

ADOPTION CHECKLIST

ADMISSION NO:

T 0938

CONTRACT NO:

MA 0348

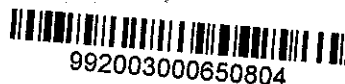
- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-Home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract End August
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

Adoptee INFO:

Name & Surname Maria Stals

Contact INFO: 0713297511

16/07/26



992003000650804

Completed by: [Signature]

Date: 09/07/26

Manager: _____

Date: _____

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 processed.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

Sam
Kearney
K29

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): M. A. Stols Maria

HOME ADDRESS: 96 Le Rouxweg, Reebok

ID NO.: 5401090004 081

POSTAL ADDRESS: same as above

TEL NO (H): N/A (B): _____

CELL NO: 0713297511 FAX NO: _____

EMAIL: riuskols@yahoo.com.au

Address where animal will be kept: 96 Le Rouxweg Reebok

Occupation: pensioners

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

Are you a student with consent to keep pets: _____ YES/N

Reason for wanting animal: for a playmate for our other d

Is the animal for yourself? Yes YES/N

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

What breed of dog or cat are you interested in? Not a specific breed

Can you afford private fees? Yes Who is your vet? Diere hospital Dr. J

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

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

Are all your animals sterilised? Give details No

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

Which animals do you still have, and what happened to the others? Died of cancer and

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

Full description of the fencing and gate: concrete walls Height: sausage d

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER sleep in

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

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 [Signature] Date of application 2/7/2021



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male/Female
992003000650804		

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.

- 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)
 NAME - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS

POSTAL ADDRESS:

TEL No (H):

TELEFOON Nr (H):

CELL No:

TELEFOON Nr:

EMAIL:

E-MAIL: riastals@yahoo.com.au

ADOPTION FEE:

ADOPTEERINGSVOOI:

VEHICLE REG No. CB5 57970

VEERTUIG REG Nr:

SIGNATURE

ONTEKENING:

DATE / DATUM: 09/07/2026ADMISSION No.
TOELATINGSNR.

MA0348



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.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- 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 onkoste 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 onkoste wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier '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 dier te versorg en te huisves na die Vereniging se tevredenheid.
- 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.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- 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.
- 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).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier 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 dier 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 dier wel versorg word soos in die Uitplasingbeleid 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.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n wag hond 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 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 verwaarloosing 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.

ID/PASSPORT No.:

ID/PASPOORT Nr.: 54 0109 000 4081

(B):

(W):

FAX No:

FAKS Nr:

cash / eft / card
kontant / eft / kaart

DONATION:

DONASIE:

KWITANSIE Nr

RECEIPT No. 10179

VEHICLE MAKE:

VOERTUIG MAAK: Mazda 6

COLOUR:

KLEUR: m/rooi

WITNESS FOR SOCIETY:

GETUIE VIR VEREENIGING:

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : C. R van Geems
- Contact number : 0723039364
- Email address : _____

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

09/07/26.



992003000680804

ADMISSION NO

T 0938

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 07/06/2016

TIME: 10:39

NAME OF APPLICANT: Maria Stols

ADDRESS: 96 Le Roux Weg, Reebok

HOME TEL No:

CELL No:

071 3297511

ANIMAL(S) ADOPTING: X Breed

SEX: Female

AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	Moncrete 1.8m		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 Dog

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Worstie				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	m / 8y	/	/	/	/
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: Chris Stols

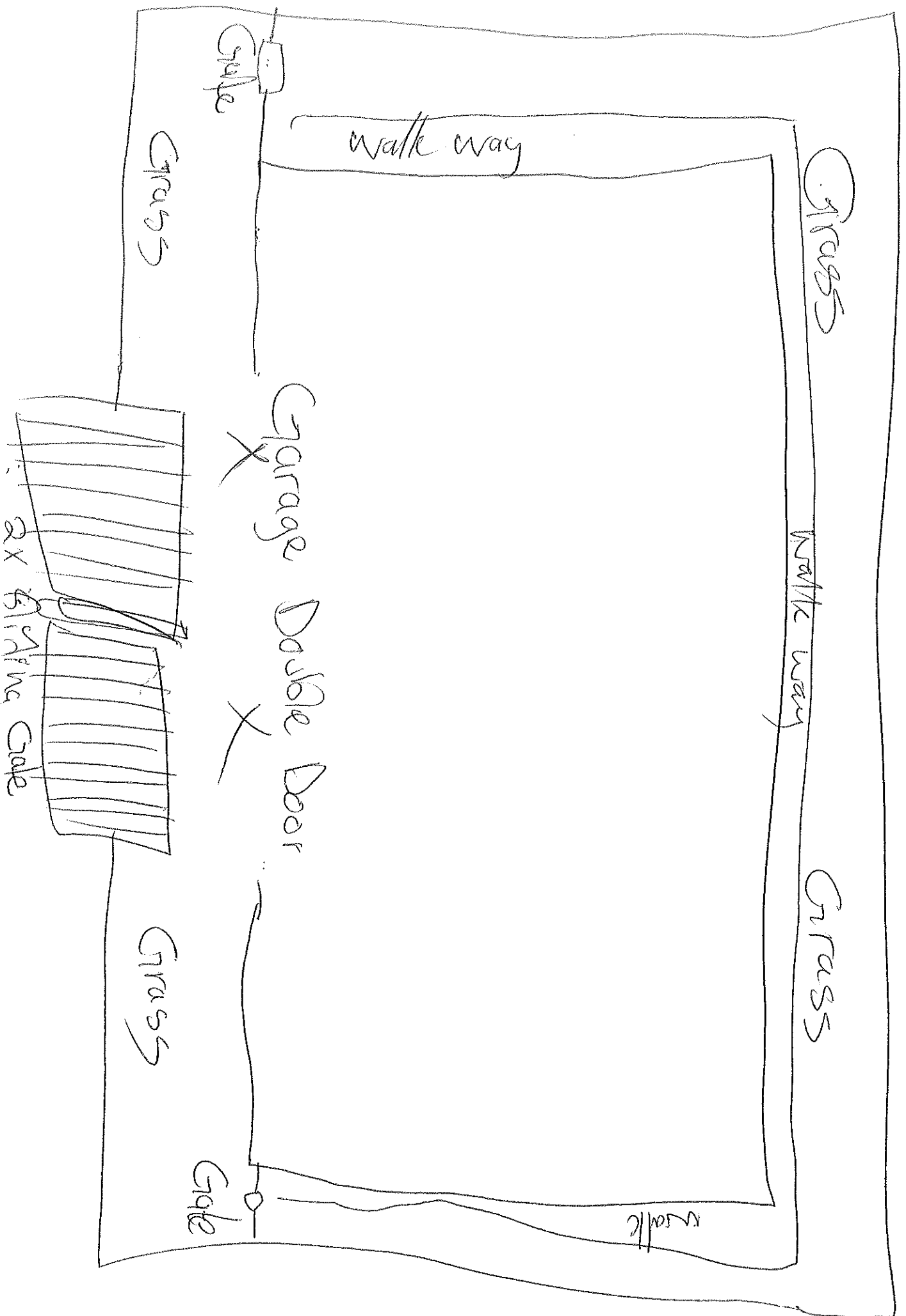
SPCA: Maccos/bay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



ADMISSION, ASSESSMENT AND HISTORY RECORD

(Page 1)



Garden Route

KENNEL No. <u>K 29</u>				ADMISSION No. <u>T 0938</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>04/06/26</u>		Time In	<u>15:15</u>	Date for release	

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

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify)				
	Breed	<u>X-Breed</u>	Colour and Markings		<u>Harlequin</u>		
	Condition	<u>Fair</u>	Sex	<u>♀</u>	Age	<u>10 weeks</u>	
	Temperament	<u>Fair</u>	Sterilisation Details	<u>NO</u>	Name		
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition <u>Fair</u>	Ears <u>UP</u>	Size <u>Small</u>		
	Area found / collected from <u>ASIA</u>					Date <u>04/06/26</u>	
	Reason for surrender <u>Can't afford</u>						

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

Surrendered by	<u>P</u>	Name	<u>Salina Moolman</u>
Found by			
Residential Address	<u>4655 Calitredorp Str</u>		
	<u>ASIA</u>		
Postal Address	<u>N/A</u>		
Tel (H)	<u>N/A</u>	Tel (W)	<u>N/A</u>
		Cell	<u>0738807522</u>
Email	<u>N/A</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: BHO

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>Rela to T0938</u>	Witness for Society	<u>[Signature]</u>
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 dierfe, 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 ongesterriliseer 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 / C
and ID tag gi



992003000650804

Date 08/07/26

MEDICAL RECORD

Date	Remarks	Treatment	Cost
05/06/24	Vaccinate + milpro		
03/07/26	Vaccination + milpro		

PTS APPROVAL

NAME	SIGN

I WAS VACCINATED ON

VET SIGNATURE

Figure 1. Schematic diagram of the experimental setup.

03/07/26

5527.0 B3
56: 12-5-1854
Exp: 08-10-2017

227

2021

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992003000650804

DATE

51/07/26

COVINGTON

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[illegible]

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP INFORMATION



992003000650804

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 07132 97511

E-mail * riastols@yahoo.co.za

Title * MRS

Initials * M

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 email, not a company email.

Surname * STOLS

City

Area Code Reekok

Province

Phone - Night time

Street 96 Le Rouxweg

Suburb

Country

Phone - Day time

OTHER CONTACTS

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

CHIP DETAILS

Registration Date * 16 - 07 - 2026

Date of Implant * 08 - 07 - 2026

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

Name of Vet who implanted the Chip KAY LEUERS

PET DETAILS

Pet Name KALLIE

Species * CANINE

Colour HARLEQUIN

Gender Male ☒ Female

Date of birth

Breed * X BREED

Markings

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 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

MOSSSELBAAI

Munisipaliteit

101 Marsh Street

Private Bag X 29

Mossel Bay 6500

UMASIPALA

Naam:

STOLS MM

LE ROUXWEG 96

POSTE RESTANTE

KLEIN-BRAKRIVIER

6503

Liggingsadres:

96

LE ROUXWEG REEBOK

admin@mosselbay.gov.za

www.mosselbay.gov.za

MOSSSEL BAY

Municipality

VAT Nr 4830118370

Tel: (044) 606 5000

Fax: (044) 606 5062

WASEMOSSSELBAYI

REKENINGNOMMER: 23-000375-004-6

DATUM VAN REKENING: 21/05/2026

LAASTE KWITANSIE DATUM: 20/05/2026

VOORAFBETAALDE
METER NOMMER: 01352656779

WARD 5

BELASTING FAKTUUR MAANDELIKSE REKENING BTW REG. NO.

DIENSTE DEPOSITO		850.00	ERF NOMMER		375000	WAARDASIE		1775000	METER NOMMER:		01352656779	
DATUM		VERWYSING		BESONDERHEDE		LESINGDATUM: 15/04/26				WARD		5
										BEDRAG		
20/05/2026		SEN2417136		BALANS OORGEBRING WATER 13/03/2026-15/04/2026 115 - 134 (19 Kl 33 Dae) BASIES 07/25 6.51 @ 0.000 = 0.00 12.49 @ 10.030 = 125.27 VAT/BTW 57.99						1304.39 444.65 *		
20/05/2026		0135265677		ELEKTRISITEIT BASIES 431.91 VAT/BTW 64.78						496.69 *		
20/05/2026		0135265677		50% Pens. Korting						248.35-*		
20/05/2026		321005		VULLIS						320.62 *		
20/05/2026				BELASTING PAAIEMENT KWITANSIES Balans Oorgedra						319.06 1305.00-		
				BTW OP '*' ITEMS: 132.20 ACB TOT: 0.00						0.06-		
KREDIET		60 DAE		30 DAE		LOPEND		BETAALBAAR				
0.00		0.00		0.00		1332.06		1332.00				
Betaling moet op of voor die vervaldatum gemaak word.		BETAALBAAR OP 15/06/2026		BEDRAG BETAALBAAR		R		1332.00				
KENNISGEWING Standard Bank is now the Primary banker for the MOSSEL BAY MUNICIPALITY Municipal Customers, service providers, members of the public and various stakeholder sare therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY 230003750046												
EasyPay		>>>>915262300037500464				PAY@ 11379 230003750046						



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
STOLS
Names:
MARIA MAGDALENA
Sex:
F
Nationality:
RSA
Identity Number:
5401090004081
Date of Birth:
09 JAN 1954
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

Date of Issue:
06 JUL 2025

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 50

200867426





STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0348DATE: 09/07/26.

between Mosselbay SPCA SPCA
 and SH 01090004-081
via stols@yahoo.com.au

Name Maria StolsAddress 96 Le Rouxweg, ReebokTelephone Numbers (H) 0713 297511 (B)to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name _____ Sex Female Age 3 monthsDescription MSI X-Bred, KarlequinOn (due date) End August Adoption Form No. MA0348

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: Maria StolsFor SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

