

ADOPTION CHECKLIST

ADMISSION NO:

MBY 10290

CONTRACT NO:

MA 0353

☒ Admission Form

☒ Application for adoption

☒ Pre-Home Inspection Report

☒ Adoption contract

☒ Copy of Identity Document or Driver's License

☒ Proof of Residence

☒ Letter from Body Corporate

☒ Sterilization Contract and Date of sterilization Contract Done 09/07/26

☒ Copy of Vaccination Record/ Certificate

☒ Microchip

☒ Microchip Registration- chip number

Adoptee INFO:

Name & Surname Angelika van Staden

Contact INFO: 0824589252

15/07/26



992003000650871

Completed by: [Signature]

Date: 11/07/26

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.

Mona
Lisa

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):

ANGELIKA VAN STADEN

HOME ADDRESS:

NO. 7 CORAL EAST,
KRAAGBOSCH PARK, GRJ

ID NO.:

7310170139089

POSTAL ADDRESS:

TEL NO (H):

(B):

CELL NO:

0824589252

FAX NO:

EMAIL:

ANGELIKAVANSTADEN39@GMAIL.COM

Address where animal will be kept:

IN HOME: AS ABOVE

Occupation:

PORTFOLIO MGR

Do you own or rent your property:

RENT

Do you have consent from owner / Body Corporate?

YES

Are you a student with consent to keep pets:

YES/N

Reason for wanting animal:

TO LOVE + GIVE A HOME

Is the animal for yourself?

YES

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?

DOMESTIC

Can you afford private fees?

YES

Who is your vet?

TBA

How many animals live on the property?

DOGS?

N/A

CATS?

N/A

OTHERS

N/A

What are the sexes of your animals?

DOGS: Male

N/A

Female

CATS: Male

Female

Are all your animals sterilised? Give details

N/A

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

DOGS?

N/A

CATS?

OTHER?

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

N/A

Is your property fenced and has a proper gate?

N/A

Will you chain/ an animal?

NEVER

Full description of the fencing and gate:

N/A

Height:

What shelter is provided: OUTDOORS

KENNEL

OTHER

INDOOR

Have you previously had pets from an SPCA?

NO

Are there children under 10 in your household?

Y

Pre Home Inspection Fee:

R100

Receipt No:

10161

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

HP

Date of application

4/7/2006



Garden Route

DOG / CAT	Breed	Male / Female
Micr	992003000650871	

ADOPTION CONTRACT

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
 ADDRESS: No 7 Coral East
 EL No (H): Kraaibosch Park, George
 TELEFOON Nr (H):

TELEFOON Nr: 0824589252

EMAIL: angelika.vstdn39@gmail.com

ADOPTION FEE: R850

VEHICLE REG No. AW18-492

SIGNATURE
 ANDTEKENING: 11/07/2008
 DATE / DATUM:

ADMISSION No.
 TOELATINGSNR.

MA0353



Garden Route

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

UITPLASINGSKONTRAK

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

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

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarloosing van enige diër nie.

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

Angelika van Staden

ID/PASSPORT No.: 7810170139089

(B):
 (W):

FAX No:
 FAKS Nr:

DONATION:
 DONASIE:

KWITANSIE Nr
 RECEIPT No. 1093

VEHICLE MAKE: JACCOO

COLOUR: WHITE

WITNESS FOR SOCIETY:
 GETUIE VIR VEREENIGING:

I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

02/04/20 Truwin C
05/05/16 Truwin C

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

Garden Route SPCA

P.O. Box 238
George, 6530

SIGNATURE

Ph 0444 083 - 0822 PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

10/7/2020
H Britz

MOSELBAAI DIERHOSPITAL

MOSEL BAY ANIMAL HOSPITAL

DR. B. STANDER DR. P.J. DE VET

TELE: 044-6912485 FAX: 044-6911978

E-POS/E-MAIL: vet@mw.co.za

Postbus PRACTICE STAMP Box 662

Wood no: 082 253 9191



Animal Health

Internet South Africa (Pty) Ltd, Reg. No. 1991/005580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9800, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD

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

PARASITES

DOG PARKS

SHARED TOYS

CONTAMINATED
WATER

SHOES & CLOTHING

HOUSE GUESTS

VISITING PETS



GARDEN ROUTE SPCA

MOSEL BAY

18 BILL JEFFERY AVE

KWANONQABA

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

MICROCHIPPED ANIMAL REGISTRATION FORM



992003000650871

VET OR WELFARE ORGANISATION

Vet Practice Number *
Vet Practice Name *
Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No * 0824589252
E-mail * angelika.vstdn3a@gmail.com
Title * MRS Initials * A
Street 107 CORAL EAST
Suburb KRAAIBOSCH PARK
Country
Phone - Day time

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 * VAN STADEN
City
Area Code GEORGE
Province
Phone - Night time

OTHER CONTACTS

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

CHIP DETAILS

Registration Date * 15 - 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 LEVERS

PET DETAILS

Pet Name
Species * FELINE
Colour TABBY
Gender Male ☒ Female
Date of birth
Breed * DSH
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 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

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

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>1507C5</u>		ADMISSION No. <u>MBY10290</u>				
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>11/1/26</u>		Time in		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	

DESCRIPTION & HISTORY	Dog	Cat ☒	Other species (Specify)			
	Breed	<u>DSH</u>		Colour and Markings	<u>Tabby - light white</u>	
	Condition	<u>Good</u>		Sex	<u>FEM.</u>	Age
	Temperament	<u>Good</u>		Sterilisation details	<u>YES</u>	Name <u>LISA</u>
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition	Ears <u>Up</u>	Size <u>Adult</u>	
	Area found / collected from <u>G Bako</u>					Date <u>11/4/26</u>
	Reason for surrender <u>Too many</u>					

ASSESSMENT		Surrendered by ☒ Name <u>V. S. Slander</u>	
GOOD WITH: Yes No	Found by	Residential Address <u>5 Eureka Str.</u>	
Children		<u>Eureka Park</u>	
Cats		Postal Address	
Other Dogs		Tel (H)	
Livestock/Other		Tel (W)	
DO THEY: Yes No		Cell	
Jump Fences		Email	
Run Away		Donation R	
COMMENTS:		Cash	Card
		EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

I do hereby certify that 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 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 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
Details of third Applicant	

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

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die diere, beskryf op 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, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
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.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n diere 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. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen diere plaas wat ongestertiliseer is nie

REQUEST FOR EUTHANASIA

Owners authorising signature	Witness for Society signature
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Reason for Euthanasia

Euthanasie 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 and ID tag	Yes ☐ No ☐	Date <u>08/07/2026</u>
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992003000650871

MEDICAL RECORD

Date	Remarks	Treatment	Cost
02/04/2026	Vaccination + deworm		
05/05/26	vaccination + milpro		
22/05/26	Fibroec		
09/07/26	Sterilised		

PTS APPROVAL

NAME	SIGN

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : HERMAN V. STADEN
- Contact number : 082458 9252
- Email address : HERMANVSTADEN71@gmail.com

2. Additional family member/friend details

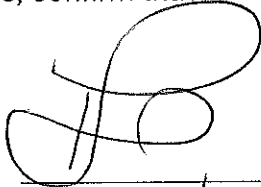
- Full name : HAYLEY U. STADEN
- Contact number: 071 191 1951
- Email address : HAYLEYVSTADEN@gmail.com

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

11/7/2025.

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NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

1
I.D. No. 731017 0139 089



S.A.CITIZEN

SURNAME

VAN STADEN

FORENAMES

ANGELIKA

COUNTRY OF BIRTH

SOUTH AFRICA

DATE OF BIRTH

1973-10-17



DATE ISSUED

2012-05-29

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS



Section 4-SB: Page 1

PRE HOME NO

GPRE0429

992003 000 650 871

ADMISSION NO

MBV 10290

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

nBay

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 6/7/26

TIME: 10 7h10

NAME OF APPLICANT: Angelina van Houten

ADDRESS: Tonal path, Kildare Park

HOME TEL No:

CELL No: 082 458 9252

ANIMAL(S) ADOPTING: DSH

SEX: Female

AGE:

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence: <u>Courtyard only</u>	Suitability of fence (i.e. small pets can't escape) <u>n/a</u>
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? <u>n/a</u>
Any hazards? (pool, rubble, razor wire, etc) ☒ YES ☐ NO	Specify: <u>n/a</u>
Does applicant live at the address? ☒ YES ☐ NO	How many animals are on the property? <u>none</u>

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 Quiet, secure estate

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS

☒ CATS☐ SMALL DOGS☐ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY: S. Trillich

SPCA: GRSPCA

SIGNATURE: DT

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

