ADOPTION CHECKLIST

ADMISSION NO: MBY 9746 (Tabby)

CONTRACT NO: MA 0314

- [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 27/05/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645681

Adoptee INFO:

Name & Surname Mnr + Mev A.M. Muller

Contact INFO: 082 455 8084

072 909 4987

Completed by: _____ Date: 28/05/2026.

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.

ADMISSION NO MBY 9746

99 200 3000 64 5681

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 27/05/26 TIME: 07:46

NAME OF APPLICANT: Mr + Mrs Muller

ADDRESS: 21 SE Laan 62 Masselbaai

HOME TEL No: _____ CELL No: 082455 8084 / 072 909 4987

ANIMAL(S) ADOPTING: Tabby + Calico

SEX: Females AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1.8 brick wall & Smeer		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 No welfare Concerns

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☒ LARGE DOGS

INSPECTED BY: Kver SPCA: Masselbaai SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000645681

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 * 0824 558084 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * mmuller@wispernet.co.za — If possible, please provide a personal email, not a company email

Title * MRS — Initials * A.M. — Surname * MULLER

Street 62 21ST Laan — City

Suburb — Area Code MOSSELBAY

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 * [illegible]

Date of Implant * 27 - 05 - 2026

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip RAY LEVERS

PET DETAILS

Pet Name ~~KENTO~~ GRIETJIE — 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 X M Muller

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

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): Mnr + Mev. A M Muller

HOME ADDRESS: 21e Laan 62

Mosselbaai ID NO.: 5006205077086

POSTAL ADDRESS: _____

TEL NO (H): 072 909 4987 (B): _____

CELL NO: 082 455 8084 FAX NO: _____

EMAIL: mmuller@wispernet.co.za

Address where animal will be kept: 21e Laan 62 Mosselbaai

Occupation: Afgetree

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: Company, love

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? Domestic

Can you afford private fees? Yes Who is your vet? Dr. Stander

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? 1 CATS? 3 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: Electric fencing + gate Height: 2m + fence

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: 10037

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 MMuller **Date of application** 21/05/2026

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. Feline 034				ADMISSION No. MB29746		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 27/03/26			Time in 16:40	Date for release		

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	X Yes / No	Lost & Found Date checked	27/03/26
Microchip/Collar or ID tag found: X No / Yes	Date scanned or checked	27/03/26	Microchip or ID Tag number	none

DESCRIPTION & HISTORY

Dog	Cat X	Other species (Specify)		
Breed DSH		Colour and Markings Tabby		
Condition Good		Sex Female	Age kitten	
Temperament Friendly		Sterilisation details no	Name	
Coat Short	Tail long	Teeth Condition Good	Ears Up	Size Small
Area found / collected from				Date 27/03/26
Reason for surrender Can't afford anymore				

ASSESSMENT

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

COMMENTS:

Surrendered by X / Found by	Name	Justin Breatle		
Residential Address	16 Lebbie Scholtz Road			
	Da Nova			
Postal Address	none			
Tel (H) none	Tel (W) none	Cell 082 765 757		
Email	none			
Donation R none	Cash	Card	EFT	(Receipt No.) none

PLEASE INSIST ON A RECEIPT

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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
02/04/26	Milpro		
05/05/26	Milpro		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and dewormings every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

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 no 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 27-5-2026

DOCTOR'S NAME Dr. E. Jansekal

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

VACCINE RECORD CARD

PET'S NAME

MY VET

Garden Route SPCA

Ossie Urban street
Tamsui Industria
George Branch

044 878 1990
082 378 7384
clinicg@grspca.co.za (Reception)
theatreg@grspca.co.za (Clinic Manager)

Consulting Hours

Monday - Friday: 09:00 - 16:00
Saturday, Sunday and Public Holidays closed

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: Antonie Michael Muller
   - Contact Number: 082 455 8684
   - Email Address: mmuller@wispernet.co.za

2. Additional Family Member/Friend Details
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

3. Previous SPCA Adoption
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? _____
   - Where? _____
   - What animal did you adopt? ~~Cats~~

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: MMuller

Date: 28/05/2026

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER: 58-002040-005-8

DATUM VAN REKENING: 21/05/2026

LAASTE KWITANSIE DATUM: 20/05/2026

VOORAFBETAALDE METERNOMMER:

BTW REG. NO.
Naam:
MULLER AMJ
Liggingsadres:
6221STE LAAN MOSSELBAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 2680.00	ERF NOMMER: 2040000	TOTALE WAARDASIE: 1000	WYK No: 8

DATUM	BESONDERHEDE			BEDRAG
	BALANS OORGEBRING			1639.08
20/05/2026 16820	ELEKTRISITEIT 20/03/2026-22/04/2026			728.61 *
	52677 - 52752 (75 KWH 33 Dae)			
	BASIES		431.91	
	07/25 75.00 @	2.689 =	201.67	
	VAT/BTW		95.03	
20/05/2026 711591	WATER			300.59 *
	BASIES		261.39	
	VAT/BTW		39.20	
20/05/2026 300008	VULLIS			320.62 *
20/05/2026 400008	RIOOL			365.61 *
	KWITANSIES			1639.00-
	Balans Oorgedra			0.49-
BTW OP '*' ITEMS:	223.73	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	1715.49	1715.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/06/2026	1715.00

page 1 of 1

VAT No. / BTW Nr. 4950116370

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. 580020400058

>>>>>>91526580020400058 3

11379 580020400058

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

MULLER AMJ
POSBUS 29
HERBERTSDALE
6505

58-002040-005-8

Fold and tear on perforation.

2013-01-24

Adv. Cornelius Johannes Müller Date
✉696, Kimberley 8300

Gesertifiseer 'n ware afskrif
van die oorspronklike
Certified a true copy of the original

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket, at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 541017 0110 08 0

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
MULLER

VOORNAME/FORENAMES
MATHILDA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1954-10-17

DATUM UITGEREIK
DATE ISSUED
1998-07-31

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS