ADOPTION CHECKLIST

ADMISSION NO: MBY 10309

CONTRACT NO: M A0329

- [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 19/06/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645527 01/07/26

Adoptee INFO:

Name & Surname F. Undre

Contact INFO: 0734624708

Completed by: _____ Date: 20/06/26

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.

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

Microchip number

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

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No * 0734624708 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * undreferhaana@gmail.com — If possible, please provide a personal email, not a company email.

Title * MRS | Initials * F | Surname * Undre

Street 71 Noordsig Ave | City

Suburb | Area Code Kleinbrak

Country | Province

Phone - Day time | Phone - Night time

OTHER CONTACTS

Title * | Initials * | Surname *

Cell No. *

Title * | Initials * | Surname *

Cell No. *

Title * | Initials * | Surname *

Cell No. *

CHIP DETAILS

Registration Date * - -

Date of Implant * 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 HOPE | Date of birth

Species * Feline | Breed * DLH

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 the 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 his 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 : Mikaeel Moola
   - Contact number : 0662186662
   - Email address : mikaeelmoola@gmail.com
2. **Additional family member/friend details**
   - Full name : Razeema Uncle
   - Contact number: 082 061 4570
   - Email address : razeemauncle@gmail.com
3. **Precious SPCA Adoption**
   - Have you previously adopted from SPCA (Yes/No) _____
   - If yes, when? 2025 ; Dec.
   - Where? Mossel Bay SPCA
   - What animal did you adopt? Cat

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

Signature _____

Date 20/06/2026

ADMISSION No.
TOELATINGSNR. MA0329

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip a	992003000645527		

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

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): F. Undre

HOME ADDRESS
WOONADRES: 77 Noordsig Ave, Kleinbrak

ID/PASSPORT No.:
ID/PASPOORT Nr.: 9410270061086

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

(B):
(W):

CELL No:
SELFOON Nr: 0734624708

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 10114

VEHICLE REG No.
VOERTUIG REG Nr. CF 1904

VEHICLE MAKE:
VOERTUIG MAAK: Golf

COLOUR:
KLEUR: white

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 20/06/26

Hope.

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): F. Uncle

HOME ADDRESS: 77 Noordsig Avenue; KleinBrak

ID NO.: 9411027 0061085

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0783462 4708 FAX NO:

EMAIL: Uncleferraina@gmail.com

Address where animal will be kept: same as abae

Occupation: dentist

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: previous cat died

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? ✓ Who is your vet? greatbrak.

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

What are the sexes of your animals? DOGS: Male 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? CATS? 2 OTHER?

Which animals do you still have, and what happened to the others? Cat, 1 alive, 1 hit by car.

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

Full description of the fencing and gate: Height: Standard,

What shelter is provided: OUTDOORS KENNEL OTHER inside.

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household?

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 **Date of application** 13/01/2026

ADMISSION NO MBY 10309

9920030006455 27

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 18/06/26 TIME: 09:11

NAME OF APPLICANT: F. Undve

ADDRESS: 77 Noordsig Ave, Kleinbrak

HOME TEL No: _____ CELL No: 0734624708

ANIMAL(S) ADOPTING: Cat

SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of 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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Siamese				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	♀ 12 years	/	/	/	/
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: Kurt **SPCA:** Mossel Bay **SIGNATURE:** _____

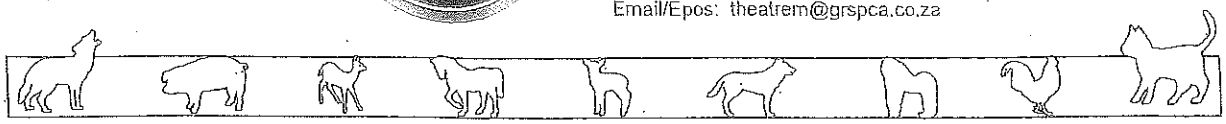
POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

George/Rooiterg
Dierebeskermingsvereniging
NPO 033-6280 PBO RG/0052/07/06

PO Box/Posbus: 258, George, 6530.
Tel: (044) 693 0824 Fax/Faks: (044) 693 2034
Emergency/Noodroep: 072 287 1761
Email/Epos: theatrem@grspca.co.za



Caring for your Pet after Surgery

Today your pet underwent a surgical procedure under sedation / general anaesthesia. Once your pet is out of the operating room, awake and walking and on its way home, it's up to you to help it feel more comfortable so the healing process can begin. Here's what you need to know.

We're Home! Now What?

Rest: In general it's common for most pets to be sleepy / lethargic or unsteady on their feet for the first 12-24 hours after surgery. That's why it's important to let them rest and recover in a quiet place at first, only allowing them outdoors to relieve themselves.

Food: Supervise your pet's eating and drinking by providing food and water in small amounts for the first 24 hours.

Activity: Restrict their activity to some extent. If they move too much following surgery there is the risk of the cut tissues not bonding properly which can lead to wounds that don't heal or heal too slowly.

Surgical site(s): Some swelling is normal after surgery, but watch for any signs of a smelly discharge, heat, pain or excessive bruising. When it comes to the surgical incision itself, the best course of action is to leave it alone. However, if you notice the site getting very dirty or crusty you can clean it gently with a towel and warm water, but stay away from alchohol (spirits) or peroxide which can cause pain and delay healing. And try to keep your pet from scratching or chewing at the sutures. It may mean bandaging the site or applying an Elizabethan collar (a.k.a Buster collar).

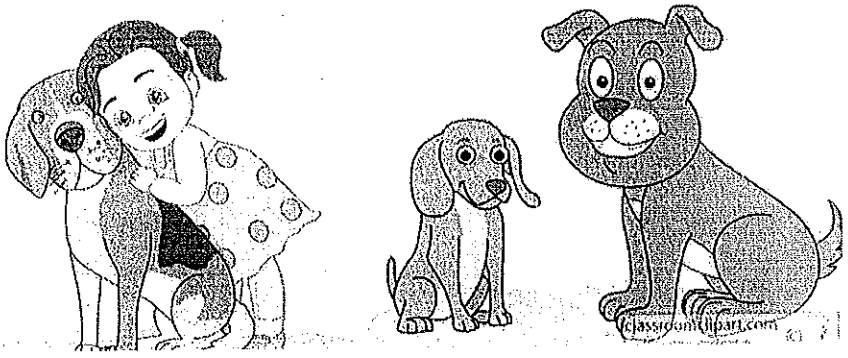
Sutures: In most cases sutures can be removed after 14 days (unless they are self-dissolving sutures), by which time the wound should have knitted and be visibly clean and dry. This can be done at home by yourself or your pet returned to us. In some cases violet absorbable sutures are used in which case they obviously don't have to be removed. Enquire from your veterinarian or sister.

Things to watch out for and phone us immediately when noticed:

- Excessive swelling or bleeding from the wound
- Suture removal and opening of the sound
- Vomiting or bloat

THANK YOU FOR ADOPTING ME!

I am in a new environment with different smells, people and four legged friends all around me. I have just travelled in a car to my new home. It was so cool! I need you to understand that it will take time for me to settle into the new environment and get used to my new fur friends at my new home. I may be a bit nervous or edgy, as I may have been treated badly in the past. The society could only give you information that they were aware of. I ask that you be patient with me and teach me right from wrong. Ask a dog/cat behaviourist with regards to any concerns you may have regarding my temperament or behaviour. Please provide me with the proper training/puppy classes to ensure that I am always on my best behaviour. If I am a puppy, and chew up your shoes, know that I most probably did not have toys at my previous home and my gums may be itching. If I bully the other dog at home or chase the cat, know that I never had friends and this is truly an exciting experience for me. The integration process of being in a new environment, around new people as well as the other pets at home can take up to 2-3 months. Allow me a fair chance to adjust in my new home and always keep my best interest at heart.
THANK YOU for changing my life by adopting me.



OMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA

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

den Route

IDENTIFICATION & LOST AND FOUND

Microchip/Collar ID tag found	Yes / No	Date scanned or checked	Lost & Found checked	Yes / No	Lost & Found Date checked	Microchip or ID Tag number

Dog / Cat		Other species (Specify)			
Breed		Colour and Markings			
Condition		Sex		Age	
Temperament		Sterilisation details		Name	
Coat	Tail	Teeth Condition	Ears	Size	
Area found / collected from				Date	
Reason for surrender					

ASSESSMENT

D WITH:	Yes	No
ren		
Dogs		
ock/Other		
DEY:	Yes	No
Fences		
way		

OMMENTS:

Surrendered by / Found by	Name				
Residential Address					
Postal Address					
Tel (H)	Tel (W)		Cell		
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

cated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

reby certify that I DO / DO NOT own the animal/s ed above, that IT IS / IT IS NOT a stray and I DO / DO ow where it comes from. I also freely surrender all if any, therein to the SPCA, and I request that the e dealt with as deemed advisable in the discretion of A. It is expressly agreed that neither the SPCA nor its and employees will incur any obligation to me on of such disposition of said animal/s. I confirm that I am age of eighteen (18) years of age. Also see" ons on reverse 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.

ure	Witness for Society

R OFFICE USE: PENDING ADOPTION	Details of second Applicant
of plicant	Details of third Applicant

☐ 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, b die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike dis met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas o 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 Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vi 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 s vernietiging te bewerkstellig deur goedgekeurde mensvaardige 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 ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Coll: and ID tag giver 992003000645527 Date 18/06/2026

MEDICAL RECORD

Date	Remarks	Treatment	
18/03/26	vaccination + milpro		
05/05/26	vaccination + milpro		
22/05/26	Fibrotec		
19/6/26	Spray L-Plant AP		

PTS APPROVAL

NAME	

MY OWNER

NAME	Mrs F. Undre
POSTAL ADDRESS	
STREET ADDRESS	77 Noordsig Ave
	Kleinbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	0734624708
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DLH
COLOUR	Calico
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645527
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/03/26	375275 R2 Ser. 02071486A Exp. 10-MAR-2027	[signature]
05/05/26	375275 R2 Ser. 02071486A Exp. 10-MAR-2027	[signature]

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET 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!

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
/05/26	Milpro		
/05/26	Milpro		

RABIES MOVEMENT PERMIT

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

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

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE [signature]

DATE 19. 6. 2026

DOCTOR'S NAME Dr. E. Serakel

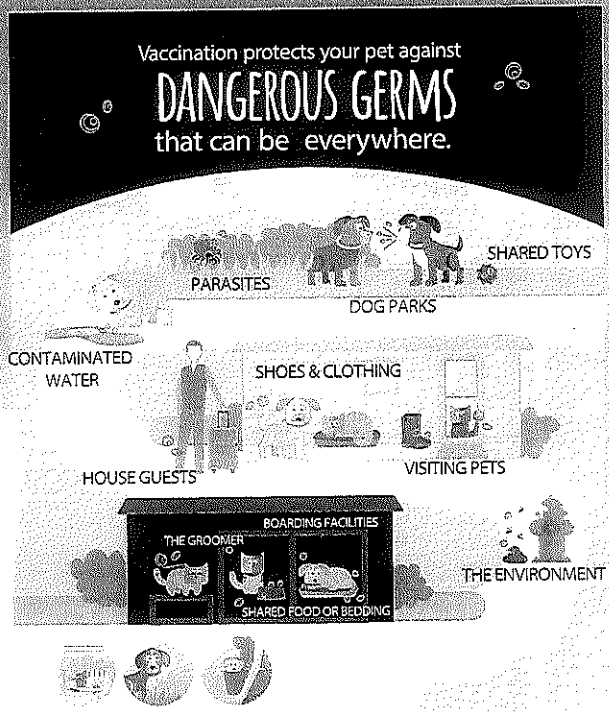
Garden Route SPCA
P.O. Box 258
George, 6530

PRACTICE STAMP

MSD
Animal Health

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

VACCINE RECORD CARD



PET'S NAME

MY VET

Garden Route SPCA

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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
UNDRE
Names:
FARHAANA
Sex:
F
Nationality:
RSA
Identity Number:
9410270061020
Date of Birth:
27 OCT 1994
Country of Birth:
RSA
Status:
CITIZEN

Signature:

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

01 MAR 2013

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

106234048

AFFIDAVIT
(To be completed in the presence of a Commissioner of Oaths)

I, Farhaana Undre

ID Number 9410270061080 Age 31

Residing address 77 Noordsig Avenue, Klein Brak.

Working address 52 Stratford, Beverley Park Eerste River

Tel 0736624788 (w) ..... (h) ..... (cell)

Declare under oath in English / confirm in English –

I reside @ 77 Noordsig Klein Brak. 6503

I am familiar with, and understand the contents of this declaration. I have no objection/have objection to taking the prescribed oath. I consider the prescribed oath as binding to my conscience.

Place: Gratbrak. Date: 20/06/2026

Time: .....

Signature: .....

I certify that the above statement was taken from me and that the deponent has acknowledge that he/she knows and understands the contents of the statement. The statement was sworn to/affirmed before me and deponents signature/mark/thumb print was placed thereon in my presence.

At: Great Brak River on 2026-06-20 at 10:26

7259396-2 CST
C-J Van Wyngaardt

Commissioner of Oaths
(Details to be provided on physical and postal address e.g. stamp of police station)

7259396-2 CST C-J Van Wyngaardt.

Force number/Rank/Name - print

SUID-AFRIKAANSE POLISIEDIENS
DISTRIK 94
DETECTIVE SERVICES
GROOT BRAKRIVIER
20 JUN 2026
STATION COMMANDER
GREAT BRAK RIVER
SOUTH AFRICAN POLICE SERVICE