MB-18994

CONTRACT NO: MA0302

- [ ] 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 Done 14/05/2026
- [ ] Copy of Vaccination Record/ Certificate
- [ ] Microchip
- [ ] Microchip Registration- chip number 992003000645586

Adopter INFO:

Name & Surname: M/s M.E. Vorster

Contact INFO: 0765784252

Completed by: _____ Date: 15/05/2026

Manager: _____ Date: 15/5/26

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.

This letter serves as confirmation that my mother, Mrs Maxine Elizabeth Vorster,

ID Number: 5209220034088,

has been residing at the following address since October 2021:

Unit 4, Brentonwood

Brenton-on-Lake

Knysna

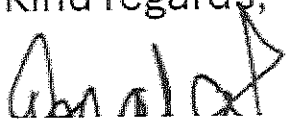
6571

South Africa

This confirmation is provided in support of her dog adoption application.

Should you require any further information or confirmation, please feel free to contact me.

Kind regards,



Indien onafgelewer stuur terug aan / If undelivered please return to: P.O. Box 21, Knysna, 6570

Knysna
Municipality Munisipaliteit uMasipala
inclusive · innovative · inspired

POSBUS \ PO BOX 21, KNYSNA, 6570
(044) 302 6300
(044) 302 7799
B.T.W. Nr / V.A.T. No. 4360193876
KANTOORURE / OFFICE HOURS: (08h00 - 16h00) Mon - Fri

MALAN MATTHYS J & JO-ANNE
4 KAPT WA DUTHIE
BRENTONWOOD
KNYSNA
6571

NOTICE
FAILURE TO PAY THE ACCOUNT IN FULL BY DUE DATE, SERVICES WILL BE TERMINATED. PAYMENTS NOT REFLECTING ON THE MUNICIPAL BANK STATEMENT BY DUE DATE WILL BE DEEMED AS OUTSTANDING, INTEREST WILL BE RAISED AND SERVICES WILL BE DISCONNECTED

KENNISGEWING
VERSUIM OM DIE REKENING VOLLEDIG TEEN DIE SPERDATUM TE BETAAL, SAL VEROORSAAK DAT DIENSTE BEËINDIG WORD. BETALINGS WAT NIE OP DIE MUNISIPALE BANKSTAAT TEEN DIE SPERDATUM REFLEKTEER NIE, SAL AS UITSTAANDE BESKOU WORD. RENTE SAL GEHEF WORD EN DIENSTE SAL OPGESKORT WORD.

B.T.W. FAKTUUR / TAX INVOICE

REKENING Nr. ACCOUNT No.	DATUM VAN STAAT STATEMENT DATE	STRAATADRES STREET ADDRESS	DEPOSITO DEPOSIT	SLUIT KWITANSIES IN TOT INCLUDES RECEIPTS UP TO
3-00664-000-13-5	2022-08-31	4 KAPT WA DUTHIE	1381.00	2022-08-31

NAAM NAME	BTW NOMMER VAT NUMBER	ERF NOMMER ERF NUMBER	GROOTTE AREA	LESINGDATUM READING DATE
MALAN MATTHYS J & JO-ANNE	20220908-300664000135	3-00664-000	894	24/08/22

DATUM DATE	VERWYSING REFERENCE	BESONDERHEDE DETAILS	BEDRAG AMOUNT
		B/F BALANCE	3 306.60
10/08/22	z/56B98	RECEIPTS WATER CONSUMPTION	-395.76
10/08/22	z/56B98	RECEIPTS REFUSE	-129.99
10/08/22	z/56B98	RECEIPTS RATES RESIDENTIAL DEV	-1 030.01
31/08/22	z/460B98	RECEIPTS WATER CONSUMPTION	-516.52
31/08/22	z/460B98	RECEIPTS REFUSE	-146.19
31/08/22	z/460B98	RECEIPTS UNALLOCATED CREDITS	-185.32
31/08/22	z/460B98	RECEIPTS RATES RESIDENTIAL DEV	-1 088.13
		BALANCE DUE ON PREVIOUS ACCOUNT 185.32-	
31/08/22	C-PKS0953	WTR RESIDENTIAL CONS(25/07/2022-24/08/2022)	
		2897 - 2870 = 27 Kl 30 DAYS	
	TAR:1600	BASIC: = 191.77	
		2.34 KL 33.6000 = 78.62	
		12.82 KL 22.4000 = 287.17	
		8.88 KL 13.5652 = 120.46	
		2.96 KL = 0.00	
		VAT/BTW: = 101.70	779.72 *
31/08/22	INSTALL	REFUSE BASIC CHARGE-INSTALMENT	144.99 *
31/08/22	INSTALL	RATES INSTALMENT	1 079.45

BTW ingesluit VAT included	Krediet Credit	90 Dae + 90 Days +	60 Dae 60 Days	30 Dae 30 Days	Lopend Current	Bedrag Betaalbaar Amount Due
120.61	0.00	0.00	0.00	0.00	1 818.84	**1 818.84**

REMITTANCE ADVICE

Rekening Nr. Account No.	3-00664-000-13-5
Naam Name	MALAN MATTHYS J & JO-ANNE
Bedrag Betaalbaar Amount Payable	1 818.84
Betaaldatum Due Date	2022-09-30

EasyPay
>>>>>915973006640001358

payA
1134630066400013S

0187 300664000135

NEDBANK
Acc No: 1626561826
Branch Code: 198765

Scan the QR code to pay

BETALING AANWYSING / PAYMENT ALLOCATION		
WATER CONS	1	594.40
REFUSE	4	144.99
RATES RES	27	1 079.45

masterpass SnapScan Zapper

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VORSTER
Names:
MAXINE ELIZABETH
Sex:
F
Nationality:
RSA
Identity Number:
5209220034088
Date of Birth:
22 SEP 1952
Country of Birth:
RSA
Status:
CITIZEN

Signature:

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:
24 OCT 2016

RSA

103137776

MY OWNER

NAME	Mrs M.E. Vorster
POSTAL ADDRESS	
STREET ADDRESS	4 Brentonwood Est.
	Capt W.A. Duthie Str, Brenton Lake, Knysna
HOME PHONE	
WORK PHONE	
CELLPHONE	0765784252
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	TERRIER x MALTESE
COLOUR	BRINDLE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645586
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
10/01/26	Nobivac® Puppy DP PLUS. Batch: A256B01 Exp.: 06-2027 + milpro	
04/02/26	352210 R3 Exp: 27-FEB-2026 + milpro	
13/03/26	352210 R3 Exp: 27-APR-2026 + Trivacrm	

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-MCP** (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

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook.

facebook.com/BravectoSouthAf

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. 5504 K3				ADMISSION No. MEY8994		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	9/01/26		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	9/01/26	Microchip or ID Tag number	None	

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify)	B/I	
Breed	Poodle X	Colour and Markings	Brindle	
Condition	Good	Sex ♀	Age	
Temperament	Good	Sterilisation details No	Name	
Coat	Tail L	Teeth Condition	Ears Up	Size Puppy
Area found / collected from	Da nova			Date 9/01/26
Reason for surrender	Cant keep them all			

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS:

Surrendered by	X	Name	E. Burmeister	
Found by				
Residential Address	14 MJ Harris Str			
	Da nova			
Postal Address				
Tel (H) No num	Tel (W) None		Cell 084 011 3515	
Email	E.Burmeister@gmail.com			
Donation R 200-00	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

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: _____

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

2. Additional Family Member/Friend Details
   - Full Name: Gill Celliers
   - Contact Number: 0836098754
   - 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: _____

KNYSNA
ANIMAL WELFARE SOCIETY

2 Martin Street, Hunters Home • PO Box 288 Knysna 6570
www.knysnaanimalwelfare.co.za • kaws@lantic.net
Tel: 044 384 1003 • Fax: 086 512 8919 • Emergency: 073 461 9825

KAWS

Property Inspection Dog Checklist

Name of inspector: KATE REED Date of Inspection: 13 MAY

Applicant's Name: MRS UOSTEL

Contact Number: 0765784252

Address: 14 CAPE DUIKER . KWANUTU BRENTWOOD COAST

1. Is the property fully enclosed with no gaps or holes? YES
2. What is the type and height of fencing? 1.4 AND 600cm
3. What size animal is the property appropriate for? SMALL
4. Is outside shelter available? YES
5. Is there any sign of a chain or cage? NO
6. Are the existing animals sterilised and vaccinated? YES
7. What is the general condition of the existing animals? EXCELLENT
8. What food will the animal be fed? EUKANUBA .
9. Has the application of this animal been agreed upon by all family members? YES
10. What kind of exercise will the animal be given, and how regularly?

   WALKS .
11. Who will be home during the day? MOM
12. If there is a pool, is it enclosed? NO
13. Where will the animal spend most of its time? HOME
14. Where will the animal sleep at night? IN BEDROOM
15. Will the animal be allowed inside? YES
16. Where will the animal be left when the family is out? INSIDE
17. Who will be the primary caregiver? MOM .

Nausa / K33

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 M.E. VORSTER (MALAN)

HOME ADDRESS: 4 BRENTONWOOD EST, CNR. W.A BLYTHE STR. BRENTON LAKE - KNYSNA. ID NO.: 5209220034008

POSTAL ADDRESS: AS ABOVE.

TEL NO (H): _____ (B): _____

CELL NO: 0765784252 FAX NO: _____

EMAIL: MAXIMEV1952@GMAIL.COM.

Address where animal will be kept: AS ABOVE.

Occupation: RETIRED.

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

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

Reason for wanting animal: FRIEND FOR MAGGIE (SKOTTISH TERRIER)

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? TERRIER

Can you afford private fees? Yes Who is your vet? George Rex Vet clinic

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

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

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

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

Full description of the fencing and gate: WOODEN FENCE Height: 3M.

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: 9994

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** 4/05/202

Backhome

Virbac

* COMPULSORY FIELDS
# PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

Microchip Number

992003000645586

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. * 0765784252

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

E-mail * maxinev1952@gmail.com

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

Title * MRS Initials * M.E. Surname * VORSTER

Street 4 Brentwood Est City

Suburb Capt. W.A. Duthie Str Area Code BRENTON LAKE KNYSNA

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 IEVERS

PET DETAILS

Pet Name TOFFEE Date of birth

Species * CANINE Breed * TERRIER X

Colour BRINDLE 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