

ADOPTION CHECKLIST

ADMISSION NO:

T 0936

CONTRACT NO:

MA 0355

- ☒ 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 Dr E.C. Uys

Contact INFO: 0827263719

15/07/26



Completed by: [Signature]

Date: 11/07/26

Manager: _____

Date: _____

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

This checklist must be completed and attached to the front of every adoption that has been processes.

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



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
UYS
Name:
EBENEZER CHRIS
Sex:
M
Nationality:
RSA
Identity Number:
8408186069065
Date of Birth:
18 AUG 1984
Country of Birth:
RSA
Status:
CITIZEN



Signature

Chris Uys



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 50

Date of Issue:
08 JAN 2015

RSA

001349573



ANNEXURE A

Additional household members and emergency contacts.

1. Spouse details

- Full name : LIZE-MALI UYS
- Contact number : 084 555 0718
- Email address : ~~lizemali~~ uys.lizemali@gmail.com

2. Additional family member/friend details

- Full name : Antoinette Prinsloo
- Contact number: 082 455 9715
- Email address : _____

3. Precious SPCA Adoption

- Have you previously adopted from SPCA (Yes/No) Yes
- If yes, when? 2013
- Where? Secunda / Evander
- What animal did you adopt? Cross breed.

I, the adoptee, confirm that I have read and fully understand the adoption contract in it's entirety.

Signature



Date

11/07/2026.

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000650801

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

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

PET OWNER INFORMATION

Cell No. * 0827263719

E-mail * ebenuys@gmail.com

Title * DR

Initials * E.C.

Surname * UYS

Street 31 21st AVE

City

Suburb

Area Code LINKS106

Country

Province

Phone - Day time

Phone - Night 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.

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 * 09.07.2026

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name NALA

Date of birth

Species * CANINE

Breed * X-BREED

Colour BROWN

Markings

Gender Male ☒ 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 Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE [Signature]

REGISTRATION PROCESS - Please use one of the following option to register on the backhome database

- 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

MY OWNER

NAME

OR C. C. WYS

POSTAL ADDRESS

STREET ADDRESS

31 21st Ave, Linkside

Mosselbay

PHONE NO.

WORK PHONE

CELLPHONE

0827263719

REGISTERED DETAILS

ME

SPECIES

CANINE

BREED

X BREED

COLOUR

BROWN

SEX

FEMALE

DATE OF BIRTH

VIDEOS/PHOTOS

992003000650801

SEALING MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

31/07/26

I WAS VACCINATED ON

DATE

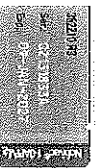
VACCINE AND BATCH NO.

VET SIGNATURE

05/06/26

Batch: A267801
Exp: 11-2027

03/07/26



[Signature]

[Signature]

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

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[Signature]

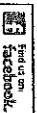
[Signature]

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's 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 (scofenol) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 304 mg pyrantel embonate) and 144 mg pyrantel embonate) and Fenbendazole 500 mg/tablet. Exitel Plus XL (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.



MSD Animal Health

Quantel

Exitel Plus

Exitel Plus XL

PRADA/ETN

facebook.com/BravectoSouthAfrica

IT WAS DEMONSTRATED ON

DATE PRODUCT DATE PRODUCT

05/04/26 Milpro

03/07/26 Milpro

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that it accompanies the animal.

1. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
2. The rabies vaccine immunity is valid;
3. 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 532
George, 6530
Ph (044) 693 - 0824

SIGNATURE

PRACTICE STAMP

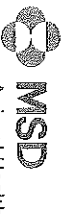
CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOB/DOB'S NAME

PRACTICE STAMP



Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 5300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msdafrica.com

VACCINE RESPONSIBILITY

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



PET'S NAME

DOB/DOB'S NAME

GARDEN ROUTE SPCA

MOSSSEL BAY

18 BILL JEFFERY AVE

KWANONQABA

044 693 0824

072 287 1761

theatre@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

K42
Brown

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): Dr Uys EC

HOME ADDRESS: 31 21st Ave, Linkside

Mossel Bay ID NO.: 8408185058085

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): 0845850718

CELL NO: 0827263719 FAX NO: _____

EMAIL: eben@uys@gmail.com

Address where animal will be kept: 31 21st Ave, Linkside, Mossel Bay

Occupation: Management

Do you own or rent your property: Own Do you have consent from owner / Body Corporate? _____

YES/

Are you a student with consent to keep pets: _____

Reason for wanting animal: Dog for the family

☒ YES/

Is the animal for yourself? _____

YES/

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary _____

What breed of dog or cat are you interested in? Small dog

Can you afford private fees? Yes Who is your vet? Mossel Bay Animal Clinic

How many animals live on the property? DOGS? 1 CATS? 0 OTHERS _____

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

Are all your animals sterilised? Give details Yes, She is 14 yo.

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? _____ OTHER? _____

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

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

Full description of the fencing and gate: Brick walls, wooden gate Height: 1.8m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Indoor

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? Yes

Pre Home Inspection Fee: R100.00 Receipt No: MB410165

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 [Signature] Date of application 6/7/28



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male / Female
Microchip		

992003000650801

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/Mr/Mej (Insluitende voorletters):

HOME ADDRESS
 ADDRESS: 31 21st Ave, Links side
 TEL No (H): Mosselbay
 TELEPHONE Nr (H):

CELL No:
 TELEPHONE Nr: 0827263719

EMAIL:
 POS: cbenuys@gmail.com

ADOPTION FEE:
 ADOPTIONSVOOI: R850
 VEHICLE REG No.
 VOERTUIG REG Nr: LJ72NZGP

SIGNATURE
 ONDEKENING:
 DATE / DATUM: 11/07/2026

ADMISSION No.
TOELATINGSNR.

MA0355



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 ontkostes 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 ontkostes wat die DBV mag aangaan, insluitende die regskostes 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 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 wredeheid 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.

E. C. Uys

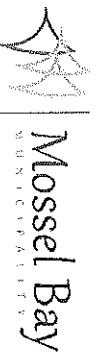
ID/PASSPORT No.:
 ID/PASPOORT Nr.: 8408185058085

(B):
 (W):
 FAX No:
 FAKS Nr:

DONATION:
 DONASIE: R150
 KWITANSIE Nr
 RECEIPT No. 10192

VEHICLE MAKE:
 VOERTUIG MAAK: VW POLO
 COLOUR:
 KLEUR: WHITE

WITNESS FOR SOCIETY:
 GETUIE VIR VEREENIGING:



MOSSEL BAY MUNICIPALITY
MOSELBAI MUNISIPALITEIT
UMASIPALA WASEMOSELBAYI

ACCOUNT NUMBER: 58-003841-002-7

DATE OF ACCOUNT: 29/06/2026

LAST RECEIPT DATE: 22/06/2026

PREPAID METER NUMBER: 07060379323

VAT REG. NO.

Name:

KLEIN LOFTUS TRUST

Street Address:

31 21STE LAAN MOSSELBAY

TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	0.00	ERR NUMBER:	3841000	TOTAL VALUATION:	2075000	WARD NO:	8
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DATE	DETAILS	AMOUNT
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B/E BALANCE

01/06/2026 DP-COST ADMIN FEE

19/06/2026 07060379323ELECTRICITY 07/06/2026-10/06/2026

BASIC

VAT/BTW

19/06/2026 AMR1204390WATER 23/04/2026-25/05/2026

1252 - 1275 (23 KI 32 Days)

BASIC

07/25

14.73 @

1.96 @

VAT/BTW

SEWERAGE

REFUSE

RATES INSTALLMENT

RECEIPTS

AUXILIARY RECEIPTS

VAT ON ** ITEMS:

235.15

ACB TOT:

0.00

365.61*

320.62*

754.16

5700.00-

2470.32-

499.89*

496.89*

4941.86

104.80*

496.89*

496.89*

496.89*

496.89*

496.89*

496.89*

496.89*

496.89*

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
686.69-	0.00	0.00	0.00	686.69-

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE 15/07/2026	AMOUNT DUE 686.69-
--	---------------------	--------------------

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

VAT NO. / BTW Nr. 4830118370

Payment Details / Betaalings besonderhede



Standard Bank
PREDEFINED BENEFICIARY,
MOSEL BAY MUNICIPALITY
REF NO. 580038410027



>>>>915265800384100278



11379 580038410027

Message / Boodskap

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

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

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



Mossel Bay
MUNICIPALITY

KLEIN LOFTUS TRUST
119 FALKIA LINK
MOSEL BAY
6506



58-003841-002-7



5860107d

BELANGRIKE KENNINGSLEWING

Hierdie rekening word voortgekompstig die Raad se toepaslike beleid gelewer.

SPERDATING:

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. Betre wat onvroul is na die vervaldatum is agterstallig en die diensie 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 sekerstans toegegewys word na die oudste skuld(ongegewantier tipe diens), waarna dit in vooraf bepaalde prioriteitsvolgorde toegegewys sal word.
3. **Betalings kan soos volg gemaak word:**
 - 3.1 by enige van die **MUNISIPALE KANTORE** Maandae tot Vrydae (vakansiedae uitgeklant) 08:00 tot 15:30 (Mosselbaai kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D' Almeida en Kwa Nongaba kantore).
 - 3.2 by enige **PICK n PAY, SHOPRITE, CHECKERS** of **SPAR** winkel. Let wel dat minstens 48 uur teegelan 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. E rekeningnominer moet as verwysing gebruik word.
 - 3.4 deur outomatiese **BANK-AFTREKKINGS**. Voms hiervoor is beskikbaar by enige van die Munisipale kantore.

RENT:

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

OPSKORTING VAN DIENSTE:

Die toever van diensie nage, indien enige bedrag na die sperdatum verskuldig is, sonder verdere kennisgewing opgeskort word. Die deposito sal terselfdertyd herstel word en toeslag, soos van tyd tot tyd deur die Raad bepaal, sal bygevoeg word ongeg of die toever lites gestank is al dan nie.

REKENING:

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

BEPINDIGING VAN DIENSTE:

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

VOORAFBETAALDE KRAG:

Waar'n voorafbetaalde elektriese meter in gebruik is en enige van die ander diensie op die perseel agterstallig is, sal slegs eenhede vir 'n gedeelte van die bedrag wat aangebied word, ingerek word terwyl die res van die bedrag teen die uitstaande rekening verdukskonter sal word. (Die persentase 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 may be suspended without any further notice.

METHODS AND PLACES OF PAYMENT:

1. **POSTAL ORDERS** must be crossed and be made payable to Mossel 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 Nongaba 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 amount is due after the expiry date. The deposit will simultaneously be revised to 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 written notice is received.

PRE-PAID ELECTRICITY:

Where a pre-paid electricity meter is in use and any of the other services rendered 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)

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K 875 22 42</u>				ADMISSION No. <u>T 0936</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>04/06/26</u>		Time In	<u>15:15</u>	Date for release	

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

DESCRIPTION & HISTORY	Dog ☒	Cat	Other species (Specify)				
	Breed	<u>P Breed</u>	Colour and Markings <u>Brown</u>				
	Condition	<u>Fair</u>	Sex	<u>♀</u>	Age	<u>10 weeks</u>	
	Temperament	<u>Fair</u>	Sterilisation Details	<u>NO</u>	Name		
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition <u>Good</u>	Ears <u>UP</u>	Size	<u>Small</u>	
	Area found / collected from <u>ASIA</u>					Date	<u>04/06/26</u>
	Reason for surrender <u>Car not used</u>						

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

Surrendered by	☒	Name	<u>Salina Hoelman</u>
Found by		Residential Address	<u>4655 Calitzderp SW</u> <u>ASIA</u>
Postal Address			<u>N/A</u>
Tel (H)	<u>N/A</u>	Tel (W)	
Email	<u>N/A</u>	Cell	<u>073 880 7522</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: BHO

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	<u>Refer to T0953</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: _____

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 ongesteëliseer 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 / C and ID tag giv

 992003000650801

Date 09/07/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
05/06/26	vaccinate + Milpro		
03/07/26	vaccination + milpro		

PTS APPROVAL

NAME	SIGN



992003000650801

ADMISSION NO

T 0936

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO

DATE UNDERTAKEN: 08/07/26

TIME: 15:41

NAME OF APPLICANT: Dr. Uys

ADDRESS: 31 21st Ave

HOME TEL No:

CELL No:

0827263719

ANIMAL(S) ADOPTING: Dog - small, still deciding

SEX:

AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		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?	1 Dog

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	J R X				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	Female / 14y	1	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Free Roaming

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☒ LARGE DOGS

INSPECTED BY: Mrs. J. J. J. J. J.

SPCA: Mossel Bay

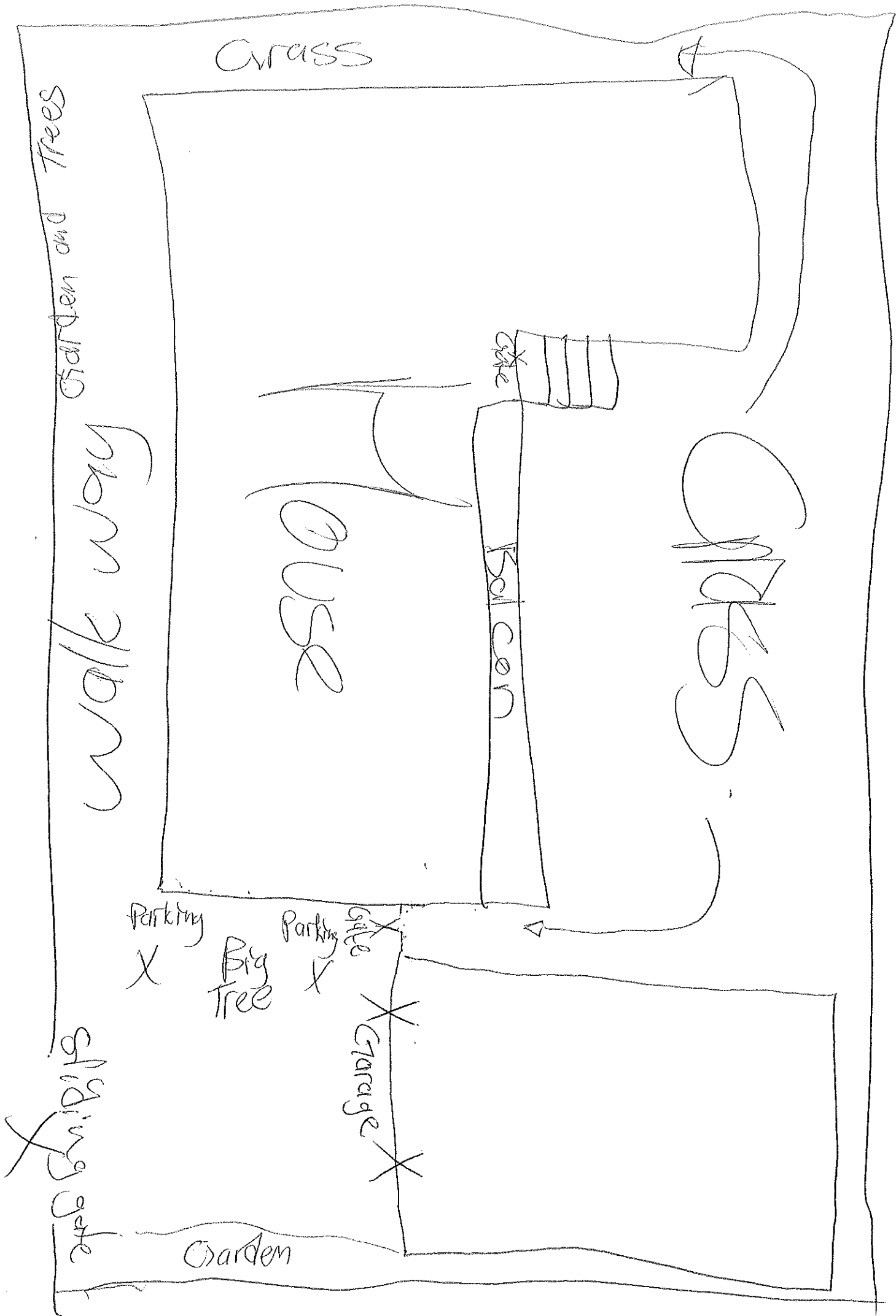
SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

2 en 3 pm





STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0355DATE: 11/07/26between Mosselbay SPCA

and

8408185058085
ebenuy@gmail.comName DR E.C. UysAddress 31 21st Ave, LinksideTelephone Numbers (H) 0827263719 (B) _____to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name Nala Sex Female Age 12 weeksDescription X BreedOn (due date) End August Adoption Form No. MA 0355on 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: _____

