

ADOPTION CHECKLIST

ADMISSION NO:

T 1044

CONTRACT NO:

MA0333

☒ 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 Annerika Van Zyl

Contact INFO: 072 8994 311

15/07/26



Completed by: _____

Date: 13/07/2026

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.



992003000650805

ADMISSION NO

T1044

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO

DATE UNDERTAKEN:

30/6/20

TIME: 13:30

NAME OF APPLICANT:

Annerika van Zyl (KUKA)

ADDRESS:

38 Le Roux Street, Reebok

HOME TEL No:

CELL No:

012 8994311

ANIMAL(S) ADOPTING:

Kitten

SEX:

AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION		
Type and height of fence:	70cm x 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? 3 Dogs

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Boston	Boston	Pointer		
CONDITION	Good	Good	Good		
WELFARE (good?)	Good	Good	Good		
SEX & AGE	F 110y	M 110y	F 17ye	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Dog is free roaming in property. Cat will sleep in house

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY:

C. Naudé

SPCA:

Messelburg

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Vibnicete

Hokke

Grass

Af dak

Pebble Stone

(up stairs) (in shade stairs)

Concrete



walk way

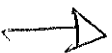
Drive way

Grass

Door



walk way



Drive way

wire fence

Slide Gate

pervery ain

Slide Gate

PREVASCHEVORVIED ON

DATE PRODUCT DATE PRODUCT

03/01/06 M/LP10

00antelra intel Plus 5 intel Plus XL

BECOMING FOR HAPPER HEALTH DOGS

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and administered every 2 weeks for under 12 weeks of age and every 3 months when I'm older, are very important for keeping my healthy!

RABIES MOVEMENT PERMIT

This certificate is a series 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 258
George, 6530
Ph (044) 603 - 0824

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

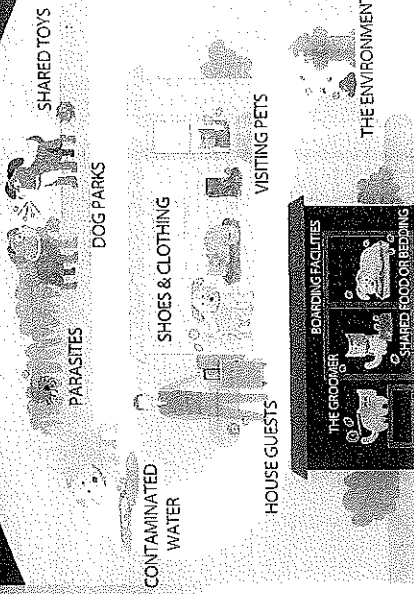
PRACTICE STAMP



Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 932 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msdl-animal-health.co.za 74-MNV-21120001

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



PET'S NAME

MY PET

GARDEN ROUTE SPCA
MOSSEL 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

MY OWNER

Name: Annenika van Zyl

POSTAL ADDRESS

STREET ADDRESS: 38 Le Roux Straat
Reebok

HOME PHONE

MOBILE PHONE

TELEPHONE: 0728994311

REFERRER DETAILS

ME

Species: Feline

Weight: 0.5H

Colour: Tabby

Sex: Female

DATE OF BIRTH

DATE OF VACCINATION

992003000650805



NEXT VACCINATION DUE

DATE: 31/07/26

DATE

I WAS VACCINATED ON

DATE

03/07/26

VACCINE AND BATCH NO.



VET SIGNATURE

[Signature]

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases. My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk. Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DAPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac® Tricat Trio (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quanteil® Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. Extil Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.



Nobivac® Quanteil®

Extil Plus

Extil Plus XL

PRAXELON



facebook.com/BravectoSouthAfrica

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 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.</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 Vereeniging 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 ongesteryliseer 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 and ID tag  992003000650805 Date 08/07/26

MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL	
NAME	SIGN

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>65</u>				ADMISSION No. <u>T 1044</u>			
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia	
Date In <u>15/06/26</u>		Time In		Date for release			

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>15/06/26</u>
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	<u>15/06/26</u>	Microchip or ID Tag number	<u>None</u>		

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify) <u>B/I</u>					
	Breed	<u>DSH</u>		Colour and Markings <u>Tabby</u>				
	Condition	<u>lean</u>		Sex	<u>♀</u>	Age <u>14 weeks</u>		
	Temperament	<u>friendly</u>		Sterilisation Details	<u>no</u>	Name <u>Pitta</u>		
	Coat	<u>S</u>	Tail	<u>L</u>	Teeth Condition	<u>fair</u>	Ears	<u>up</u>
	Area found / collected from <u>Exot 13</u>						Date	<u>15/06/26</u>
	Reason for surrender <u>Cowner had seizures</u>							

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

Surrendered by			
Found by	Name <u>Hogan Cupido</u>		
Residential Address	<u>3 Bonita Str</u>		
Postal Address	<u>Exot 13</u>		
Tel (H)	<u>no num</u>	Tel (W)	<u>no num</u>
Email	<u>no email</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: 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 besny 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>Refer to T1043</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: _____

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Walter van Zyl
- Contact number : 079 829 3716
- Email address : costilux@gmail.com

2. Additional family member/friend details

- Full name : Sandra van Zyl
- Contact number: 078 165 6224
- Email address : geen

3. Precious SPCA Adoption

- Have you previously adopted from SPCA (Yes/No) 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

MZyl

Date

13/7 / 2020

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP INFORMATION



992003000650805

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0728994311

E-mail * kikavz82@gmail.com

Title * MRS Initials * A

Street 38 Le Roux Street

Suburb

County

Phone - Day time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

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 LEUERS

PET DETAILS

Pet Name

Species * FELINE

Colour TABBY

Gender Male ☐ Female ☒

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

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 ZYL

City

Area Code Reebok

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth

Breed * DSH

Markings

Sterilised Yes ☐ No ☒

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 hereby consents to its personal information being used by 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



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
VAN ZYL
Names
ANNEKERIA
Sex
F
Nationality
RSA
Identity Number
8201090127031
Date of Birth
09 JAN 1982
Country of Birth
RSA
Status
CITIZEN



Signature:



This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of issue
19 JUN 2017



104854239



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):

Annerika van Zyl (Kika)

HOME ADDRESS:

38 Le Roux Street Reebok

ID NO.:

820109 0127081

POSTAL ADDRESS:

TEL NO (H):

0728994311

(B):

CELL NO:

FAX NO:

EMAIL:

kika.vz82@gmail.com

Address where animal will be kept:

38 Le Roux Str Reebok

Occupation:

Housewife.

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:

Love animals

Is the animal for yourself?

Yes

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?

DSH

Can you afford private fees?

Yes

Who is your vet?

Croft

How many animals live on the property?

DOGS?

3

CATS?

OTHERS

What are the sexes of your animals? DOGS: Male

1

Female

2

CATS: Male

Female

Are all your animals sterilised? Give details

1 teef ne (Pointer)

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

3

CATS?

4

OTHER?

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

3 dogs, cat passed.

Is your property fenced and has a proper gate?

Yes

Will you chain/ an animal?

NO

Full description of the fencing and gate:

Clearou front, u'backe Sides Height: ± 2M.

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?

Pre Home Inspection Fee:

R100

Receipt No:

10115

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

MSZ

Date of application

22/06/26



Garden Route

DOG / CAT	Breed	Male/Female
Microch	992003000650805	

This animal is given to you in the full and conscious 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/Ms/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 38 Le Roux Street

TEL No (H): Reebok

TELEFOON Nr (H):

CELL No:
SELFPOON Nr: 072 8994311

E-MAIL: kika.v282@gmail.com
E-POS:

ADOPTION FEE:
AANEMINGSVOOI: R850

VEHICLE REG No. CB5 88004
VOERTUIG REG Nr.

SIGNATURE
HANDTEKENING: M7

DATE / DATUM: 13/7/2026

ADMISSION No.
TOELATINGSNR.

MA0333



Garden Route

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

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 plig 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 daarvoor 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 kliënt skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoonde 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 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.

Annerika van Zyl

ID/PASSPORT No.:

ID/PASPOORT Nr.: 8201090127081

(B):

(W):

FAX No:

FAKS Nr:

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

10196

VEHICLE MAKE:
VOERTUIG MAAK:

Toyota

COLOUR:
KLEUR:

Wit.

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:



I1318949-2
Annerika Van Zyl
38 le roux street
rheebok
kleinbrakrivier
6503

Computer Generated

Statement

Account number: I1318949-2
Statement Date: 03/07/2026

Account summary:

Date	Description	Item number	Reference	Amount	Total
04/06/2026	BALANCE FWD			2,804.78	2,804.78
09/06/2026	Payment	SCZ426171	486226171	-1,449.73	1,355.05
25/06/2026	Payment	SCZ510358	486556358	-1,355.05	0.00
01/07/2026	Invoice	H1-1X5FC8	Combined	1,353.05	1,353.05

Total due on 27/07/2026

1,353.05

Terms of Payment

Always remember that your account is due by the last day of each month. If your account is not paid by this date, your line may be locked. Need to make payment arrangements? Then call us on 135 free from a Vodacom cellphone or on 082 135 from any other phone. Should your payment be returned, a charge may be levied.

Ways To Pay

Debit order

There's one less thing to remember at the end of the month - all you need is the convenience of a debit order. Every month the amount you owe is automatically deducted from your account. You can choose which day the payment is sent to us: 1st, 7th, 10th, 15th, 18th, 20th, 22nd, 24th, 25th, 27th, 28th, 29th or last working day of the month. For more information on how to pay by debit order, call us on 135 free from your Vodacom cellphone or 082 135 from any other phone.

Over the counter payments

Pay over the counter at any Standard bank, ABSA, FNB or Nedbank branch. Make sure you have clearly and accurately stated your name and account number on the relevant payment form and provide your bank with a copy of your Vodacom invoice. Please note: Banks cannot accept any Vodacom account payments if a copy of your Vodacom invoice is not provided.

ATM

Most banks offer this facility. In order to make use of this service, select Vodacom(Pty) Ltd from the beneficiary list supplied by your bank.

Internet

Simply :

- Log on to your bank's website
- Select Vodacom(Pty) Ltd as a beneficiary.

Remember to always use your Vodacom account number (see overleaf for your account number) as your reference number. If your account number is N0012456-6, enter it as N0012456 (leave out the dash)

Shoprite / Checkers

Did you know? Contract customers can now pay their bill at Shoprite or Checkers stores. You can simply pay your account at the Money Market counter inside any Shoprite or Checkers store nationwide

The VodaPay App

VodaPay lets you easily check your account balances, buy airtime, data, voice, and other bundles - all available 24/7. You can also pay bills and monitor transactions directly from your cellphone.

VodaPay is built to simplify your life. Shop, pay for utilities, buy electricity, send money, and unlock great deals - safely and securely.

Download the VodaPay app from your favourite app store or scan this QR code to get started



Need to know



Important contact numbers

Customer Care : 082 135
Sales & Upgrades : 082 17844
Device Insurance : 082 1952
Vodacom Repairs : 082 1944



Frequently asked questions

Q: As a Vodacom roaming customer, who can I call for assistance while travelling internationally?

A: A Vodacom Customer Care agent is simply an SMS away, even when you are travelling internationally. Send an SMS to +2782135 and your query will be attended to. If you wish to speak with a Customer Care agent, simply SMS a landline number to +2782135 and we will call you back!

Standard roaming rates apply.

Our Code of Conduct

As our valued customer, we are committed to provide you with exceptional customer experience. Please visit our website on <https://www.vodacom.co.za/vodacom/terms/code-of-conduct> for our Code of Conduct.



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0333DATE: 13/07/26between Mosselbay SPCA

and

Name Annerika van ZylAddress 38 Le Roux Straat, ReebokTelephone Numbers (H) 0728994311 (B)to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name _____ Sex Female Age 8 weeksDescription TabbyOn (due date) End August Adoption Form No. MA 0333on 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: [Signature] For SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

