MBY 10673

CONTRACT NO: MA0301

- [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 Done 14/05/26
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 28/05/26. 992003000645583

Adoptee INFO:

NAME & SURNAME: Mrs B. Beukes

Contact INFO: 0674039588

Completed by: _____ Date: 19/05/2026

Manager: _____ Date: _____

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.

HESSEQUA
MUNISIPALITEIT
MUNICIPALITY
U MASIPALA

BTW NR: 4780193258

BELASTING FAKTUUR

BEUKES B
19 KAJUITLAAN
JONGENSFONTEIN
6675

BTW Nr.: 00000000000

BELASTING FAK Nr.	9399
STAAT DATUM	2026/04/16
REKENING NOMMER	4042700001
DEPOSITO	1320.00

MARK WAARDE	TARIEF BEDRAG	KORTING	AFSLAG	KORTING PERS.
3190000	0.0080900	50000.00		

DIENS	KODE/ DATUM	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	BALANS
	Basies	417.39	-417.39	362.95	54.44	0.00	0.00	417.39
	Verbrk	530.00	-530.00	555.55	83.33	0.00	0.00	638.88
	Basies	221.40	-221.40	196.00	29.40	0.00	0.00	225.40
	04/16	281.75	-281.75	245.00	36.75	0.00	0.00	281.75
	04/16	256.45	-256.45	223.00	33.45	0.00	0.00	256.45
rates	04/16	2116.88	-2116.88	2116.88	0.00	0.00	0.00	2116.88
SUB TOTAAL		3823.87	-3823.87	3699.38	237.37	0.00	0.00	3936.75

	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	VERSKULDIG
TOTALE:	3823.87	-3823.87	3699.38	237.37	0.00	0.00	3936.75

VERVAL DATUM 2026/05/07	
REELING	0.00
BEDRAG VERSKULDIG	3936.75

TARIEWE

WATER		ELEKTRISITEIT
0.000 - 6.000 KL	11.0200 R/KL	
7.000 - 15.000 KL	11.0200 R/KL	
16.000 - 30.000 KL	12.5800 R/KL	
31.000 - 40.000 KL	13.7300 R/KL	
41.000 - 50.000 KL	16.7000 R/KL	
51.000 - 70.000 KL	19.5900 R/KL	
BO 70.000 KL	23.6100 R/KL	

WATER METER LESING

2026/02/10 VORIGE	2026/03/10 HUIDIGE	VERBRUIK
6607.000	6650.000	43.000

ELEKTRISITEIT METER LESINGS

VORIGE	HUIDIGE	VERBRUIK

EIENDOMS INLIGTING

ERF NR	00000427	WYK	3
STRAAT ADRES	19 KAJUITLAAN		
DORPS GEBIED	JONGENSFONTEIN		
GEDEELTE			
EENHEID	00200400000427000000000000	OPPERVLAKTE	781

AFSNY

Die verskaffing van dienste mag gestaak word sonder verdere kennisgewing as enige balans onbetaald is na die betaaldatum en die deposito mag hersien word. Let asseblief op dat die betaaldatum nie van toepassing is op agterstallige balanse.

OPDATEER U TELEFOON EN EPOS BESONDERHEDE OM TE VERSEKER DAT U BELANGRIKE KOMMUNIKASIE VAN HESSEQUA MUNISIPALITEIT ONTVANG

SOUTH AFRICA
Permit Mail
P0001250

MUNICIPALITY HESSEQUA MUNISIPALITEIT
U MASIPALA

4042700001
BEUKES B
19 KAJUITLAAN
JONGENSFONTEIN
6675

VOU EN SKEUR AF.

MUNISIPALITEIT/
HESSEQUA
U MASIPALA

BEUKES B

SKEUR ASSEBLIEF AF EN STUUR TERUG MET BETALING

BETAAL DATUM	2026/05/07
BEDRAG	3936.75
REKENING NOMMER	4042700001

DIREKTE INBETALING

VIR U GERIEF MAG HIERDIE REKENING BY ENIGE TAK VAN EERSTE NASIONALE BANK BETAAL WORD.

TAK Nr.: 200313 REK. Nr.: 53571024174 REK. TIPE: TJEK

VERWYSING Nr.: 4042700001

GEBRUIK ASB DIE KORREKTE VERWYSINGSNO OM STAKING VAN DIENSTE TE VOORKOM

accounts@hessequa.gov.za

VOU EN SKEUR AF.

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. Additional Family Member/Friend Details
   - Full Name: Verna-Marie Beukes
   - Contact Number: 0822130902
   - Email Address: vernamarieb@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: VMBeukes
Date: 19/5/26

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT IN CAPITALS

MICROCHIPPED ANIMAL REGISTRATION FORM

Microchip number

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. * 0674039588

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

E-mail * beretha beukes@gmail.com

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

Title * MRS

Initials * B

Surname * BEUKES

Street 19 KAJUIT AVE

City

Suburb

Area Code JONGENSFONTEIN

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 BENJI

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 he/she 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

Tabby 8
CB 1.

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): B BEUKES.

HOME ADDRESS: 19 KNJUIT AVE JONGENSFONTEIN

ID NO.: 5805280141082.

POSTAL ADDRESS: 19 KNJUIT AVE JONGENSFONTEIN 6625

TEL NO (H): (B):

CELL NO: 067 403 7588 FAX NO:

EMAIL: berethabeukes@gmail.com.

Address where animal will be kept: 19 KNJUIT AVE JONGENS

Occupation: Retired.

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: 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? ANY

Can you afford private fees? Yes Who is your vet? STILBAAI DIEREKLINIEK

How many animals live on the property? DOGS? NON 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? NON CATS? OTHER?

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

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

Full description of the fencing and gate: WALLS AT BACK. 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? NO

Pre Home Inspection Fee: R100 Receipt No: 9993

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 B Beukes **Date of application** 4/5/26

S.A. BURGER/S.A. CITIZEN

VANNAAM/SURNAME

BEUKES

VOORNAME/FORENAMES

BERETHA

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

1958-05-28

DATUM UITGEREIK
DATE ISSUED

2003-05-30

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

SOUTH AFRICA

992003000645583

Section 6.12a

DBV SPCA

ADOPTION No: MA 0301

ADMISSION: MBY 10673

PRE AND POST HOME INSPECTION FORM

PASSED: ✓ YES / NO

DATE UNDERTAKEN: 9 May 2026 TIME: 10h20

NAME OF APPLICANT: Bhegtta Beukes

ADDRESS: 19 Kajuit laan Jongensfontein.

HOME TEL No: CELL No: 0674039588

ANIMAL(S) ADOPTING: X cat

SEX: AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:		Height of fence: 1 8m	
Any sign of Kennel/Shelter?	✓ 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?	

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED			NONE		
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ✓ SMALL DOGS
- ☐ MEDIUM DOGS
- ☐ LARGE DOGS
- ✓ CATS
- ☐ EQUINE
- ☐ OTHER (specify)

INSPECTED BY: Hardy ~~SPCA~~ SBAP 0827002491 SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Revised July 2013

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
29/04/26	Milpro		

Quantel Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE [signature]

DATE 14/05/26

DOCTOR'S NAME A.S Muller

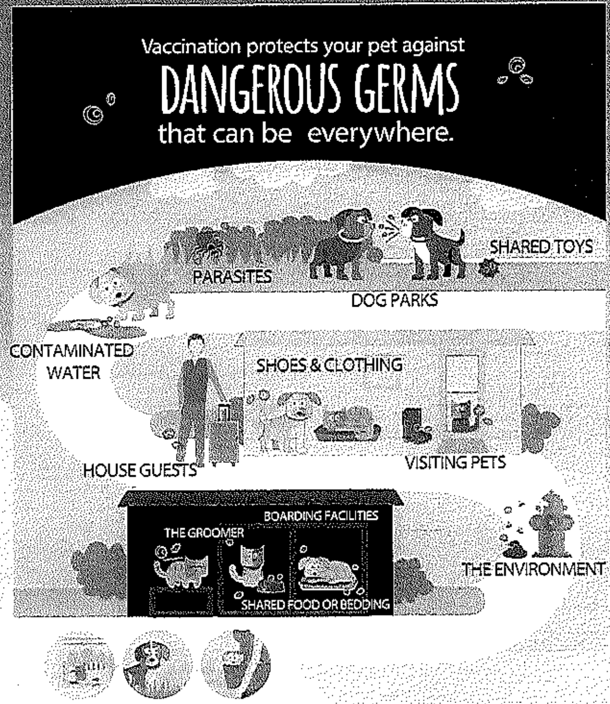
Garden Route SPCA
P.O. Box 258
George, 6530
Ph (044) 693 - 0824

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	81			ADMISSION No.	MBY10673	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	25/04		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	25/04/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	25/04/26	Microchip or ID Tag number	None.

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	B/I.		
Breed	DSH		Colour and Markings	Grey & Tabby	
Condition	Fair.		Sex ♂		Age
Temperament	Friendly		Sterilisation details		Name
Coat S	Tail L	Teeth Condition Fair.	Ears Pricked		Size S
Area found / collected from	Boland Park.				Date 25/04/26
Reason for surrender	Boys came home with the cats.				

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	Monique Preston		
Residential Address	Boland Park Louise Str. 4.				
Postal Address	No postal.				
Tel (H)	No num	Tel (W)	No	Cell	072 602 6370
Email	No email.				
Donation R	N/A	Cash	Card	EFT	(Receipt No.) N/A

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 MPreston	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: _____