

ADOPTION CHECKLIST

ADMISSION NO:

T 1178

CONTRACT NO:

MA0358

- ☒ 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
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

Adoptee INFO:

Name & Surname Ishmael Maloka

Contact INFO: 084 941 7140

29/07/26.



992003000645626

Completed by: _____

Date: 21/07/26

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.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MALOKA
Names:
ISHMAEL SEETJE
Sex:
M
Nationality:
RSA
Identity Number:
7708075405085
Date of Birth:
07 AUG 1977
Country of Birth:
RSA
Status:
CITIZEN



Signature:

A handwritten signature in black ink, appearing to read 'Ishmael Seetje Maloka'.

Date of Issue
12 JUL 2016

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



102495077



**Customer Care Inquiries**

Tel: +2783135 Tel: 135 (free from MTN cellphone)

E-mail: customercare@mtn.co.zaWebsite: www.mtn.co.za

Mr ISHMAEL SEETJE MALOKA
288 288 Protea Drive, Protea Drive
Pinnacle Point
Mossel Bay

Email Address	malokadr@gmail.com
Invoice date	01-07-2026
Invoice number	I600000356351860
Billing account	BA151049775
Payment Method	Direct Debit
Due date	04-07-2026

Tax Invoice

Summary of charges for your MTN plan:**Home Premium Uncapped 50Mbps Monthly**

Contract date: 01-07-2026 to 31-07-2026

Description	Service Reference	From	To	Amount excl. VAT
Inclusive Data	27838575744	01-08-2026	31-08-2026	0.00
Itemised Billing	27838575744	01-08-2026	31-08-2026	0.00
Home Premium Uncapped 50Mbps Monthly	27838575744	01-08-2026	31-08-2026	538.26
Sub total : (excl. VAT)				R538.26

Home Starter Uncapped 15Mbps Monthly

Contract date: 01-07-2026 to 31-07-2026

Description	Service Reference	From	To	Amount excl. VAT
Home Starter Uncapped 15Mbps Monthly	27832821688	01-08-2026	31-08-2026	294.78
Itemised Billing	27832821688	01-08-2026	31-08-2026	0.00
Inclusive Data	27832821688	01-08-2026	31-08-2026	0.00
Sub total : (excl. VAT)				R294.78

Usage Charges

Description	Service Reference	Volume/Duration	Qty.	Amount excl. VAT
Local Data Usage	27832821688	86.77 GB	133	0.00
Sub total : Usage Charges (excl. VAT)				R0.00

Usage Charges

Description	Service Reference	Volume/Duration	Qty.	Amount excl. VAT
Local Data Usage	27838575744	671.00 GB	949	0.00
Sub total : Usage Charges (excl. VAT)				R0.00





Customer Care Inquiries

Tel: +2783135 Tel: 135 (free from MTN cellphone)

E-mail: customercare@mtn.co.za

Website: www.mtn.co.za

Total VAT(15%)

R124.96

Total Invoice for current period (VAT Incl.)

R958.00

Claw-back penalty fees will apply on the Free-to-Use router should you fail to meet monthly subscription payments.



I WAS DEWORMED ON

DATE: 20/06/2014 PRODUCT: Triverm

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

DOCTOR'S NAME

17-7-2026
Dr. E. Basson

PRAI TOE STAMP



Animal Health

Garden Route SPCA

P.O. Box 208

Intervet South Africa (Pty) Ltd, Reg. No. 1991/000580/07
20 Spartan Road, Sparten, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3159, Sales Fax: 086 603 1777
www.intervet-animal-health.co.za ZA-NV-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

THE GROOVER
BOARDING FACILITIES
SHARED FOOD OR BEDDING

THE ENVIRONMENT



MY OWNER

NAME **Ishmael Madoka**

POSTAL ADDRESS

STREET ADDRESS **238 Protea Drive**

Pinnacle Point

HOME PHONE

WORK PHONE

CELLPHONE **084 941 7140**

BREEDER DETAILS

ME

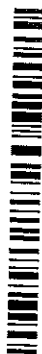
SPECIES **Feline**

BREED **DSH**

COLOR **BLACK + WHITE**

SEX **MALE**

DATE OF BIRTH



992003000645626

MICROCHIP REGISTRATION

FEATURES/MARKS

NEXT VACCINATION DUE

DATE **27/07/26** DATE

I WAS VACCINATED ON

DATE **29/06/26** VACCINE AND BATCH NO. VET SIGNATURE



FELINE-HCP

FELINE-HCP

FELINE-HCP

FELINE-HCP

FELINE-HCP

FELINE-HCP

FELINE-HCP

FELINE-HCP

FELINE-HCP

FELINE-HCP

FELINE-HCP

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 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3992 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), 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 (isquinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 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. G4063 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

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):

Ishmael S Maloka

HOME ADDRESS:

288 Protea Drive, Pinnacle Point 6500

ID NO.:

770807 5405 085

POSTAL ADDRESS:

TEL NO (H):

(B):

CELL NO:

0849417140

FAX NO:

EMAIL:

malokadr@gmail.com

Address where animal will be kept:

as above

Occupation:

Health

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:

For kids

YES/N

Is the animal for yourself?

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?

CAT / BSH

Can you afford private fees?

Yes

Who is your vet?

None

How many animals live on the property?

DOGS?

0

CATS?

0

OTHERS

0

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?

CATS?

OTHER?

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

No pets, Returned h

Is your property fenced and has a proper gate?

Will you chain/ an animal?

No

Full description of the fencing and 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?

Pre Home Inspection Fee:

R100

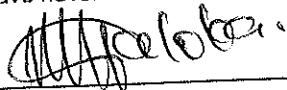
Receipt No:

10199

Declaration: The above information is true and correct

I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT



Date of application

14/7/2026



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male / Female
Microchip and or ID Tag Number: 9 9200 300064 5626		

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/Mr/Mr/Mej (Insluitende voorletters):

HOME ADDRESS
ADDRESS: 288 Protea Drive,
Pinnacle Point
TEL No (H):
ELEFOON Nr (H):

CELL No:
ELEFOON Nr: 084 9417140

MAIL:
POS: malakadr@gmail.com

ADOPTION FEE:
ANEMINGSVOOI: R850

VEHICLE REG No.
VEERTUIG REG Nr: CBS 57085

SIGNATURE
ONTEKENING: [Signature]

DATE / DATUM: 21/7/2026

ADMISSION No.
TOELATINGSNR.

MA0358



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 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 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.

Ishmael Malaka

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7708075405085

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr
RECEIPT No. 10821

VEHICLE MAKE:
VOERTUIG MAAK: Ford COLOUR:
KLEUR: Grey

WITNESS FOR SOCIETY:
GETUIE VIR VEREENING: [Signature]

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>23 (No formal name)</u>		ADMISSION No. <u>T 1178</u>				
Stray	☒ Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>26/06/26</u>		Time In		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>26/06/26</u>
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	<u>26/06/26</u>	Microchip or ID Tag number		

DESCRIPTION & HISTORY	Dog	☒ Cat	Other species (Specify) <u>B/I</u>				
	Breed	<u>DSH</u>	Colour and Markings <u>Orange white</u>				
	Condition	<u>fair</u>	Sex	<u>M</u>	Age	<u>3-4 months</u>	
	Temperament	<u>fair</u>	Sterilisation Details	<u>NO</u>	Name	<u>Twinkl</u>	
	Coat	<u>S</u>	Tail	<u>L</u>	Teeth Condition	<u>fair</u>	
			Ears	<u>up</u>	Size	<u>M</u>	
	Area found / collected from	<u>Sonstynvatter street - garden</u>				Date	<u>26/06/26</u>
	Reason for surrender	<u>Wanted well we so but didn't begin to</u>					

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

Surrendered by	Name	<u>Onnise Booyse</u>
Found by		
Residential Address	<u>Sonstynvatter</u>	
Postal Address	<u>No postal</u>	
Tel (H)	Tel (W)	Cell <u>0829709020</u>
Email	<u>No email</u>	
Donation R	Cash	Card
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

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 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>Booyse</u>	Witness for Society	<u>MSJ</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 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 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 ongesteiriliseer 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 / Collar and ID tag giver  992003000645626 Date 21/07/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
29/06/2026	vaccinate + deworm		
17/6/26	Castrate		

PTS APPROVAL

NAME	SIGN



992 003 000 645626

ADMISSION NO

T 1178

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

FASTED: ☒ YES ☐ NO

DATE UNDERTAKEN: 16/07/26

TIME: 15:00

NAME OF APPLICANT: Ishonael Manku

ADDRESS: 285 Patea Drive, Pinnock Park

HOME TEL No:

CELL No: 084 941 7140

ANIMAL(S) ADOPTING: 2 Cats

SEX: ♀ Calico ♂ Black + white AGE: Adult ♀ Juvenile ♂

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Complex / Secured	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? (poor, 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	Small pool, Discussed hazard with person who adopts the cats.
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PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
 ☐ SMALL DOGS
☐ MEDIUM DOGS
 ☐ LARGE DOGS

INSPECTED BY: KUKU

SPCA: Mossel Bay

SIGNATURE:

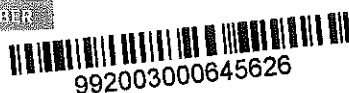
POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000645626

VET OR VET PRACTICE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 08294417147
E-mail * malokadr@gmail.com
Title * A Initials * JS
Street 288 Protea Drive
Suburb Pinnacle Point
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 * Maloka
City
Area Code PINNACLE POINT
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 * 29 - 07 - 2026
Date of Implant * 21 - 07 - 2026
Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No
Name of Vet who implanted the Chip KAY LEVERIS

PET DETAILS

Pet Name	Date of birth
Species * FELINE	Breed * BSH
Colour CAT Black & white	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 backhome.support.external@virbac.co.za |
| 4. By App | Download the Virbac Backhome Africa App |

