

ADOPTION CHECKLIST

ADMISSION NO:

T 0943

CONTRACT NO:

MA0346



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 02/07/2026



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number _____

09/07/20



992003000650875

Completed by: _____

[Signature]

Date: 06/07/26

Manager: _____

[Signature]

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.

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Peter Ferreira
- Contact number : 081 354 0017
- Email address : perreipw@telkomsa.net

2. Additional family member/friend details

- Full name : _____
- Contact number: _____
- 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

2006/07/06

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP IDENTIFICATION



992003000650875

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime

PET OWNER INFORMATION

Cell No. * 0 82 72 91151

E-mail * lynettefer@telkomsa.net

Title * MRS

Initials * L

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications. If possible, please provide a personal e-mail, not a company e-mail

Surname * Ferreira

Street 20 Sederstraat

City

Suburb

Area Code Heideveld

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 * 09-06-2026

Date of Implant * 03-07-2026

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip KAY IGUERS

PET DETAILS

Pet Name Givacy

Date of birth

Species * CANINE

Breed * MALTESE

Colour WHITE

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 its 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

MY OWNER

NAME **L. Ferreira**

POSTAL ADDRESS

STREET ADDRESS **20 Sederstrasse**

Heidelberg

HOME PHONE

MOBILE PHONE

TELEPHONE

08 2 729 1151

BREEDER DETAILS

ME

SPECIES

CANINE

BREED

POODLE

COLOR

WHITE

SEX

Female

DATE OF BIRTH

WEIGHT

9920030000650875

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

I WAS VACCINATED ON

DATE

12/06/26

VACCINE AND BATCH NO.



VET SIGNATURE

[Signature]

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[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® DHPI (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3992 Act 36/1947), Nobivac® Feline-RCP (Reg. No. G3880 Act 36/1947), 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 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. Exitel Plus (Reg. No. G4228 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.

I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

12/06/18 Trioxam

Exintel Plus **Exintel Plus XL**

DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when 12 or older are very important for keeping my 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 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

Garden Route SPCA

P.O. Box 270

Garden Route

06 393 613 2004

PRACTICE STAMP



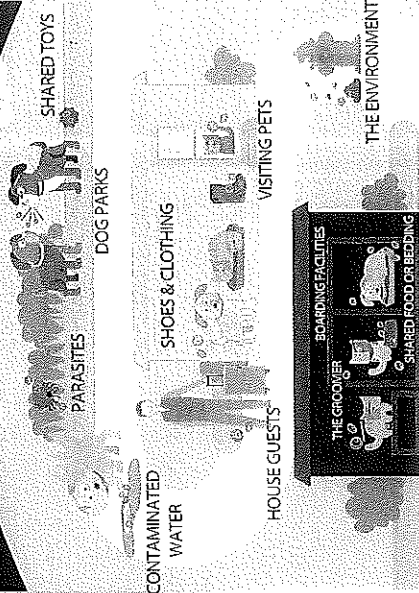
Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07

20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA

Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 085 603 1777

www.msdafrica.com.za ZA-NOV-21120001

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONONABA

044 693 0824

072 287 1761

theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 09:00-16:00

Wednesday: Closed

Tuesday and Thursday: 09:00-16:00

Saturday: 09:00 -11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD

Added



Garden Route

KENNEL No. <u>K9842</u>				ADMISSION No. <u>T 0943</u>		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In <u>08/06/26</u>			Time In		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked ☒ Yes ☐ No	Lost & Found Date checked <u>8/06/26</u>
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked <u>08/06/26</u>	Microchip or ID Tag number	<u>None</u>

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) <u>PIT</u>		
	Breed	<u>Poodle</u>		Colour and Markings	<u>Wd</u>
	Condition	<u>fair</u>		Sex	<u>♀</u>
	Temperament	<u>friendly</u>		Sterilisation Details	<u>NO</u>
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition <u>fair</u>	Ears <u>Down</u>	Size <u>M</u>
	Area found / collected from <u>road B.</u>				Date <u>08/06/26</u>
	Reason for surrender <u>Surrender</u>				

ASSESSMENT		
GOOD WITH:	YES	NO
Children		
Cats		
Other dogs		
Livestock / Other		
DO THEY:		
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by	Name	<u>WINE FRANK</u>
Found by		
Residential Address	<u>39 TAILOR STREET</u>	
Postal Address	<u>EXTENSION 13</u>	
Tel (H) <u>no num</u>	Tel (W) <u>no num</u>	Cell <u>0717949207</u>
Email	<u>no email</u>	
Donation R <u>N/A</u>	Cash	Card EFT (Receipt No.) <u>N/A</u>

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 uitdruklik ooreengekom dat nog die DBV nog sy amtenare, 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second 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 eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met die dien verstande dat die Vereeniging 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 Vereeniging 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 ongesteryliseer 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: _____

Email Address: _____

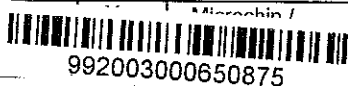
Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

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

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Col
and ID tag give



992003000650875

Date 03/07/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
12/06/26	Vaccination + Tricloron		
27/7/2026	GH: Kattre ster DSVI.		

PTS APPROVAL

NAME	SIGN



992003000650875

ADMISSION NO

T0943

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO

DATE UNDERTAKEN:

30/6/24

TIME: 11:38

NAME OF APPLICANT: Maw L. Ferreira

ADDRESS: 20 Sederstraat, Heideveld

HOME TEL No:

CELL No:

0827291151

ANIMAL(S) ADOPTING: Maltese

SEX: Female

AGE:

2 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	2.4m fence Vibrate	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

Dog stays in house

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☒ LARGE DOGS

INSPECTED BY:

C Nwando

SPCA:

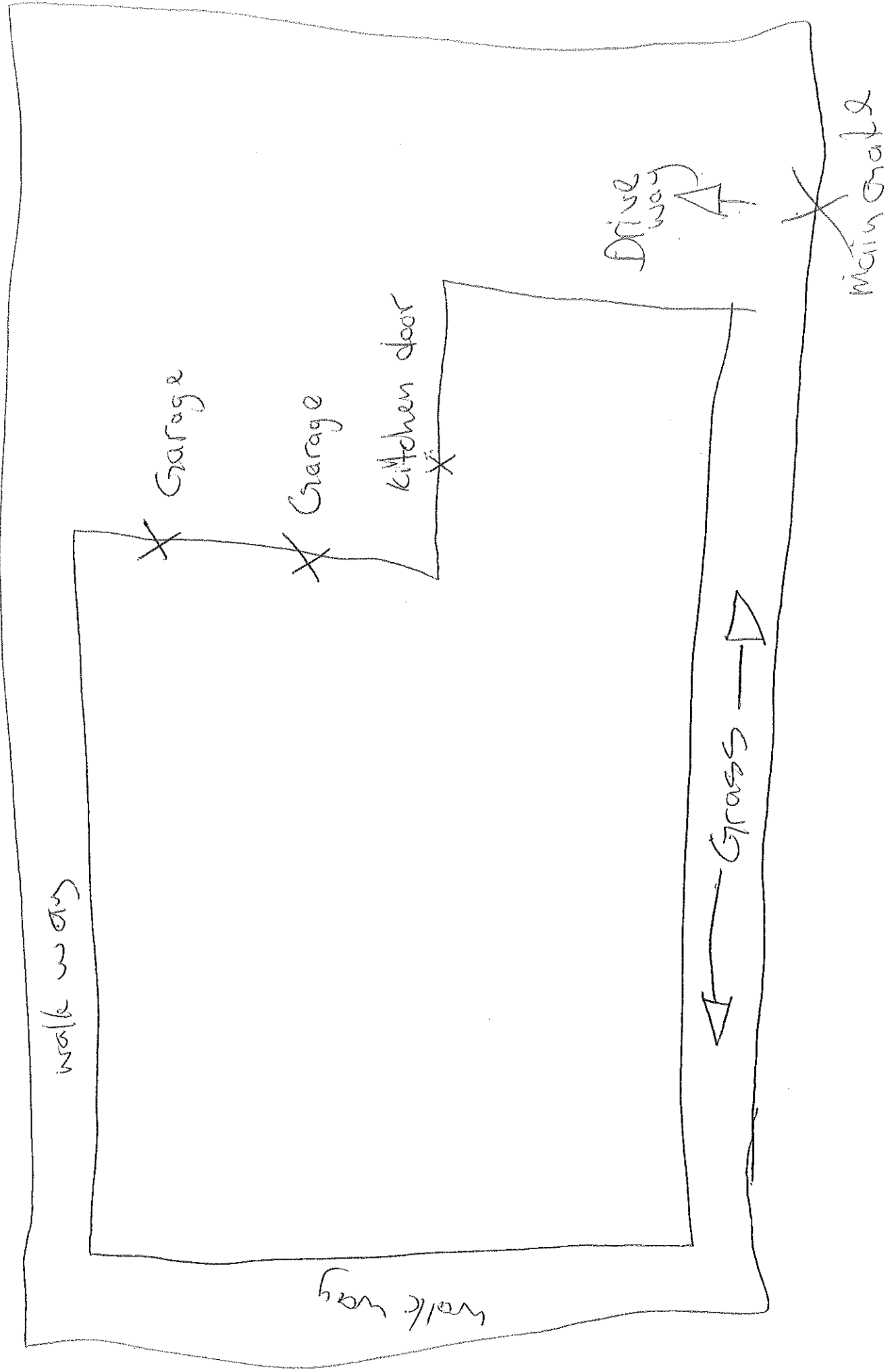
Mosselbay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



ADMISSION No. TOELATINGSNR.

MA0346



Garden Route

DOG / CAT	Breed	Male / Female
Microchip	992003000650875	

This animal has been given to you in the full and complete 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.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- 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.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- 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.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- 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.
- I will ensure that the animal is sterilised as stipulated by the Society.
- 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.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- 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.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- 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.

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

HOME ADDRESS
WOONADRES: 20 Sederstraat,
Heiderand.

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

CELL No:
SELFOON Nr: 0827291151

E-MAIL:
E-POS: lynettefer@telkomSA.net

ADOPTION FEE:
AANEMINGSVOOI: R 850

VEHICLE REG No.
VOERTUIG REG Nr: LB5 62325

SIGNATURE
HANDTEKENING:

DATE / DATUM: 2006/07/06



Garden Route

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

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

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

* Ek onderneem om nooit die diër 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 verwaarloosing van enige diër nie.

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

L. Ferreira

ID/PASSPORT No.:
ID/PASPOORT Nr: 6602170038080

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr
RECEIPT No.

VEHICLE MAKE:
VOERTUIG MAAK: COLOUR:
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

1554
Kus

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): Mev L Ferreira

HOME ADDRESS: Sederstraat 20

Heiderand, b511 ID NO.: 660217 0038 080

POSTAL ADDRESS: NIA

TEL NO (H): NIA (B): NIA

CELL NO: 0827291151 FAX NO: NIA

EMAIL: lynnetfer@telkom sa.net

Address where animal will be kept: Sederstraat 20 Heiderand

Occupation: Tuisteskepper

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

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? Maltese X

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

How many animals live on the property? DOGS? NIA CATS? NIA OTHERS NIA

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

Are all your animals sterilised? Give details NIA

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? None. hinki passed April 2025 (Cancer)

Is your property fenced and has a proper gate? Yes Will you chain/ an animal? Never

Full description of the fencing and gate: Palisade Height: 1.8m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Inside

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

Pre Home Inspection Fee: _____ Receipt No: _____

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

L Ferreira

Date of application 29-06-2026

GEREGISTREERDE WOON- EN POSADRES

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

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by: 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. 631103 5047 08 8



S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

FERREIRA

VOORNAME/FORENAMES

PETRUS WILHELM

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1963-11-03

DATUM UITGEREIK
DATE ISSUED

1998-09-02

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



GEREGISTREERDE WOON- EN POSADRES

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

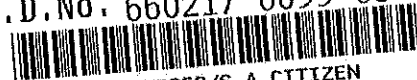
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1
I.D.No. 660217 0035 08 0



S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

FERREIRA

VOORNAME/FORENAMES

LYNETTE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1966-02-17

DATUM UITGEREIK
DATE ISSUED

1998-09-01

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS





MOSSSEL BAY MUNICIPALITY
MOSSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSSELBAYI

BTW REG. NO.

Naam:

FERRERA PW

Liggingsadres:

20 SEDERSTRAAT HEIDERAND X12

BELASTING FAKTUR MAANDELIJKE REKENING

REKENINGNUMMER:	64-005328-001-7
DATUM VAN REKENING:	21/05/2026
LAASTE KWITANSIE DATUM:	20/05/2026
VOORAFBETAALDE METERNUMMER:	

DATUM	BESONDERHEDE	BEDRAG
20/05/2026 219279	BALANS OORGERING ELEKTRISITEIT 25/03/2026-29/04/2026 86500 - 86897 (397 KWH 35 Dae) BASIES 323.93 07/25 397.00 @ 2.689 = 1067.49 VAT/BTW 208.71 1126 - 1137 (11 K1 35 Dae) BASIES 261.39 07/25 6.90 @ 0.000 = 0.00 4.10 @ 10.030 = 41.12 VAT/BTW 45.37 RHOOL VOLLISS BELASTING PAAIEMENT KWITANSIES Balans Oorgedra BTW OP 'A' ITEMS: 343.58 ACB TOT: 0.00	2962.00 1600.13* 323.93 1067.49 208.71 261.39 0.00 41.12 45.37 365.61* 320.62* 425.42 2962.00- 0.66-
20/05/2026 AMR1204394	WATER 25/03/2026-29/04/2026	347.88*

KREDIET	60 DAE	30 DAE	LOPEND	TOTAAL
0.00	0.00	0.00	3059.66	3059.00
Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP 15/06/2026	BEDRAG BETAALBAAR	3059.00	

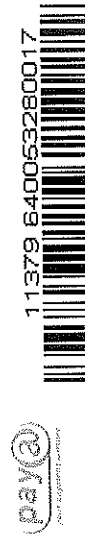
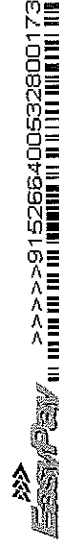


VAT No. / BTW Nr. 4830118370

✉ 101 Marsh Street
Private Bag X 29
MOSSSEL BAY
6500
(044) 606 5000
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betaalings Besonderhede

PREDEFINED BENEFICIARY.
MOSSSEL BAY MUNICIPALITY
Standard Bank
REF NO. 640053280017



Message / Boodskap

Standard Bank is now the Primary banker for the
MOSSSEL BAY MUNICIPALITY.
Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the
MOSSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined
beneficiary on the Bank Directory.

Mossel Bay
MUNICIPALITY



FERRERA PW
POSBUS 296
HEIDERAND
6511



64-005328-001-7

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Vuil aan skrif af

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 onverskei 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(ongegagte watter tipe diens), waarna dit in voorafbepaalde 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.

BEÏNDIGING VAN DIENSTE:

Wanneer 'n persoon ontruim word moet die vertrekkeende 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 voorafbetaalde elektrisiteit meter in gebruik is en enige van die ander dienste op die persoon 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)

IMPORIANTE 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 arrears portion. Amounts, which remain unpaid after the due date, are in arrears and service may be suspended without any further notice.

METHODS AND PLACES OF PAYMENT:

1. POSTAL ORDERS must be crossed and be made payable to Mossel Bay Municipality.
2. Payments will always be appropriated to the oldest account (notwithstanding the kind of service), where after it will be appropriated in order of a predetermined priority.
3. **Payments can be made:**
 - 3.1 at any of the MUNICIPAL OFFICES from Mondays to Fridays (public 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 number.
 - 3.4 by way of an automatic debit order. These forms are available at any of the Municipal Offices.

INTEREST:

Interest will be levied on arrears accounts in terms of Council's policy.

SUSPENSION OF SERVICES:

The supply of services may be disconnected without any notice, if any amount is due after the expiry date. The deposit will simultaneously be revised at surcharge, as determined by council from time to time, will be added when the supply had been physically disconnected or not.

ACCOUNTS:

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

TERMINATION OF SERVICES:

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

PRE-PAID ELECTRICITY:

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

