _____