ADOPTION CHECKLIST

ADMISSION NO: MBY 11015

CONTRACT NO: MA0342.

- [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 02/07/26
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 08/07/26. 992003000650877

Adoptee INFO:

Name & Surname Mev. N. Engelbrecht

Contact INFO: 0846035587

Completed by: _____ Date: 03/07/2026

Manager: _____ Date: 15/7/26

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.

9920030000650877 ADMISSION NO MBY 11015

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 30/6/26 TIME: 12:40

NAME OF APPLICANT: Mew N. Engelbrecht

ADDRESS: 37 Steinberg street, Island View

HOME TEL No: _____ CELL No: 084 603 5587

ANIMAL(S) ADOPTING: Ginger kitten

SEX: Male AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wibricate 1.5m		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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	DSH				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	F / 2y	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Cat sleeps in house

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ **CATS** ☒ **SMALL DOGS**

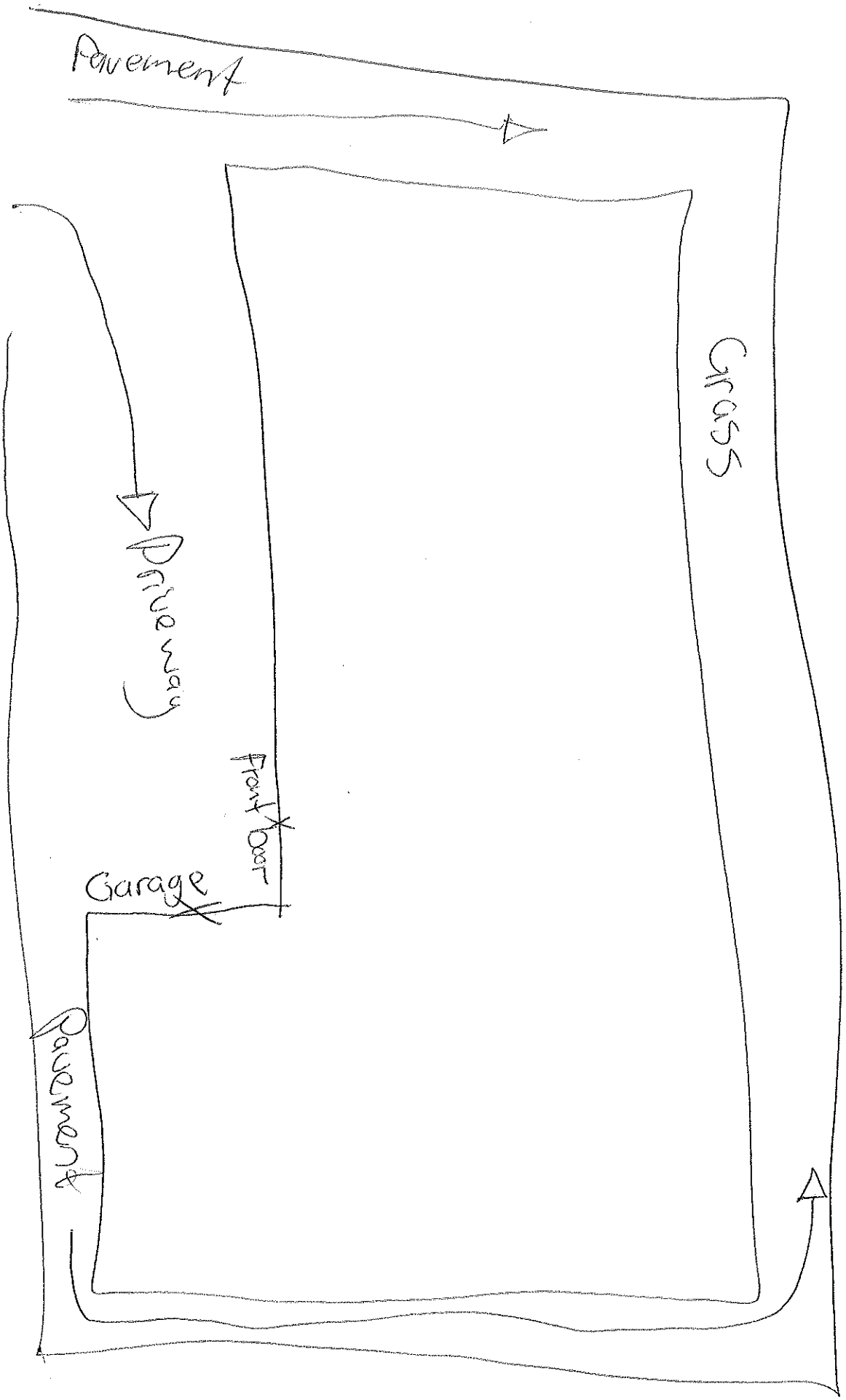
☒ **MEDIUM DOGS** ☒ **LARGE DOGS**

INSPECTED BY: C Nowdoe **SPCA:** Mossel Bay **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


Pavement
Grass
Driveway
Front door
Garage
Pavement

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
ENGELBRECHT
Names:
NATASJA
Sex:
F
Nationality:
RSA
Identity Number:
7010230024087
Date of Birth:
23 OCT 1970
Country of Birth:
RSA
Status:
CITIZEN

Signature

Conditions:

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

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

Date of Issue:
04 DEC 2018

109283663

ANNEXURE A

Additional household members and emergency contacts

1. **Spouse details**
   - Full name : Gert Johannes
   - Contact number : 082 312 6729
   - Email address : gj.engelbrecht20@gmail.com
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 3/04/2026

MY OWNER

NAME	N. Engelbrecht
POSTAL ADDRESS	
STREET ADDRESS	37 Steinberg Str.
	Island view
HOME PHONE	
WORK PHONE	
CELLPHONE	084 603 5587
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	OSH
COLOUR	Ginger
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATT	992003000650877
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
21/05/26	Nobivac HCPCh 375275 R2 Ser.: 02071486A Exp.: 10-MAR-2027	
30/06/26	Nobivac HCPCh 375275 R2 Ser.: 02071486A Exp.: 10-MAR-2027	

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.

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 (isoqinoline) 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.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
21/05/26	Milpro		
30/06/26	Milpro		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS.

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

RABIES MOVEMENT PERMIT

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

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

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 01-07-2026

DOCTOR'S NAME Dr. AS. Muller

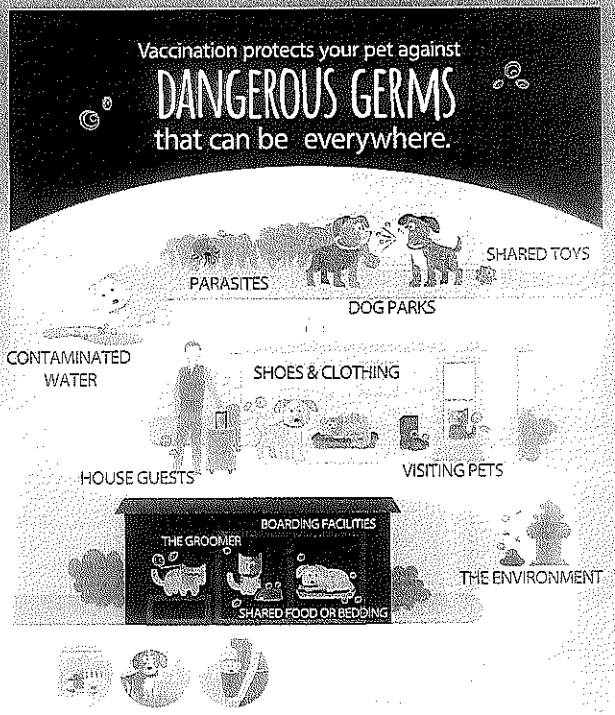
Garden Route SPCA
P.O. Box [illegible]
[illegible]
Ph [illegible]

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
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONOABA

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

DBV SPCA
Garden Route

KENNEL No.			ADMISSION No.			
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 21/05			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)	BT.		
Breed	DSH.	Colour and Markings	Ginger		
Condition	Fair	Sex ♂		Age	
Temperament	Friendly	Sterilisation details	No	Name	
Coat S	Tail L	Teeth Condition Fair.	Ears Pricked	Size	
Area found / collected from	Rutterbos			Date	21/05/26.
Reason for surrender	Owner low cared.				

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	Deanmarie Wessingh			
Residential Address	Rutteras plas.				
Postal Address	North Knau				
Tel (H) No num	Tel (W) No num	Cell 0735785892			
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 uitdrukilk 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 DSSingh	Witness for Society

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

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

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 die keersy, 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, indie hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to 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 ☐ Yes Microchip /

992003000650877 Is _____ Date 03/07/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/05/26	Vaccinate + dewarm		
~~[illegible]~~	~~[illegible]~~		
30/06/26	Vaccinate + dewarm		
2/7/2026	CH: Rathe Steri.		

PTS APPROVAL

NAME	SIGN

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

E-mail * If possible, please provide a personal email, not a company email

Title * Initials * Surname *

Street City

Suburb Area Code

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 * - -

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name Date of birth

Species * Breed *

Colour Markings

Gender Male Female Sterilised Yes No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS - Please use one of the following option to register on the BackHome database

1. On-line	Log onto www.backhome.co.za. Complete the registration process.
2. By fax	Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
3. By e-mail	Scan and E-mail the completed form to backhome@virbac.co.za or back.home.support.external@virbac.co.za
4. By App	Download the Virbac Backhome Africa App

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Mev. N. Engelbrecht

HOME ADDRESS: Steinbergstr. 37, Island View

ID NO.: 7010230024087

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 084 603 5587 FAX NO:

EMAIL: tassie.engel@gmail.com

Address where animal will be kept: Steinbergstr. 37, Island View

Occupation: Teacher

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

YES/N

Are you a student with consent to keep pets:

Reason for wanting animal: We love kitties; Friend ~~of~~ for our cc

YES/N

Is the animal for yourself?

YES/N

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary

What breed of dog or cat are you interested in? Domestic cat

Can you afford private fees? Yes Who is your vet? Vitalvet

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

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? 1 cat, other cat was run over by a car

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

Full description of the fencing and gate: Fenced around property. Open gate Height:

What shelter is provided: OUTDOORS KENNEL OTHER Indoors

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? 1

Pre Home Inspection Fee: R100 Receipt No: 10131

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 Mengelbrecht **Date of application** 26/06/26.

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
T. 992003000650877			

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. MA0342

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 kommerslële 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)
AAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): N. Engelbrecht

HOME ADDRESS
OONADRES: 37 Steinberg Str. Island View

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7010230024087

EL No (H):
ELEFOON Nr (H):

(B):
(W):

ELL No:
ELFOON Nr: 0846035587

FAX No:
FAKS Nr:

MAIL:
POS. tassie.engel@gmail.com

ADOPTION FEE:
NEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 10156

HICLE REG No.
ERTUIG REG Nr. CJ 299 762

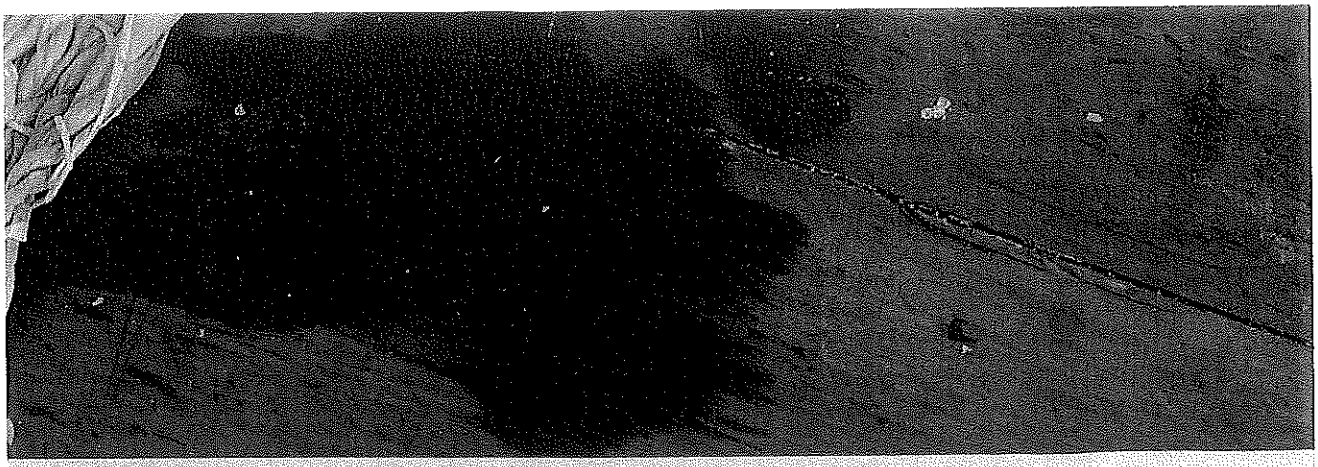
VEHICLE MAKE:
VOERTUIG MAAK: Corsa

COLOUR:
KLEUR: Blue

NATURE
NDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

TE / DATUM: 03/07/2026



FOSCHINI STATEME

MEV N ENGELBRECHT
37 STEYNBERG STREET
HARTENBOS
HARTENBOS
6520

Shopping on a TFG Money Account in Coricraft, Dial-a-Bed, The Bed Store & Volpes is only available in SA stores & www.coricraft.co.za, www.dialabed.co.za, www.thebedstore.co.za & www.volpes.co.za. TFG Gift cards cannot be redeemed in these stores. TFG Rewards vouchers can be redeemed in Coricraft & Volpes but not in Dial-a-Bed & The Bed Store.

Page 1 of 1 ENCLOSE THE UPPER PORTION WITH POSTAL PAYMENT 0010010000407248837

DATE	REFERENCE		DESCRIPTION	AMOUNT
	PAYMENTS THIS STATEMENT			***500,00 CR***
	6 MTHS REVOLVING		**OPENING BALANCE**	***7 373,25***
26 NOV	**HO STD BANK ELECTRONIC PM**		**PAYMENT**	***500,00 CR***
02 DEC	**EX MOSSEL BAY MALL**		**PURCHASE**	**269,99**
03 DEC	**FOS LANGEBERG MALL**		**PURCHASE**	**189,95**
10 DEC	**FOS MOSSEL BAY**		**PURCHASE**	**384,00**
INSTALMENT	**1 290,00**	**DUE** 375,00	**CLOSING BALANCE**	**7 717,19**

My current credit allocation	What can I spend?	What is my instalment?	How much am I in arrears by?	What is my balance?
12 373,00	**4 655,00**	**1 290,00**	**0,00**	**7 717,19**

CURRENT	30 DAYS	60 DAYS	90 DAYS +	TOTAL DUE (ON OR BEFORE 1ST)
375,00	**0,00**	**0,00**	**0,00**	**375,00**

Outlook

Bewys van adres

From Natasja Engelbrecht <tassie.engel@gmail.com>
Date Sat 7/4/2026 12:22 PM
To Kennels M <kennelsm@grspca.co.za>