ADOPTION CHECKLIST

ADOPTION NO: MBY 9912

CONTRACT NO: MA0272

- [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 992003000579336 29/04/26.

Adoptee INFO:

Name & Surname: Chantal Vorster

Contact INFO: 082 890 9454

Completed by: _____ Date: 11/04/26

Manager: _____ Date: 11/4/26

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.

9920030000 579336

Vet Practice Number

Cell No. 082 890 9454

E-mail chantalvorster1234@gmail.com

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

Title * MRS

Initials * C

Surname VORSTER

Street 16 19th Avenue

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 * 29 - 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 LEVERS

PET DETAILS

Pet Name WINSTON.

Date of birth

Species * FELINE

Breed * DSH

Colour TABBY

Markings

Gender (Male) Female

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 backhome on 0860 222 546 (TOLL FREE) or 011 852 6764

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

www.backhome.co.za • Tel: 011 852-9128 or or 011 027 8887 • Fax: 0800 222 546

Between 11—12

9 9200030005 79 9336 ADMISSION NO MBY 10314 MBY 9912

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 10/4/26 TIME: 11:45

NAME OF APPLICANT: Chantal Vorster

ADDRESS: 16 19th Avenue, Mosselbay

HOME TEL No: CELL No: 082 890 94 54

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 / 11.	Male /	/	/	/
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: MBay SPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	12/02/26	ANIMAL NAME	
KENNEL NUMBER	C88	BREED	DSH
CARD NUMBER	MB 79912	STERILIZED	NO
COLOUR	Tabby; white paws	MALE/FEMALE	
VACCINATED		AGE	
PROOF OF VACC		STRAY/SURRENDER	surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.55		
TEMPERATURE	37.5		
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

ADMISSION, ASSESSMENT AND HISTORY RECORD booked

Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	06-11-26		Time in	9:34	Date for release	

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

DESCRIPTION & HISTORY

Dog	Cat x	Other species (Specify)		
Breed	DSH	Colour and Markings	Tabby & White	
Condition	Good	Sex	Male	Age 2 months
Temperament	Friendly	Sterilisation details	None	Name
Coat Short	Tail long	Teeth Condition Good	Ears Up	Size Small
Area found / collected from	Ice			Date 06-11-26
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	x	Name	Mbuthuzeli Mveni	
Residential Address	Peter Street 3 Ice Stove			
Postal Address				
Tel (H) none	Tel (W) none		Cell none	
Email				
Donation R none	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none 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: _____

Loki + madam CB

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/N

Reason for wanting animal: Desire a kitten

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? 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: 1,5 M

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? N

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** 07/04/2026

MY OWNER

NAME: Chantal Vorster

POSTAL ADDRESS:

STREET ADDRESS: 16 19th Avenue

Mosselbay

HOME PHONE:

WORK PHONE:

CELL PHONE: 082 890 9454

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: DSH

COLOUR: Tabby

SEX: Male

DATE OF BIRTH:

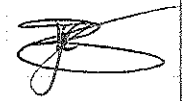
MICROCHIP/TATTOO: 992003000579336

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12/03/26		
13/03/26		
	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	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	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	
	MSD Animal Health	

One of the very first 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®

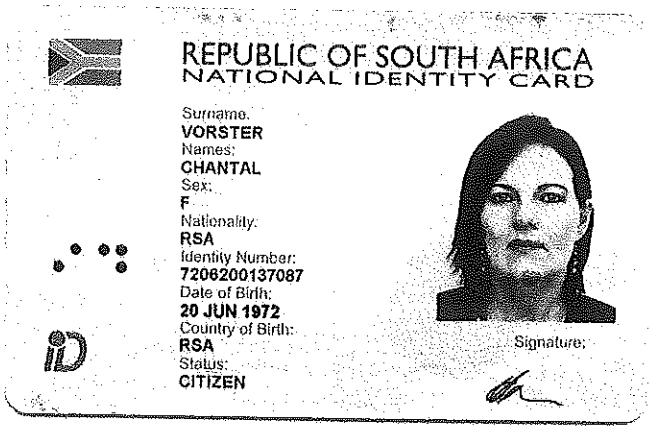
Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO

facebook.com/Bravecto.SouthAfric...
facebook.com/MsdPetsSa



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:

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:
1615DE LAAN MOSSELBAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
2680.00	2114000	2900000	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 ANG1211381	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 400806	RIOOL				365.61 *
20/03/2026 300008	VULLIS				320.62 *
20/03/2026 877008	CID Residensieel				92.34 *
20/03/2026	BELASTING PAAIEMENT				1073.23
	KWITANSIES				5000.00-
	Balans Oorgedra				0.62-
	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

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. 580021140029

EasyPay >>>>>>9152658800211400297

payat 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
P4010395

Vou en skeur 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.

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

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0272 DATE: 11/04/26

between Mosselbay SPCA

and

7206200137087

chantalvorster1234@gmail.com

Name Chantal Vorster

Address 16 19th Ave, Mossel bay

Telephone Numbers (H) 082 896 9454 (B)

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

Animal's Name Sex Male Age 8 weeks

Description Tabby

On (due date) March May Adoption Form No. MA 0272

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