ADOPTION CHECKLIST

MBY10873

CONTRACT NO: MA0307

- [ ] 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 July
- [ ] Copy of Vaccination Record/ Certificate
- [ ] Microchip
- [ ] Microchip Registration- chip number 992003000645584

Adopter INFO:

Name & Surname: Lindsay Kruger

Contact INFO: 0733711672

Completed by: _____ Date: 14/05/2026

Manager: _____ Date: 14/5/26

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.

1242 Staff ✓

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 Kruger

HOME ADDRESS: 5 Mopanie Heiderand

ID NO.: 9804150416085

POSTAL ADDRESS: 11

TEL NO (H): (B):

CELL NO: 0733711672 FAX NO:

EMAIL: lindsaymoll1@gmail.com

Address where animal will be kept: 5 Mopanie st Heiderand

Occupation: Beauty therapist

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

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

Reason for wanting animal: Company

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? Staffie

Can you afford private fees? Yes Who is your vet? dont have one yet

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

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? Yes Will you chain/ an animal? NO

Full description of the fencing and gate: Back yard fenced/walled 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? Yes

Pre Home Inspection Fee: R100 Receipt No: 1004

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 [signature] **Date of application** 12/05/2026

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0307 DATE: 14/05/26

between Mosselbay SPCA

and 9804150416085
lindsaymollI@gmail.com

Name Lindsay Kruger

Address 5 Mopanie Street, Heiderand

Telephone Numbers (H) 0733711672 (B)

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

Animal's Name Sex Male Age 2 months

Description Staffy X - Black

On (due date) July Adoption Form No. MA 0307

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, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No. K 25 42				ADMISSION No. MSY108773		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 17/04/26			Time in 12:00	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
Details of first Applicant	Details of third Applicant

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

MY OWNER

NAME	Lindsay Kruger
POSTAL ADDRESS	
STREET ADDRESS	5 Moparie Street
	Heidevand
HOME PHONE	
WORK PHONE	
CELLPHONE	0733711 672
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	STAFFY X
COLOUR	BLACK
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645584
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
20/05/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
22/04/26	Nobivac® Puppy DP PHEL Batch: A267B01 Exp.: 11-2027	

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

facebook.com/BravectoSouthAfr

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: Marcell Kruger
   - Contact Number: 082 905 4928
   - Email Address: marcell.kruger@gmail.com

2. Additional Family Member/Friend Details
   - Full Name: Erlin Moll (Dad)
   - Contact Number: 0833214592
   - Email Address: \

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: 14 May 2026

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000645584

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. * 0733711672

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

E-mail * lindsaymoll1@gmail.com

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

Title * MRS Initials * L Surname * KRUGER

Street 5 Mopanie City

Suburb Area Code Heidelrand

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 * 14 - 05 - 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 * CANINE Breed * STAFFY X

Colour BLACK 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, hereby 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

9 Mitchell Street
P O Box 713
Mossel Bay, 6500

accounts@fwlaw.co.za
044 333 0127
082 820 6428

FIONA WILLIAMSON
ATTORNEY NOTARY CONVEYANCER

VAT: 4710283617

CRN: 2018/394972/21

www.fwlaw.co.za

Our reference: F Williamson/KF0111

17 April 2026

ATTENTION: LOCAL MUNICIPALITY

Dear Sir / Madam

TRANSFER: A VENTER / MM & LB KRUGER
PROPERTY: ERF 5337 MOSSEL BAY

This letter serves to confirm that the above property was registered on **17 APRIL 2026**, from:

ANNETTE VENTER
Identity Number: **791104 0174 089**
Unmarried

TO

MATTHYS MARCELL KRUGER
Identity Number: **940922 5181 084**
Married out of community of property
And
LINDSAY BETH KRUGER
Identity Number: **980415 0416 085**
Married out of community of property

Please assist them with the necessary connections.
We trust you will find the above in order.

Kind regards

Fiona Williamson
Director

TO A TEE

ATTACHMENT TO DISCLOSURE AS PRESCRIBED

I/We, Annette Venter (The Seller/s)

of 5 Mapanie Street, Helderand (The Property),

confirm that the following items are in proper working order. I/We also confirm that I/we are not aware of any patent or latent defects that we have not disclosed. We also authorise the Property Practitioner to disclose these defects to a potential buyer.

Mark appropriate block with X:

NU	PROPERTY COMPONENT	N/A	YES	NO
1	Are there approved plans for all structures? Not sure if it is correct.	N/A	Yes	No
2	Roof coverings - any leaks or serious damage?	N/A	Yes	No
3	Gutters and down pipes - any serious defects? One gutter overflow	N/A	Yes	No
4	Is roof drainage in order?	N/A	Yes	No
5	Roof structure – any serious defects?	N/A	Yes	No
6	Hot water geysers - installation SANS compliant? Not sure	N/A	Yes	No
7	Ceilings - damp present?	N/A	Yes	No
8	Exterior walls - structural cracks /suspected cracks?	N/A	Yes	No
9	Exterior walls - damp present?	N/A	Yes	No
10	Interior walls - structural cracks / suspected cracks?	N/A	Yes	No
11	Interior walls - damp present?	N/A	Yes	No
12	Floors and slabs - structural damage / suspected damage? Few cracks	N/A	Yes	No
13	Foundations – structural damage / suspected damage?	N/A	Yes	No
14	Staircases and steps – any safety issues?	N/A	Yes	No
15	Automated gates and doors – any functional or safety issues? Not working	N/A	Yes	No
16	Fire safety for linked garages - fire door and fire wall present and compliant?	N/A	Yes	No
17	Plumbing and sanitary ware – any serious defects?	N/A	Yes	No
18	Electrical installation – is it defect free and compliant?	N/A	Yes	No
19	Gas installation – is it defect free and compliant?	N/A	Yes	No
20	Electric fence – is it defect free and compliant?	N/A	Yes	No
21	Drains – are any drains serving the property prone to blocking?	N/A	Yes	No
22	Water and sewerage pipes – any known problems?	N/A	Yes	No
23	Storm water management – any known problems?	N/A	Yes	No
24	Swimming pool – is the pool equipment functional and safety compliant?	N/A	Yes	No
25	Any leaks in swimming pool?	N/A	Yes	No
26	Borehole and pump – in working order?	N/A	Yes	No
27	Stove working? Oven grill not working. Not sure	N/A	Yes	No
28	Oven and hob working? Not sure.	N/A	Yes	No
29	Underfloor heating – in working order?	N/A	Yes	No
30	Windows – cracks? Broken hinges? Broken hinges in kitchen	N/A	Yes	No
31	Extractor fans – working order?	N/A	Yes	No
32	Security gates – working?	N/A	Yes	No
33	Security lights – working?	N/A	Yes	No
34	Alarm system – working order? Not sure	N/A	Yes	No
35	Doorbells – working?	N/A	Yes	No
36	Ceiling fans – working order?	N/A	Yes	No
37	Air conditioner – in working order?	N/A	Yes	No
38	Spa motor – any defects?	N/A	Yes	No

39	Sprinkler system – working?	~~N/A~~	Yes	No
40	Clay or ground subsidence present?	~~N/A~~	Yes	No
41	Insect damage?	N/A	Yes	~~No~~
42	ANY other leaks present? Not aware	~~N/A~~	~~Yes~~	~~No~~
43	Does the property have any asbestos that you are aware of which could also expose a worker to any risks associated with asbestos?	N/A	Yes	~~No~~
44	If so, has the property been inspected in terms of the Asbestos Abatement Regulations and can you provide a copy of the report?	~~N/A~~	Yes	No
45	Solar installation – in working order?	~~N/A~~	Yes	~~No~~
	Is Solar CoC in place?	~~N/A~~	Yes	No
46	Inverter – in working order?	~~N/A~~	Yes	No
	Is inverter CoC in place?	~~N/A~~	Yes	No
47	Was the property built less than 5 years ago?	N/A	Yes	~~No~~
48	If YES, do you have a NHBRC certificate?	~~N/A~~	Yes	No
49		N/A	Yes	No
50		N/A	Yes	No

I/We specifically record the nature of the above defects:

No 27 Not sure if the stove is in proper working order Glass door (sliding) handle broken and security door not working. will not be fixed

I/We place on record other defects not mentioned above:

The owner did not live in the property since 2019 and cannot reasonably be expected to be aware of any serious problems

I/We also hereby disclose any other facts / restrictions / servitudes / extensions not on municipal plans / electrical connections or any other:

The Purchasers will have no claim against To A Tee Properties or it's Agent should other defects become known after date of signature of the agreement. The Purchasers confirm that they will take reasonable care to familiarise themselves with any defects before entering into the agreement.

Seller 1 _____ Seller 2 _____ Date: 4/3/2026

Purchaser 1 _____ Purchaser 2 _____ Date: _____

PPRA

PROPERTY PRACTITIONERS
REGULATORY AUTHORITY

MANDATORY DISCLOSURE

36.1 The mandatory disclosure referred to in Section 67 of the Act shall be in the following format -

IMMOVABLE PROPERTY CONDITION REPORT IN RELATION TO THE SALE OF ANY IMMOVABLE PROPERTY

1 **Disclaimer**

This condition report concerns the immovable property situated at No5 Mopanie Str, Heidelberg (the "Property"). This report does not constitute a guarantee or warranty of any kind by the owner of the Property or by the property practitioners representing that owner in any transaction. This report should, therefore, not be regarded as a substitute for any inspections or warranties that prospective purchasers may wish to obtain prior to concluding an agreement of sale in respect of the Property.

2 **Definitions**

In this form -

2.1 "to be aware" means to have actual notice or knowledge of a certain fact or state of affairs; and

2.2 "defect" means any condition, whether latent or patent, that would or could have a significant deleterious or adverse impact on, or affect, the value of the property, that would or could significantly impair or impact upon the health or safety of any future occupants of the property or that, if not repaired, removed or replaced, would or could significantly shorten or adversely affect the expected normal lifespan of the Property.

3 **Disclosure of information**

The owner of the Property discloses the information hereunder in the full knowledge that, even though this is not to be construed as a warranty, prospective purchasers of the Property may rely on such information when deciding whether, and on what terms, to purchase the Property. The owner hereby authorises the appointed property practitioner marketing the Property for sale to provide a copy of this statement, and to disclose any

information contained in this statement, to any person in connection with any actual or anticipated sale of the Property.

4 **Provision of additional information**

The owner represents that to the best of his or her knowledge the responses to the statements in respect of the Property contained herein have been accurately noted as "yes", "no" or "not applicable". Should the owner have responded to any of the statements with a "yes", the owner shall be obliged to provide, in the additional information area of this form, a full explanation as to the response to the statement concerned.

5 **Statements in connection with Property**

	YES	NO	N / A
I am aware of the defects in the roof		✓	
I am aware of the defects in the electrical systems		✓	
I am aware of the defects in the plumbing system, including in the swimming pool (if any)		✓	
I am aware of the defects in the heating and air conditioning systems, including the air filters and humidifiers			✓
I am aware of the defects in the septic or other sanitary disposal systems		✓	
I am aware of any defects to the property and/or in the basement or foundations of the property, including cracks, seepage and bulges. Other such defects include, but are not limited to, flooding, dampness or wet walls and unsafe concentrations of mould or defects in drain tiling or sump pumps	✓	See explanations	
I am aware of structural defects in the Property		✓	
I am aware of boundary line dispute, encroachments or encumbrances in connection with the Property		✓	
I am aware that remodeling and refurbishment have affected the structure of the Property		✓	

I am aware that any additions or improvements made to or any erections made on the property, have been done or were made, only after the required consents, permissions and permits to do so were properly obtained.		✓	
I am aware that a structure on the Property has been earmarked as a historic structure or heritage site			✓

ADDITIONAL INFORMATION

The owner did not live in the property since 2019, and cannot reasonably be expected to be aware of any serious problems.

Signs of damp in Main Bedroom wall.

6 **Owner's certification**

The owner hereby certifies that the information provided in this report is, to the best of the owner's knowledge and belief, true and correct as at the date when the owner signs this report.

7 **Certification by person supplying information**

If a person other than the owner of the property provides the required information that person must certify that he/she is duly authorised by the owner to supply the information and that he/she has supplied the correct information on which the owner relied for the purposes of this report and, in addition, that the information contained herein is, to the best of that person's knowledge and belief, true and correct as at the date on which that person signs this report.

8 **Notice regarding advice or inspections**

Both the owner as well as potential buyers of the property may wish to obtain professional advice and/or to undertake a professional inspection of the property. Under such circumstances adequate provisions must be contained in any agreement of sale to be concluded between the parties pertaining to the obtaining of any such professional advice and/or the conducting of required inspections and/or the disclosure of defects and/or the making of required warranties.

9 **Buyer's acknowledgement**

The prospective buyer acknowledges that he/she has been informed that professional expertise and/or technical skill and knowledge may be required to detect defects in, and non-compliant aspects concerning, the property.

The prospective buyer acknowledges receipt of a copy of this statement.

10 **Signatures**

Signed at Dias on 13 February 2026

Signature of owner _____

Signature of purchaser _____

Signature of property practitioner _____

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
KRUGER
Names:
LINDSAY BETH
Sex:
F
Nationality:
RSA
Identity Number:
9804150416085
Date of Birth:
15 APR 1998
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:

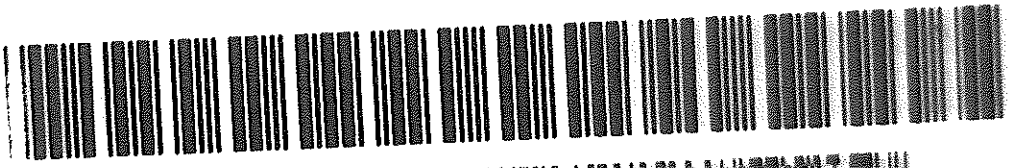
Date of Issue:
27 SEP 2022

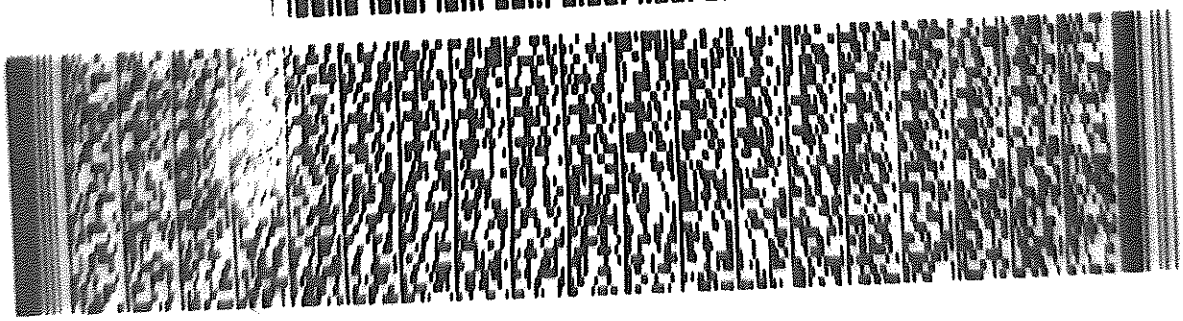
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

ROA

119925228





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ADMISSION NO 10573

9920030006455 84

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 13/05/24 TIME: 12:00

NAME OF APPLICANT: Lindsay Kruger

ADDRESS: 5 Mopanie Street, Heidelrand

HOME TEL No: CELL No: 073 371 1672

ANIMAL(S) ADOPTING: Dog - Staffy x

SEX: Male AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibracrete / Brick 1.5m		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: KEK SPCA: Nosselsig SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE