HBY 10636

CONTRACT NO: HBB MA 0293

- [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 ENO June
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 13/05/26. 992003000645676

Adoptee INFO:

Name & Surname: Michelle Truter

Contact INFO: 0713071832.

Completed by: _____ Date: 07/05/26

Manager: _____ Date: 7/5/26

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.

2 Tabbys CBH.

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): Michelé Truter

HOME ADDRESS: 7 Beyers St, Klein Brak River

ID NO.: 6912180263089

POSTAL ADDRESS: /

TEL NO (H): / (B):

CELL NO: 0713071832 FAX NO: — (whatsapp)

EMAIL: mikiw1812@gmail.com

Address where animal will be kept: As above

Occupation: Administrator

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~~/N

Reason for wanting animal: I love animals, always have had pet & need to love my own fur. baby. YES/~~N~~

Is the animal for yourself? ~~YES~~/

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary ~~YES~~/

What breed of dog or cat are you interested in? DSH

Can you afford private fees? Yes Who is your vet? / Still deciding.

How many animals live on the property? DOGS? 0 CATS? 0 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: Courtyard & walls Height:

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: 9968

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 MT Truter **Date of application** 25/04/26

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000645676

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. * 071 3071832

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

E-mail * mikiw1812@gmail.com

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

Title * MRS Initials * M Surname * TRUTER

Street 7 Beyer STR City

Suburb Area Code KLEIN BRAK RIVER

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 * 13 . 05 . 2026

Date of Implant * 06 . 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 * FELINE Breed * DSH

Colour TABBY 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 _____ M Truter

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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
RUSCH
Names:
MICHELLE DENISE
Sex:
F
Nationality:
RSA
Identity Number:
6912180263088
Date of Birth:
18 DEC 1969
Country of Birth:
RSA
Status:
CITIZEN

Signature

Date of Issue
05 MAR 2017

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

104111814

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: Sveyn Tuter
   - Contact Number: 079 042 5226
   - Email Address: _____

2. Additional Family Member/Friend Details
   - Full Name: Denise Westgate (Mother)
   - Contact Number: 0626 99 9497
   - Email Address: dwestgate45@gmail.com

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: 7/5/2026

CSC Mosselbay

From: Michelle Truter <mikiw1812@gmail.com>
Sent: 06 May 2026 07:13 PM
To: CSC Mosselbay
Subject: Fwd: FW: Mossel Bay Municipality account - 21-000337-002-2_2026-04-23
Attachments: 7713-21-000337-002-2_2026-04-23.pdf

---------- Forwarded message ---------
From: **Cornflats Farm** <cornflats@bosberg.co.za>
Date: Wed, 06 May 2026, 18:01
Subject: FW: Mossel Bay Municipality account - 21-000337-002-2_2026-04-23
To: <mikiw1812@gmail.com>

To whom it may concern

This is to confirm that we as landlords of 7 Byers Street, Klein Brak Rivier, hereby give Michelle Truter permission to have a cat on the premises.

Thank you

Kind regards

EA Long

7 Byers Street

Klein Brak Rivier

6503

6/5/2026

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	21-000337-002-2
DATE OF ACCOUNT:	22/04/2026
LAST RECEIPT DATE:	21/04/2026
PREPAID METER NUMBER:	

VAT REG. NO.

Name:
STRACHAN JM & LONG EA & BRAD

Street Address:
7 BEYERSSTRAAT KLEIN-BRAKRIVIER (SEEKANT)

TAX INVOICE **MONTHLY ACCOUNT**

SERVICE DEPOSIT:	0.00	ERF NUMBER:	337000	TOTAL VALUATION:	3600000	WARD No:	4

DATE	DETAILS	AMOUNT
	B/F BALANCE	1343.95
15/04/2026	ACB4006672RECEIPTS	1343.95-
21/04/2026	RATES INSTALLMENT	1343.95
	Balance Carried Forward	0.95-
	VAT ON '*' ITEMS: 0.00 ACB TOT: 1343.95-	

UNPOSTED DEBIT ORDERS 1343.95

CREDIT	60 DAYS	30 DAYS	CURRENT	Amount Due
0.00	0.00	0.00	1343.95	1343.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/05/2026	1343.00

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. 210003370022

EasyPay >>>>>>9152621000337000229

pay@ 11379 210003370022

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

Mossel Bay MUNICIPALITY

STRACHAN JM & LONG EA & BRAD
PO BOX 325
LITTLE BRAK RIVER
6503

21-000337-002-2

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

Fold and tear on perforation

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	17/04		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
Details of first Applicant	Details of third Applicant

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

MY OWNER

NAME	Michelle Truter
POSTAL ADDRESS	
STREET ADDRESS	7 Beyers Str
	Klein Brak River
HOME PHONE	
WORK PHONE	
CELL PHONE	0713071832
OTHER DETAILS	

ME

SPECIES	Feline
BREED	DSH
NAME	Tabby
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645676
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
22/04/26	375275 F2 Exp.	

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 BRAVECTO®

Find us on facebook.

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

9920030006455676

After 5

ADMISSION NO MBY 10636

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 6.5.26 TIME: 9:07

NAME OF APPLICANT: Michelle Truter

ADDRESS: 7 Beyers Street, Kleinbrak

HOME TEL No: _____ CELL No: 0713071832

ANIMAL(S) ADOPTING: Kitten

SEX: Female AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2 woodenfence		Suitability of fence (i.e. small pets can't escape): wooden	
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?	wooden fence
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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ n.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Luvuyo Bnyi SPCA: Mossel Bay 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. MA0293 DATE: 07/05/26

between Mosselbay SPCA

and

Name Michellé Truter

Address 7 Beyer Street, Klein Brak, Mosselbay.

Telephone Numbers (H) 0713071832. (B)

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

Animal's Name Sex MALE Age 8 weeks

Description Tabby

On (due date) End June Adoption Form No. MA0293.

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: MT Truter For SPCA:

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____