ADOPTION CHECKLIST

ADMISSION NO: MBY 11013

CONTRACT NO: MA0328

- [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 August
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645528 01/07/20.

Adoptee INFO:

Name & Surname Mrs Angelique Horn

Contact INFO: 0695309584

Completed by: _____ Date: 19/06/26

Manager: _____ Date: 15/7/2026

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.
TOELATINGSNR. MA0328

ADOPTION CONTRACT

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female	
Microcl	992003000645528		

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

DBV SPCA Garden Route

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV **terug** te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal **nie die dier vasketting of gehok hou nie**, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Angelique Haro

HOME ADDRESS
WOONADRES: 13 Protea Street, Boggoms

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7401250156083

TEL No (H):
TELEFOON Nr (H):

(B):
(W):

CELL No:
SELFOON Nr: 0695309584

FAX No:
FAKS Nr:

E-MAIL:
E-POS. angeliquenewlook@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850 cash /eft / card / kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 10105

VEHICLE REG No.
VOERTUIG REG Nr. CBS 69130

VEHICLE MAKE:
VOERTUIG MAAK: SUBARU

COLOUR:
KLEUR: GREY

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING

DATE / DATUM: 19/06/2026.

1 Tabby - ginger
C2.

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 ANGELIQUE HORN

HOME ADDRESS: 13 PROTEA STREET, BOGGOMSBAAI

MOSSELBAY ID NO.: 7410125 0156 083

POSTAL ADDRESS: AS ABOVE

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

CELL NO: 0695309584 FAX NO: _____

EMAIL: angeliquenewlook@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: REAL ESTATE.

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: COMPANIONSHIP.

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? CAT ANY.

Can you afford private fees? YES Who is your vet? DANABAAI VET.

How many animals live on the property? DOGS? 5 CATS? — OTHERS —

What are the sexes of your animals? DOGS: Male 5 Female — 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? 5 CATS? — OTHER? —

Which animals do you still have, and what happened to the others? 5 DOGS.

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

Full description of the fencing and gate: PICKET FENCES. Height: 1.5

What shelter is provided: OUTDOORS _____ KENNEL ✓ OTHER ✓

Have you previously had pets from an SPCA? NO Are there children under 10 in your household? NO

Pre Home Inspection Fee: 12/06/26. Receipt No: 10095.

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** 12/6/2026

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000645528

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 * 0695309584

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

E-mail * angeliquenewlook@gmail.com

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

Title * MRS

Initials * A

Surname * HORN

Street 13 PROTEA

City

Suburb

Area Code BOGGOMSBAAI

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 * 01 · 07 · 2026

Date of Implant * 18 - 06 - 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 _____

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

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details
   - Full name : _____
   - Contact number : _____
   - Email address : _____

2. Additional family member/friend details
   - Full name : Nikita Horn.
   - Contact number: 079. 659 3713
   - Email address : Nikitanewlook7@gmail.com

3. Precious SPCA Adoption
   - Have you previously adopted from SPCA (Yes/No) Yes.
   - If yes, when? 2010.
   - Where? Brakpan
   - What animal did you adopt? Dog

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

Signature _____

Date 19/6/2026

9920030006455 28 ADMISSION NO MBY110 13

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 16/06/26 TIME: 11:30

NAME OF APPLICANT: Angelique Horn

ADDRESS: 13 Protea Street, Boggomsbaai

HOME TEL No: _____ CELL No: 0695309584

ANIMAL(S) ADOPTING: kitten

SEX: female AGE: 9 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Hard / Wire mesh fence		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?	4

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	Rotweiler	Retreiler	yorkie	yorkie	
CONDITION	good	good	good	good	
WELFARE (good?)	good	good	good	good	
SEX & AGE	♂ / adult	♂ / adult	♂ / adult	♂ / adult	/
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: Kerry **SPCA:** Mossel Bay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
HORN
Names:
ANGELIQUE YVONNE
Sex:
F
Nationality:
RSA
Identity Number:
7401250156083
Date of Birth:
26 JAN 1974
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:
23 JAN 2016

RSA

101158802

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

VAT REG. NO.
Name:
HORN AY
Street Address:
13 PROTEASTRAAT BOGGOMSBAAI
TAX INVOICE MONTHLY ACCOUNT

ACCOUNT NUMBER:	91-000390-002-2
DATE OF ACCOUNT:	21/05/2026
LAST RECEIPT DATE:	20/05/2026
PREPAID METER NUMBER:	07603194692

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
1780.00	390000	3150000	11

DATE	DETAILS				AMOUNT
	B/F BALANCE				9591.81-
10/04/2026 13428760	SUNDRY				173.80 *
10/04/2026 13428760	SUNDRY				82.60 *
20/05/2026 07603194692	ELECTRICITY				496.69 *
	BASIC			431.91	
	VAT/BTW			64.78	
20/05/2026 AMR1212789	WATER 08/04/2026-08/05/2026				615.72 *
	1595 - 1625 (30 Kl 30 Days)				
	BASIC			261.39	
	07/25	5.92 @	0.000 =	0.00	
	.	13.81 @	10.030 =	138.51	
	.	9.86 @	13.038 =	128.56	
	.	0.41 @	16.950 =	6.95	
	VAT/BTW			80.31	
20/05/2026 405011	SEWERAGE				352.00 *
20/05/2026 300011	REFUSE				320.62 *
20/05/2026	RATES INSTALLMENT				1169.91
VAT ON '*' ITEMS:	266.26	ACB TOT:		0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	
6380.47-	0.00	0.00	0.00	6380.47-

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/06/2026	6380.47-

VAT No. / BTW Nr. 4630118370

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. 910003900022

EasyPay >>>>>>9152691000390000221

pay@ 11379 910003900022

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.

Vou en skeur af.

SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay MUNICIPALITY

HORN AY
11 18TH AVENUE
MOSSEL BAY
6506

91-000390-002-2

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0328 DATE: 14/06/2026

between Mrs Angelique Horn SPCA

and

Name Masselbay SPCA.

Address 13 Protea Street, Baggamsbaai

Telephone Numbers (H) (B)

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

Animal's Name Sex Female Age 8 weeks

Description Tabby

On (due date) August Adoption Form No. MA 0328

on the understanding that you will arrange to have this done at the Masselbay 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: _____