

# ADOPTION CHECKLIST

ADMISSION NO:

T 0964

CONTRACT NO:

MA0344

☒ 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 15/ September

☒ Copy of Vaccination Record/ Certificate

☒ Microchip

☒ Microchip Registration- chip number \_\_\_\_\_

Adoptee INFO:

Name & Surname Michelle Badenhorst

Contact INFO: 061 074 2630

15/07/26



992003000650879

Completed by: [Signature]

Date: 02/07/26

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.*



## ANNEXURE A

### Additional household members and emergency contacts

#### 1. Spouse details

- Full name : Johannes Urbanus Badenhorst
- Contact number : 079 565 9932
- Email address : hbhansie123@gmail.com

#### 2. Additional family member/friend details

- Full name : Charlain du Toit
- Contact number: 076 813 9073
- Email address : charlaine@icloud.com

#### 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

JB.

Date

02/07/2026



## MICROCHIPPED ANIMAL REGISTRATION FORM

### MICROCHIP NUMBER



992003000650879

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

Vet Practice Number \*

Vet Practice Name \*

Vet Practice Phone - Daytime \*

### PET OWNER INFORMATION

Cell No. \* 061 074 2630

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications

E-mail \* dutoitmichelle11@gmail.com

if possible, please provide a personal email, not a company email

Title \* MRS

Initials \* M

Surname \* BADENHORST

Street C202 The Cliffs

City

Suburb 2 Alof Drive

Area Code DA NOVA

Country

Province

Phone - Day time

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 \* 02 - 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 Julie Olive Badenhorst

Date of birth

Species \* CANINE

Breed \* DAXI Y

Colour Black + TAN

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 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 \_\_\_\_\_ 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](http://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](mailto:backhome@virbac.co.za) or [backhome.support.external@virbac.co.za](mailto:backhome.support.external@virbac.co.za)
- By App Download the Virbac Backhome Africa App





REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD

Surname:  
**BADENHORST**  
Names:  
**MICHELLE**  
Sex:  
**F**  
Nationality:  
**RSA**  
Identity Number:  
**0011100256087**  
Date of Birth:  
**10 NOV 2000**  
Country of Birth:  
**RSA**  
Status:  
**CITIZEN**



Signature:



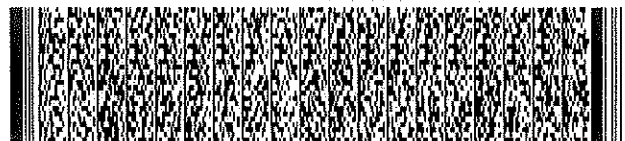
Conditions:

This card has been issued by the  
Department of Home Affairs in terms of the  
Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs  
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:  
**18 JUN 2026**

300897757







REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD

Surname  
**BADEHORST**  
Given name  
**JOHANNES URBANUS**  
Sex  
**M**  
Nationality  
**RSA**  
Identity Number  
**9802065068082**  
Date of Birth  
**06 FEB 1998**  
Country of Birth  
**RSA**  
Status  
**CITIZEN**



Signature  
*Johannes Badehorst*



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 40

12 FEB 2011



D00226955



MOSSEL BAY MUNICIPALITY  
MOSSELBAAI MUNISIPALITEIT  
UMASIPALA WASEMOSSELBAYI



|                       |                 |
|-----------------------|-----------------|
| ACCOUNT NUMBER:       | 70-021106-039-1 |
| DATE OF ACCOUNT:      | 23/06/2026      |
| LAST RECEIPT DATE:    | 22/06/2026      |
| PREPAID METER NUMBER: |                 |

VAT REG. NO.

Name:

M & C EIENDOM BELEGINGS PTY/L

Street Address:

3202 VIEW A BAY NEW SUNNYSIDE X6

TAX INVOICE MONTHLY ACCOUNT

| SERVICE DEPOSIT: | 0.00 | ERF NUMBER: 106000/0202 | TOTAL VALUATION: 1300000 | WARD No: 9 |
|------------------|------|-------------------------|--------------------------|------------|
|------------------|------|-------------------------|--------------------------|------------|

| DATE       | DETAILS                          | AMOUNT   |
|------------|----------------------------------|----------|
| 19/06/2026 | B/F BALANCE                      | 1140.98  |
| 19/06/2026 | 300009 REFUSE                    | 320.62 * |
| 19/06/2026 | 400009 SEWERAGE                  | 365.61 * |
| 19/06/2026 | RATES INSTALLMENT                | 454.43   |
|            | RECEIPTS                         | 1140.00- |
|            | Balance Carried Forward          | 0.64-    |
|            | VAT ON '*' ITEMS: 89.50 ACB TOT: | 0.00     |

| CREDIT | 60 DAYS | 30 DAYS | CURRENT | Amount Due |
|--------|---------|---------|---------|------------|
| 0.00   | 0.00    | 0.00    | 1141.64 | 1141.00    |

|                                            |                        |                       |
|--------------------------------------------|------------------------|-----------------------|
| PAYMENT MUST BE MADE ON OR BEFORE DUE DATE | DUE DATE<br>15/07/2026 | AMOUNT DUE<br>1141.00 |
|--------------------------------------------|------------------------|-----------------------|



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

PREDEFINED BENEFICIARY:  
Standard Bank MOSSEL BAY MUNICIPALITY  
REF NO. 700211060391

Standard Bank

EasyPay

pay@

11379 700211060391

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.



M & C EIENDOM BELEGINGS PTY L  
94 RODGERS STREET  
MOSSEL BAY  
6500



70-021106-039-1

Fold and tear on perforation.

You en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

## BELANGRIKE KENNISGEWING

Hierdie rekening word ooreenkomstig die Raad se toepaslike beleid gelewer.

### SPERDATUM:

Rekeninge is betaalbaar wanneer gelewer. Die sperdatum op die rekening is slegs van toepassing op die lopende rekening en nie op die agterstallige gedeelte van die rekening nie. Bedrae wat onverreken is na die vervaldatum is agterstallig en die dienste kan opgeskort word sonder verdere kennisgewing.

### METODES EN PLEKKE VAN BETALING:

1. POSORDERS moet gekruis en aan Mosselbaai Munisipaliteit betaalbaar gemaak word.
2. Betalings sal eerstens toegewys word na die oudste skulde (ongewatte tipe diens), waarna dit in vooraf bepaalde prioriteitsvolgorde toegewys sal word.
3. **Betalings kan soos volg gemaak word:**
  - 3.1 by enige van die MUNISIPALE KANTORE Maandae tot Vrydae (vakansiedae uitgesluit) 08:00 tot 15:30 (Mosselbaai kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nonquba kantore).
  - 3.2 by enige PICK n PAY, SHOPRITE, CHECKERS of SPAR winkel. Let wel dat minstens 48 uur toegelaat moet word vir die verwerking van alle derde party betalings.
  - 3.3 deur direkte BANK- en of ELEKTRONIESE BETALINGS by STANDARD BANK waar Mosselbaai Munisipaliteit as begunstigde gegee word. U rekeningnummer moet as verwysing gebruik word.
  - 3.4 deur outomatiese BANKAFTREKKINGS. Voors hiervoor is beskikbaar by enige van die Munisipale kantore.

### RENTE:

Rente sal ingevolge die Raad se beleid op agterstallige bedrae gehef word.

### OPSKORTING VAN DIENSTE:

Die toevoer van dienste mag, indien enige bedrag na die sperdatum verskuldig is, sonder verdere kennisgewing opgeskort word. Die deposito sal terselfdertyd hersien word en toeslag, soos van tyd tot tyd deur die Raad bepaal, sal bygevoeg word ongeag of die toevoer lisies gestaak is al dan nie.

### REFEENINGE:

Indien geen rekening ontvang is teen die 10de van 'n maand nie, moet 'n afskrif vanaf die Munisipaliteit aangevra word. Die rekening moet te alle tye getoon word wanneer 'n betaling gemaak word.

### BEÏNDIGING VAN DIENSTE:

Wanneer 'n perseel ontruim word moet die vertrekkeende gebruiker die Munisipaliteit minstens 15 dae vooraf skriftelik kennis gee. Versuim hiervan sal tot gevolg hê dat die persoon aanspreeklik bly vir kostes gehê tot datum wat die kennisgewing ontvang en verwerk is.

### VOORAFBETAALDE KRAAG:

Waar 'n voorafbetaalde elektrisiteit meter in gebruik is en enige van die ander dienste op die perseel agterstalling is, sal slegs eenhede vir 'n gedeelte van die bedrag, wat aangebied word, uitgereik word terwyl die res van die bedrag teen die uitstaande rekening verdiskonteer sal word. (Die persentasie verdeling word van tyd tot tyd deur die Raad bepaal)

## IMPORTANT NOTICE

This account has been rendered in terms of Council's relevant policies.

### DUE DATE:

Accounts are payable when rendered. The due date on the account is applicable on the current portion of the account and not the arrear portion. Amounts, which remain unpaid after the due date, are in arrears and services may be suspended without any further notice.

### METHODS AND PLACES OF PAYMENT:

1. POSTAL ORDERS must be crossed and be made payable to Mosselbaai Municipality.
2. Payments will always be appropriated to the oldest account (notwithstanding the kind of service) where after it will be appropriate in order of a predetermined priority.
3. **Payments can be made:**
  - 3.1 at any of the MUNICIPAL OFFICES from Mondays to Fridays (public holidays excluded) 08:00 to 15:30 (Mossel Bay Office) and 08:00 to 15:00 (Great Brak River, Hartenbos, D'Almeida and Kwa Nonqaba offices).
  - 3.2 at any PICK n PAY, SHOPRITE, CHECKERS and SPAR shop. Please note that at least 48 hours should be allowed for processing of third party payments.
  - 3.3 by direct BANK - and/or ELECTRONIC PAYMENTS to STANDARD BANK using Mossel Bay Municipality as beneficiary. Your Municipal account number must be used as the reference number.
  - 3.4 by way of an automatic debit order. These forms are available at any of the Municipal Offices.

### INTEREST:

Interest will be levied on arrear accounts in terms of Council's policy.

### SUSPENSION OF SERVICES:

The supply of services may be disconnected without any notice, if any arrear is due after the expiry date. The deposit will simultaneously be revised as surcharge, as determined by council from time to time, will be added when the supply had been physically disconnected or not.

### ACCOUNTS:

If no account has been received by the 10th of a month, a copy should be obtained from the Municipality. The account must at all times be produced when payments or enquiries are made.

### TERMINATION OF SERVICES:

When premises are vacated, the consumer leaving such premises must give the Municipality 15 day's written notice prior to leaving. Failing to do so will result in this person being held liable for any levies until the date when written notice is received.

### PRE-PAID ELECTRICITY:

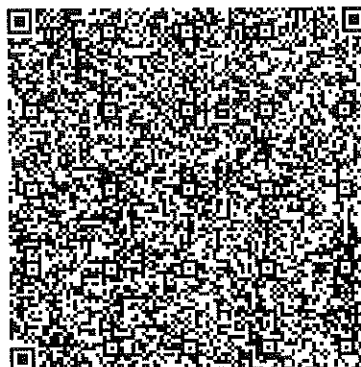
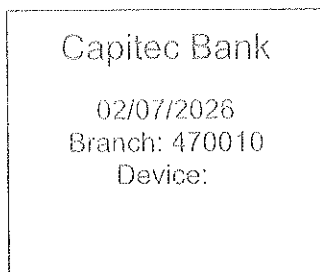
Where a pre-paid electricity meter is in use and any of the other services on the property is in arrears, only units to the value of a portion of the arrear will be issued, the rest of the amount will be allocated to the arrear account. (The percentage of the division will be as determined by Council from time to time)

One of the Global One money management products or services

## Proof of Account Details



SkyQR reference: 7277-5476-3477



    
Validate this document by using the SkyQR App  
or visit [www.capitecbank.co.za/verify-authenticity](http://www.capitecbank.co.za/verify-authenticity)

To Whom it May Concern

We hereby confirm that Ms Michelle Du Toit has the following account(s) at Capitec Bank Limited on 02/07/2026:

### Client Details

Name: Michelle Du Toit  
ID/Passport Number: 0011100256087  
Residential Address: C202 The Cliffs, 2 Alhof Drive, Da Nova, Mosselbaai, 6500  
Postal Address: 94 Rodgerstraat, Linkside, Mosselbaai, 6500

### Account Details

Account Status: Active  
Account Type: Savings  
Account Number: 2008826062  
Bank Name: Capitec  
Branch Code: 470010  
Date Opened: 2022-09-15

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.



Olive.  
K33 Daxi X.

## 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 Michelle Badenhorst

HOME ADDRESS: C 202 The cliffs, 2 Alhof Drive, Da Nova,  
Mosselbaai ID NO.: 00111 00256087

POSTAL ADDRESS: C 202 The cliffs, Da Nova, 6500

TEL NO (H): 061 074 2630 (B): 076 565 9932

CELL NO: 061 074 2630 FAX NO: \_\_\_\_\_

EMAIL: dutoitmichelle11@gmail.com

Address where animal will be kept: C 202 The cliffs, Da Nova, 6500

Occupation: Family Business (Du Toit Motors)

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 at first sight!

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? \_\_\_\_\_

Can you afford private fees? Yes Who is your vet? Hans (Mosselbaai Dier hospital)

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

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? 0 CATS? 0 OTHER? 0

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

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

Full description of the fencing and gate: Apartment, she will live inside Height: \_\_\_\_\_

What shelter is provided: OUTDOORS Indoors KENNEL \_\_\_\_\_ OTHER \_\_\_\_\_

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

Pre Home Inspection Fee: R100 Receipt No: 10136

**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 MB Date of application 29/06/2026



Garden Route

|           |                 |             |
|-----------|-----------------|-------------|
| DOG / CAT | Breed           | Male/Female |
| Micro     | 992003000650879 |             |

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/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS

WOONADRES: C202 The Cliffs,

TEL No (H): 2 Alof Drive, Oa Nova

TELEFOON Nr (H):

CELL No:

SELFOON Nr: 061 074 2630

E-MAIL:

E-POS: dutoitmichelle11@gmail.com

ADOPTION FEE:

AANEMINGSVOOI: R850

cash / eft / card  
kontant / eft / kaartDONATION:  
DONASIE:

KWITANSIE Nr

RECEIPT No.

VEHICLE REG No.

VOERTUIG REG Nr: CBS 69678

VEHICLE MAKE:

VOERTUIG MAAK: Toyota Rav4

COLOUR:

KLEUR: Silver

SIGNATURE

HANDTEKENING: See book.

DATE / DATUM: 02/07/26

ADMISSION No.  
TOELATINGSNR.

MA0344



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 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 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 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 verdore 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.



992003000650879

ADMISSION NO

T 0964

## PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☐ YES / ☐ NO

DATE UNDERTAKEN: 30/6/26

TIME: 11:18

NAME OF APPLICANT: Michelle Badenhorst

ADDRESS: C202 The Cliffs, 2 Alof Drive, Da Nova

HOME TEL No: CELL No: 061 074 2630

ANIMAL(S) ADOPTING: Daxi

SEX: Female

AGE: 3 months

## PRE- HOME INSPECTION:

| PROPERTY DESCRIPTION <i>Sec Gate</i>              |                                                                       |                                       |                                                                       |
|---------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|-----------------------------------------------------------------------|
| Type and height of fence: <i>Sec Gate More 2m</i> | Suitability of fence (i.e. small pets can't escape):                  |                                       |                                                                       |
| Suitable shelter? (i.e. Kennel in protected area) | YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/> | Any sign of Chain/Runner?             | YES <input type="checkbox"/> / NO <input checked="" type="checkbox"/> |
| Is the front yard separated from the back?        | YES <input type="checkbox"/> / NO <input checked="" type="checkbox"/> | If yes, what partitioning?            |                                                                       |
| Any hazards? (pool, rubble, razor wire, etc)      | YES <input type="checkbox"/> / NO <input checked="" type="checkbox"/> | Specify:                              |                                                                       |
| Does applicant live at the address?               | YES <input checked="" type="checkbox"/> / NO <input type="checkbox"/> | How many animals are on the property? | <i>None</i>                                                           |

| DESCRIPTION OF ANIMALS ON PROPERTY |                                                            |                                                            |                                                            |                                                            |                                                            |
|------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|
|                                    | 1                                                          | 2                                                          | 3                                                          | 4                                                          | 5                                                          |
| BREED                              |                                                            |                                                            |                                                            |                                                            |                                                            |
| CONDITION                          |                                                            |                                                            |                                                            |                                                            |                                                            |
| WELFARE (good?)                    |                                                            |                                                            |                                                            |                                                            |                                                            |
| SEX & AGE                          | /                                                          | /                                                          | /                                                          | /                                                          | /                                                          |
| STERILISED                         | YES <input type="checkbox"/> / NO <input type="checkbox"/> | YES <input type="checkbox"/> / NO <input type="checkbox"/> | YES <input type="checkbox"/> / NO <input type="checkbox"/> | YES <input type="checkbox"/> / NO <input type="checkbox"/> | YES <input type="checkbox"/> / NO <input type="checkbox"/> |

## OTHER INFORMATION / COMMENTS

*Day stays in house*

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☒ LARGE DOGSINSPECTED BY: *CNoudoe*SPCA: *Mosselbay*SIGNATURE: *[Signature]*

## POST HOME INSPECTIONS

| DATE | RESULT | REMARK | BY WHOM |
|------|--------|--------|---------|
|      |        |        |         |
|      |        |        |         |
|      |        |        |         |

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



# ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

|                             |           |                             |             |
|-----------------------------|-----------|-----------------------------|-------------|
| KENNEL No. <u>15011 K33</u> |           | ADMISSION No. <u>T 0964</u> |             |
| Stray                       | Surrender | Abandoned                   | Returned    |
| Date In                     | Time In   | Impounded                   | Confiscated |
| Request for euthanasia      |           | Date for release            |             |

|                                            |     |                            |     |              |
|--------------------------------------------|-----|----------------------------|-----|--------------|
| <b>IDENTIFICATION &amp; LOST AND FOUND</b> |     | Lost & Found checked       | Yes | Lost & Found |
| Microchip/Collar or ID tag found           | Yes | No                         | No  | Date checked |
| Date scanned or checked                    |     | Microchip or ID Tag number |     |              |

|                                  |                             |      |                         |      |
|----------------------------------|-----------------------------|------|-------------------------|------|
| <b>DESCRIPTION &amp; HISTORY</b> | Dog                         | Cat  | Other species (Specify) |      |
|                                  | Breed                       |      | Colour and Markings     |      |
|                                  | Condition                   |      | Sex                     | Age  |
|                                  | Temperament                 |      | Sterilisation Details   | Name |
|                                  | Coat                        | Tail | Teeth Condition         | Ears |
|                                  | Area found / collected from |      | Size                    | Date |
|                                  | Reason for surrender        |      |                         |      |

| ASSESSMENT |     |    |
|------------|-----|----|
| ITH:       | YES | NO |
| gs         |     |    |
| < / Other  |     |    |
| ces        |     |    |
| COMMENTS:  |     |    |

|                     |         |
|---------------------|---------|
| Surrendered by      | Name    |
| Found by            |         |
| Residential Address |         |
| Postal Address      |         |
| Tel (H)             | Tel (W) |
| Email               | Cell    |
| Donation R          | Cash    |
| Card                | EFT     |
| (Receipt No.)       |         |

PLEASE INSIST ON A RECEIPT

dated: OB No: \_\_\_\_\_ Case No: \_\_\_\_\_ Inspector: \_\_\_\_\_

## 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 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                               | Witness for Society         |
| <b>FOR OFFICE USE: PENDING ADOPTION</b> |                             |
| 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.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dierfe, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met die dien verstande dat die Vereeniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereeniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesterriliseer is nie.

### REQUEST FOR EUTHANASIA

|                              |  |                               |  |
|------------------------------|--|-------------------------------|--|
| Owners authorising signature |  | Witness for Society signature |  |
| Reason for Euthanasia        |  |                               |  |

Euthanase Bottle No: \_\_\_\_\_ Quantity used: \_\_\_\_\_ AWA: \_\_\_\_\_

### CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) \_\_\_\_\_

Residential Address: \_\_\_\_\_

Tel No (h): \_\_\_\_\_ Tel No (w): \_\_\_\_\_ Cell No: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Reclaim Charge: \_\_\_\_\_ Added Donation: \_\_\_\_\_ Cash/EFT/Card (Receipt No.) \_\_\_\_\_

ID/Passport No: \_\_\_\_\_ Copy Attached: Yes ☐ No ☐

Vehicle Model \_\_\_\_\_ Colour \_\_\_\_\_ Reg. No: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness for Society \_\_\_\_\_

Microchip / and ID tag  992003000650879 Date 02/07/2026

### MEDICAL RECORD

| Date     | Remarks              | Treatment | Cost |
|----------|----------------------|-----------|------|
| 19/06/26 | Vaccinate and deworm |           |      |
|          |                      |           |      |
|          |                      |           |      |
|          |                      |           |      |
|          |                      |           |      |

#### PTS APPROVAL

| NAME | SIGN |
|------|------|
|      |      |
|      |      |
|      |      |

# WESVAC VALVED UN

VET SIGNATURE

VACCINE AND BATCH NO.

350

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.



Figure 1

[illegible]

# Introduction

2000

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

[illegible]

DATE

Now!

**Nobivac® DHPPi** (Reg. No. G2377 Act 36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947), **Nobivac® Canine-1 DAPVP** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3893 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantis® Tablets** (Reg. No. G2717 Act 36/1947) Contains Praziquantel (sopincione), 50 mg/tablet and Fenbendazole (berzindazole) 500 mg/tablet. **Extel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel (sopincione), 150 mg, Fluralaner per kg body weight.

Febantel 525 mg, Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg of febantel per 100 mg of febantel.

MSD  
Animal Health

Intel Plus  
Intel Plus XI



REPAVCTO.

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# I WAS DEWORMED ON

DATE

PRODUCT

DATE

PRODUCT

**Quantel**

**Quantel Plus** **Quantel Plus XL**

DEWORMER FOR DOGS AND CATS

DEWORMING FOR MAXIMAL HEALTH BENEFITS

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when an older cat very important for keeping me healthy!

## 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

PRACTICE STAMP

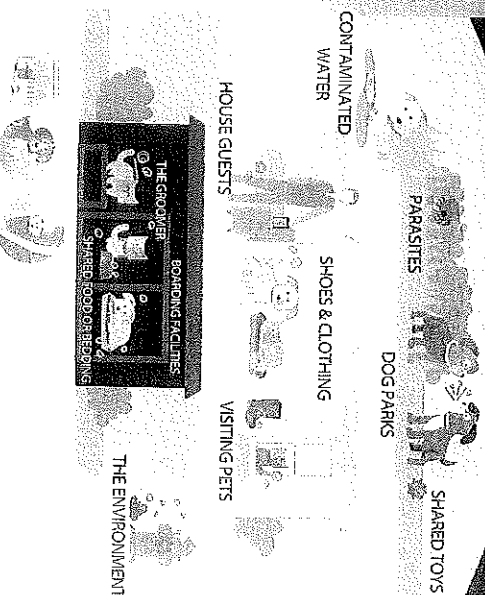


Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1997/006580/07  
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA  
Tel: +2711 923 8300, Fax: +2711 392 3156, Sales Fax: 086 803 1777  
www.msdl-animal-health.co.za ZA-NOV-21120001

## VACCINE RECORD CARD

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



PET'S NAME

MY VET



## STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0344DATE: 01/07/26between Mosselbay SPCA

and

0011100256087duo it michelle11@gmail.comName Michelle BadenhorstAddress C 202 The Cliffs, 2 Alop Drive, Da NovaTelephone Numbers (H) 061 074 2630 (B)to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name Sex Female Age 10 weeks

Description

On (due date) September Adoption Form No. MA 0344on 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: \_\_\_\_\_

## CONFIRMATION OF STERILISATION:

Vet: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_

