

ADOPTION CHECKLIST

ADMISSION NO:

T 0950

CONTRACT NO:

MA 0360



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

06/08/26



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number

29/07/26



992003000645641

Completed by:

Lavern Joseph

Date:

24/07/26

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 processes.

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

ADMISSION No. TOELATINGSNR.

MA0360



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male / Female
Microchip	992003000645641	

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)
NAAM - Prof/Dr/Mnr/Mr/Mej (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 3 Wilgerstr Heidelberg

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

CELL No:
SELFHOON Nr: 071 4288 61 9

E-MAIL:
E-POS: henna.kruger@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: cash / eft / card
kontant / eft / kaart

VEHICLE REG No.
VOERTUIG REG Nr: CBS 83443

SIGNATURE
HANDTEKENING: H Kruger

DATE / DATUM: 24/07/26



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 plezier 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 plug versuim het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familielede 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 regskoste 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 katte 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 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.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond 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 verwaarloos 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.

H. Kruger

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

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr
RECEIPT No. 10828

VEHICLE MAKE:
VOERTUIG MAAK: Toyota Tac COLOUR: Brasso
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

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

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Mrs. Merv Kruger

HOME ADDRESS: 3 Wilgerstraat Heiderand Mosselbaai

ID NO.: 68123 0120 084

POSTAL ADDRESS: 3 Wilgerstraat Heiderand Mosselbaai

TEL NO (H): _____ (B): _____

CELL NO: 071 4288 619 Hesna FAX NO: 082 972 6179 Andre

EMAIL: hesna.kruger@gmail.com

Address where animal will be kept: 3 Wilgerstraat Heiderand Mosselbaai

Occupation: Bodykeeper

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: Having dogs

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? Dog

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

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

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

Are all your animals sterilised? Give details _____

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

Which animals do you still have, and what happened to the others? _____

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

Full description of the fencing and gate: Bricks bricks Height: _____

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Indoors

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

Pre Home Inspection Fee: R100.00 Receipt No: 10807

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

M Kruger

Date of application

17/7/2026

Not Wednesday



ADMISSION NO

T 0950

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 23/07/24

TIME: 15:05

NAME OF APPLICANT: Mrs. Kruger Hesna

ADDRESS: 3 Wilgerstraat, Heiderand

HOME TEL No: CELL No: 071 42 88 619

ANIMAL(S) ADOPTING: Puppy - still deciding

SEX: Female

AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick wall 2m	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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Free roaming

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS

☒ SMALL DOGS

☒ MEDIUM DOGS

☒ LARGE DOGS

INSPECTED BY: Chris Kruger

SPCA: Mosselbay

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

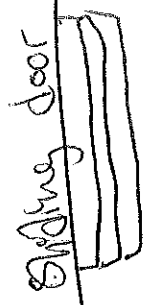
X Gate



Grass

Back door

Main door



Sliding door

Gate



Grass

PVC fence

X X X

Garages

Walle way

I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

2/06/20 Supply DP +
06/06/20 Nabelloc.

RABIES MOVEMENT PERMIT

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

1. It accompanied 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

Garden Route SPCA

P.O. Box 133
George, 6530
Ph (044) 663 - 0824

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

PRACTICE STAMP

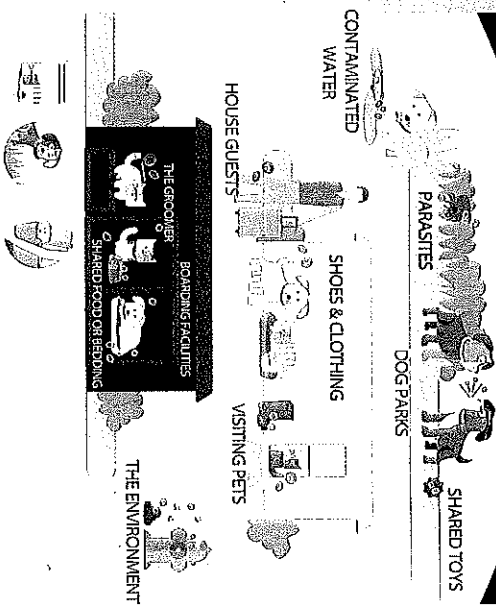


Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1931/006580/07
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.msda-animal-health.co.za ZA-NOK-241200001

VACCINE RECORDED CARD

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



PET'S NAME
DATE

GARDEN ROUTE SPCA

MOSEL BAY

18 BILL JEFFERY AVE

KWANONQABA

044 693 0824

072 287 1761

theatre@gtrspca.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



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
KRUGER
Names:
HESNA
Sex:
F

Nationality:
RSA
Identity Number:
6812130120084
Date of Birth:
13 DEC 1968
Country of Birth:
RSA
Status:
CITIZEN



Signature:

Kruger

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K 16 38</u>				ADMISSION No. <u>T 0950</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In <u>10/06/20</u>			Time In <u>11:00</u>		Date for release <u>10/06/20</u>	

IDENTIFICATION & LOST AND FOUND

Microchip/Collar or ID tag found <u>Yes</u>	Yes ☒ No ☐	Date scanned or checked <u>10/06/20</u>	Lost & Found checked ☐ Yes ☐ No ☐	Lost & Found Date checked <u>10/06/20</u>
			Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed <u>Rottweiler</u>	Colour and Markings <u>Black + Brown</u>			
Condition <u>Fair</u>	Sex <u>Female</u>	Age <u>3 months</u>		
Temperament <u>Fair</u>	Sterilisation <u>NO</u>	Name <u>Sarah</u>		
Coat	Tail	Teeth Condition	Ears	Size <u>10/06/20</u>
Area found / collected from <u>ASIA</u>				Date
Reason for surrender <u>Too many dogs</u>				

ASSESSMENT

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

Surrendered by <u>YF</u>	Name <u>Liesl du Preez</u>
Found by	
Residential Address <u>4419 Beka Street</u>	
<u>ASIA</u>	
Postal Address <u>NONE</u>	
Tel (H) <u>NONE</u>	Tel (W) <u>NONE</u> Cell <u>071767650</u>
Email <u>NONE</u>	
Donation R <u>NONE</u>	Cash ☐ Card ☐ EFT ☐ (Receipt No.) <u>NONE</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: NONE Case No: NONE Inspector: NONE

STATEMENT OF SURRENDER

I 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>
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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

- | | |
|---|--|
| <p>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.</p> <p>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.</p> <p>3. Any charges endorsed hereon are due and payable on request.</p> <p>4. The Society will not home any animal unsterilised.</p> | <p>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 Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.</p> <p>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.</p> <p>3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.</p> <p>4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.</p> |
|---|--|

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 ☐

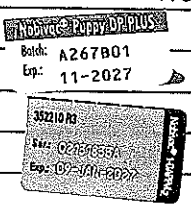
Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given	☒ Yes ☐ No	Microchip / ID tag details
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Date 24/07/26

MEDICAL RECORD

Date	Remarks	Treatment	Cost
12/06/26	Vaccination + milpro		
10/07/26	Vaccination + milpro		

PTS APPROVAL

NAME	SIGN

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Louis Alwyn Kruger
- Contact number : 061 847 1199
- Email address : alouis.kruger@gmail.com

2. Additional family member/friend details

- Full name : Andre v. Hardem
- Contact number: 082 912 6179
- 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 _____

MICROCHIPPED ANIMAL REGISTRATION FORM

MICR
992003000645641

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 * FR14/13019
Vet Practice Name * SPCA Garden Route Mosselbay.
Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0714288619
E-mail * hesna.kruger@gmail.com
Title * Hesna Initials *
Street * 3 Wilgerstr, Heiderand
Suburb * Heiderand
Country
Phone - Day time

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 * Kruger
City * Mosselbay
Area Code
Province * W.C.
Phone - Night time

OTHER CONTACTS

Title *	Initials *	Surname *
Cell No. *		
Title *	Initials *	Surname *
Cell No. *		
Title *	Initials *	Surname *
Cell No. *		

CHIP DETAILS

Registration Date * 29 - 07-2026
Date of Implant * 24 - 07-2026.
Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No
Name of Vet who implanted the Chip * Mary Ann.

PET DETAILS

Pet Name * Luna.
Species * K9.
Colour * Black & Tan.
Gender * Male ☐ Female ☒
Date of birth
Breed * Rottie X.
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 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 here, consents to its personal information being used by Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE *[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 |



Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAI MUNISIPALITEIT
UMASIPALA WASEMOSSEL BAYI

BTW REG. NO.

Naam:

KRUGER LA & H

Liggingadres:

3 WILGERSTRAAT HEDERAND X12

BELASTINGSAKTUUR MAANDELIJKE REKENING

REKENINGNUMMER: 64-005664-007-8

DATUM VAN REKENING: 23/06/2026

LAASTE KWITANSIE DATUM: 22/06/2026

VOORAFBETALDE
METERNUMMER: 01348843770

DEENSTE DEPOSITO:	850.00	EFFE NUMMER:	5664000	TOTALE WAARSKAIE:	1450000	WYK NR:	6
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DATUM	BESONDERHEDE	BEDRAG
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19/06/2026	01348843770ELEKTRISITEIT	
	BALANS OORGERING	2149.44
	BASIES	431.91
	VAT/BTW	64.78

19/06/2026	CEUB387	
	WATER 28/04/2026-27/05/2026	384.57 *
	3500 - 3513 (13 KI 29 Dec)	
	BASIES	261.39
	07/25	5.72 @ 0.000 = 0.00
		7.28 @ 10.030 = 73.02
	VAT/BTW	50.16

19/06/2026	400006	
	RIOOL	385.61 *
19/06/2026	300006	
	VULLIS	320.62 *
19/06/2026		
	BELASTING PAIEMENT	512.44
	KWITANSIES	2149.00-
	Balans Oorgedra	0.37-

BTW OP ** ITEMS: 204.44 AOB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	2080.37	2080.00

Bedrag moet vooraf
op die vervaldatum
genmaak word

BETALBAAR OP
15/07/2026

BEDRAG BETALBAAR

2080.00

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betaalings Besonderhede



Standard Bank
PREDEFINED BENEFICIARY,
MOSSEL BAY MUNICIPALITY
REF NO. 640056640078



>>>>>915286400566400783



11379 640056640078

Message / Boodskap

Standard Bank is now the Primary banker for the
MOSSEL BAY MUNICIPALITY.

Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the

MOSSEL BAY MUNICIPALITY.

The municipality has been added as a predefined
beneficiary on the Bank Directory.



Mossel Bay
MUNICIPALITY

KRUGER LA & H
WILGERSTRAAT 3
HEIDERAND
6506

64-005664-007-8





STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0360DATE: 24/07/26.between Hesna Knuger. SPCAName Mosselbay SPCAAddress 3 Wilgerstraat, heiderand

Telephone Numbers (H) _____ (B) _____

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

Animal's Name Luna Sex ♀ Age 3 monthsDescription Pott. X.On (due date) 13/08/26 Adoption Form No. _____on the understanding that you will arrange to have this done at the
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: A. Knuger For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____



STERILISATION CONTRACT

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on the understanding that you will arrange to have this done at the _____ 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.
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4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
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I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: A. Knuger For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

