ADOPTION CHECKLIST

ADMISSION NO: MBY11017

CONTRACT NO: MA0325

- [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 July
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645575 01/07/26.

Adoptee INFO:

Name & Surname Elizma Knoetze

Contact INFO: 079 063 8878

Completed by: _____ Date: 04/06/2026

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.

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 Elizma Knoetze

HOME ADDRESS: NR 82, 21ste Laan, Heiderand

ID NO.: 89 12 02 04 88 084

POSTAL ADDRESS: AS ABOVE

TEL NO (H): None (B): None

CELL NO: 079 063 8878 FAX NO: None

EMAIL: elizma.stenvert@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Housewife

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

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? Domestic Cat

Can you afford private fees? Yes Who is your vet? MBrugg Dieve hospitaal

How many animals live on the property? DOGS? 2 CATS? 1 OTHERS 0

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

Are all your animals sterilised? Give details 2 are, one going next month

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 2 OTHER? _____

Which animals do you still have, and what happened to the others? 1 cat died

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

Full description of the fencing and gate: Wall Height: High

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? Yes

Pre Home Inspection Fee: R100 Receipt No: 10052

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** 29 May 202

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male / Female
Microchip #	992003000645575	

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.

ADMISSION No. TOELATINGSNR. MA0325

Garden Route

UITPLASINGSKONTRAK

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): Elizma Knoetze

HOME ADDRESS
WOONADRES: NR 82 21ste Laan

ID/PASSPORT No.:
ID/PASPOORT Nr.: 89 12 02 04 88 084

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

(B):
(W):

CELL No:
SELFOON Nr: 079 063 8878

FAX No:
FAKS Nr:

E-MAIL:
E-POS. elizma.sknoetze@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 10071

VEHICLE REG No.
VOERTUIG REG Nr. CBS 46837

VEHICLE MAKE:
VOERTUIG MAAK: Ghalf 8

COLOUR:
KLEUR: White

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 04/02/2026

ADMISSION NO MBV11017

9920030006455 75

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 21/6/22 TIME: 16:00

NAME OF APPLICANT: Mrs E. Kearney

ADDRESS: 82 21st Lane

HOME TEL No: CELL No: 8 9 12 02 04 88 084

ANIMAL(S) ADOPTING: 2 kittens

SEX: 1 Male, 1 Female AGE: 9 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wire/Brick 2mtr		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?	7

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Lab	cattle	Staf		
CONDITION	good	good	good		
WELFARE (good?)	good	good	good		
SEX & AGE	♂ 15 years	♂ 1 yrs	♂ 1 years	1	1
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☒	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☒ **SMALL DOGS**

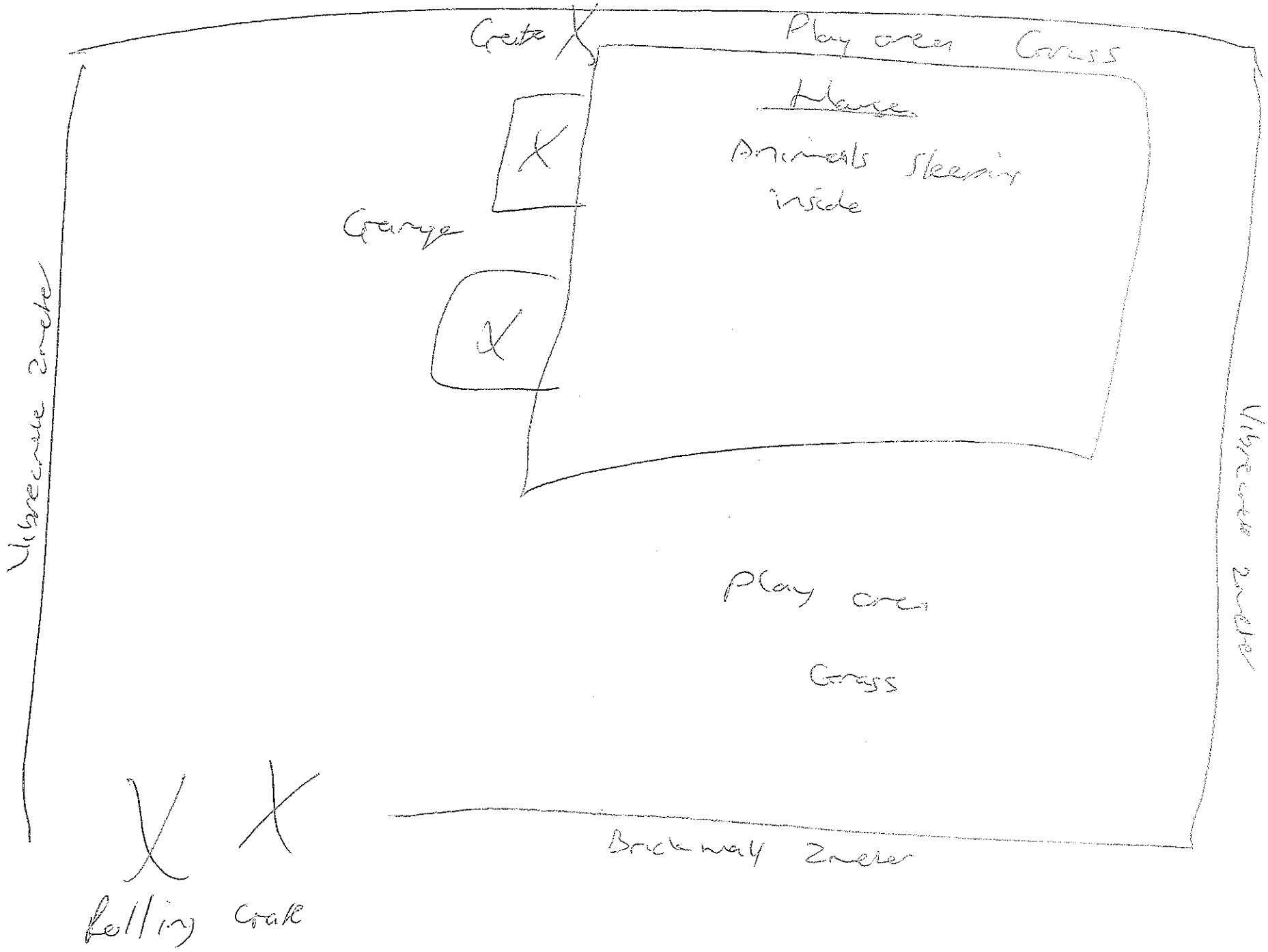
☒ **MEDIUM DOGS** ☒ **LARGE DOGS**

INSPECTED BY: Kerr **SPCA:** Nelspruit **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


Gate
Play area
Grass
House
Animals sleeping inside
Garage
Play area
Grass
Wire mesh fence
Wire mesh fence
Brick wall fence
Falling Gate

ANNEXURE A

Additional household members and emergency contacts

1. **Spouse details**
   - Full name : Gideon Johannes Kroeze
   - Contact number : 072 335 3839
   - Email address : francois@mosselbay.vn
2. **Additional family member/friend details**
   - Full name : Lize Uys
   - Contact number: 084 589 0718
   - Email address : -
3. **Precious SPCA Adoption**
   - Have you previously adopted from SPCA (Yes/(No))
   - If yes, when? _____
   - Where? _____
   - What animal did you adopt? _____

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

Signature _____

Date 04/06/202

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
KNOETZE
Names
ELIZMA
Sex
F
Nationality
RSA
Identity Number
6912020493084
Date of Birth
02 DEC 1969
Country of Birth
RSA
Status
CITIZEN

Signature

Card No

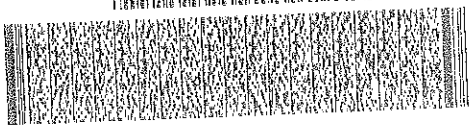
Date of Issue
23 FEB 2015

This card has been issued by the Department of Home Affairs in terms of the Identification Act, 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

RSA

001584690



Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

Microchip Number *

992003000645575

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. * 079 663 8878

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

E-mail * elizma.steyert@gmail.com

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

Title * MRS

Initials * E

Surname * KNOETZE

Street NR 82 21ste Laan

City

Suburb

Area Code Heidelrand

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 * 03 - 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 CALICO

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	21/05/26		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	21/05/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	21/05/26	Microchip or ID Tag number: None

DESCRIPTION & HISTORY

Dog / Cat	Cat	Other species (Specify)	B/I	
Breed	DSH	Colour and Markings	Calico / Torti	
Condition	Fair	Sex	♀	Age: Kitten
Temperament	Friendly	Sterilisation details	No	Name
Coat: S	Tail: L	Teeth Condition	Ears: Up	Size: S
Area found / collected from	Ruiterbos			Date: 21/05/26
Reason for surrender	Owner Moved - could not take with			

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	Charmaine Leasingh		
Residential Address	Ruiterbos				
Postal Address	Dont Know				
Tel (H) No num	Tel (W) No num		Cell 0739486927		
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	Refer to MBY 11015	Witness for Society	MSG

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised

1. Die Eienaar / Vinder doen hiermee afstand van alle eienaarsreg in die dier/e, beskryf die kaersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

_____

Tel No (h): _____ Tel No (w) _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID | Yes | Microchip / _____

992003000645575

Date 02/06/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/05/26	vaccinate + deworm		

PTS APPROVAL

NAME	SIGN

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

BTW REG. NO.
Naam:
KNOETZE GJ
Liggingsadres:
82 21STE LAAN MOSSELBAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

REKENINGNOMMER:	58-002050-004-2
DATUM VAN REKENING:	22/04/2026
LAASTE KWITANSIE DATUM:	21/04/2026
VOORAFBETAALDE METERNOMMER:	01081316968

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
967.00	2050000	3075000	8

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				2902.70
21/04/2026	0108131696ELEKTRISITEIT				372.51 *
	BASIES			323.93	
	VAT/BTW			48.58	
21/04/2026	CNUN717 WATER 20/02/2026-20/03/2026				889.09 *
	14038 - 14079 (41 Kl 28 Dae)				
	BASIES			261.39	
	07/25	5.52 @	0.000 =	0.00	
	.	12.89 @	10.030 =	129.28	
	.	9.21 @	13.038 =	120.08	
	.	9.21 @	16.950 =	156.11	
	.	4.18 @	25.424 =	106.27	
	VAT/BTW			115.96	
21/04/2026	300008 VULLIS				320.62 *
21/04/2026	400008 RIOOL				365.61 *
21/04/2026	BELASTING PAAIEMENT				1140.91
	KWITANSIES				2902.00-
	Balans Oorgedra				0.44-
	BTW OP '*' ITEMS: 254.04 ACB TOT:			0.00	

KREDIET	60 DAE	30 DAE	LOPEND	TE BbetaLE
0.00	0.00	0.00	3089.44	3089.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/05/2026	3089.00

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. 580020500042

EssyPay >>>>>9152658002050000426

pay@ 11379 580020500042

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

KNOETZE GJ
82 21STE LAAN
MOSSELBAAI
6506

58-002050-004-2

Fold and tear on perforation.

BELANGRIKE KENNISGEWING

Hierdie rekening word ooreenkomstig die Raad se toepaslike beleid gelewer.

SPERDATUM:
Rekeninge is betaalbaar wanneer gelewer. Die sperdatum op die rekening is slegs van toepassing op die lopende rekening en nie op die agterstallige gedeelte van die rekening nie. Bedrae wat onvereffen is na die vervaldatum is agterstallig en die dienste kan opgeskort word sonder verdere kennisgewing.

METODES EN PLEKKE VAN BETALING:
1. POSORDERS moet gekruis en aan Mosselbaai Munisipaliteit betaalbaar gemaak word.
2. Betalings sal eerstens toegewys word na die oudste skulde(ongeag watter tipe diens), waarna dit in vooraf bepaalde prioriteitsvolgorde toegewys sal word.
3. Betalings kan soos volg gemaak word:
3.1 by enige van die MUNISIPALE KANTORE Maandae tot Vrydae (vakansiedae uitgesluit) 08:00 tot 15:30 (Mosselbaai kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nonqaba kantore).
3.2 by enige PICK n PAY, SHOPRITE, CHECKERS of SPAR winkel. Let wel dat minstens 48 uur toegelaat moet word vir die verwerking van alle derde party betalings.
3.3 deur direkte BANK- en of ELEKTRONIESE BETALINGS by STANDARD BANK waar Mosselbaai Munisipaliteit as begunstigde gegee word. U rekeningnommer moet as verwysing gebruik word.
3.4 deur outomatiese BANKAFTREKKINGS. Vorms hiervoor is beskikbaar by enige van die Munisipale kantore.

RENTE:
Rente sal ingevolge die Raad se beleid op agterstallige bedrae gehef word.

OPSKORTING VAN DIENSTE:
Die toevoer van dienste mag, indien enige bedrag na die sperdatum verskuldig is, sonder verdere kennisgewing opgeskort word. Die deposito sal terselfdertyd hersien word en toeslag, soos van tyd tot tyd deur die Raad bepaal, sal bygevoeg word ongeag of die toevoer fisies gestaak is al dan nie.

REKENINGE:
Indien geen rekening ontvang is teen die 10de van 'n maand nie, moet 'n afskrif vanaf die Munisipaliteit aangevra word. Die rekening moet te alle tye getoon word wanneer 'n betaling gemaak word.

BEËINDIGING VAN DIENSTE:
Wanneer 'n perseel ontruim word moet die vertrekkende verbruiker die Munisipaliteit minstens 15 dae vooraf skriftelik kennis gee. Versuim hiervan sal tot gevolg hê dat die persoon aanspreeklik bly vir kostes gehef tot datum wat die kennisgewing ontvang en verwerk is.

VOORAFBETAALDE KRAG:
Waar 'n vooraf betaalde elektrisiteit meter in gebruik is en enige van die ander dienste op die perseel agterstallig is, sal slegs eenhede vir 'n gedeelte van die bedrag, wat aangebied word, uitgereik word terwyl die res van die bedrag teen die uitstaande rekening verdiskonteer sal word. (Die persentasie verdeling word van tyd tot tyd deur die Raad bepaal)

IMPORTANT NOTICE

This account has been rendered in terms of Council's relevant policies.

DUE DATE:
Accounts are payable when rendered. The due date on the account is applicable on the current portion of the account and not the arrear portion. Amounts, which remain unpaid after the due date, are in arrears and servi may be suspended without any further notice.

METHODS AND PLACES OF PAYMENT:
1. POSTAL ORDERS must be crossed and be made payable to Mossel I Municipality.
2. Payments will always be appropriated to the oldest account (notwithstanding the kind of service), where after it will be appropria in order of a predetermined priority.
3. Payments can be made:
3.1 at any of the MUNICIPAL OFFICES from Mondays to Fridays (publ holidays excluded) 08:00 to 15:30 (Mossel Bay Office) and 08:00 to 15:00 (Great Brak River, Hartenbos, D'Almeida and Kwa Nonqaba offices).
3.2 at any PICK n PAY, SHOPRITE, CHECKERS and SPAR shop. Please note that at least 48 hours should be allowed for processing of third party payments.
3.3 by direct BANK - and/or ELECTRONIC PAYMENTS to STANDARD BANK using Mossel Bay Municipality as beneficiary. Your Municipal account number must be used as the reference numb
3.4 by way of an automatic debit order. These forms are available at any the Municipal Offices.

INTEREST:
Interest will be levied on arrear accounts in terms of Council's policy.

SUSPENSION OF SERVICES:
The supply of services may be disconnected without any notice, if any amo is due after the expiry date. The deposit will simultaneously be revised a surcharge, as determined by council from time to time, will be added whe the supply had been physically disconnected or not.

ACCOUNTS:
If no account has been received by the 10th of a month, a copy shoul obtained from the Municipality. The account must at all times be produ when payments or enquiries are made.

TERMINATION OF SERVICES:
When premises are vacated, the consumer leaving such premises must the Municipality 15 day's written notice prior to leaving. Failing to do s will result in this person being held liable for any levies until the date written notice is received.

PRE-PAID ELECTRICITY:
Where a pre-paid electricity meter is in use and any of the other service the property is in arrears, only units to the value of a portion of the amo tendered will be issued, the rest of the amount will be allocated to the ar account. (The percentage of the division will be as determined by Council from time to time)

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
21/05/26	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

DATE

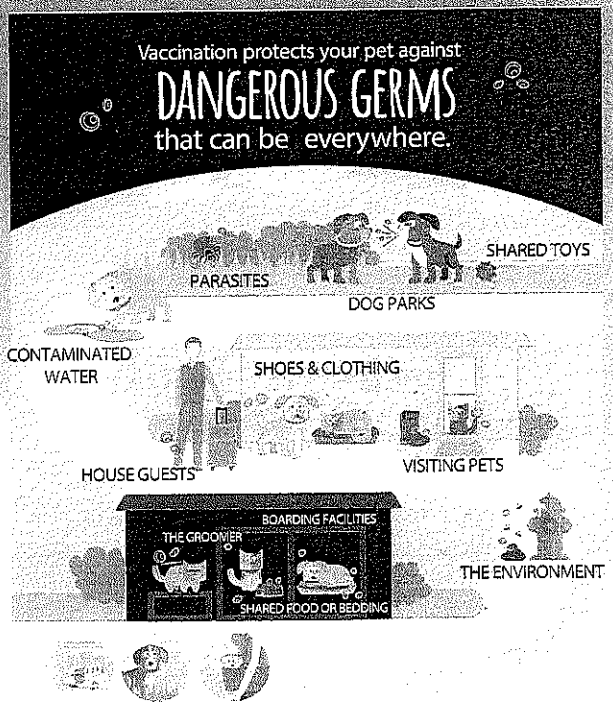
DOCTOR'S NAME

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

DOB / AGE

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

MY OWNER

NAME: Elizma Kroetze

POSTAL ADDRESS:

STREET ADDRESS: NR 82

21st Laan

HOME PHONE:

WORK PHONE:

CELL PHONE: 079 063 8878

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: DSH

COLOUR: Calico

SEX: Feline

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000645575

FEATURES/MARKS:

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
21/05/26	375275 R2 Serial 02-[illegible] Exp. 15-MAR-2027	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

NEXT VACCINATION DUE

DATE	DATE	DATE

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® puppy DP | Quantel® | Exitel Plus | Exitel Plus XL | BRAVECTO®

facebook.com/bravecto.SouthAfrica

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0325 DATE: 04/06/2026

between Mosselbay SPCA

and 8912020488084

elizma.stenvert@gmail.com

Name Elizma Knoetze

Address NR 82, 21st Laan, Heidelland

Telephone Numbers (H) 079 063 8878 (B)

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

Animal's Name Sex Female Age 9 weeks

Description DSH Calico

On (due date) End July Adoption Form No. MA 0325

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: Knoetze For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date: