

ADOPTION CHECKLIST

ADMISSION NO:

T 1045

CONTRACT NO:

MA 0332

☒ 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 Leandri Rothman

Contact INFO: 0723816949

15/07/26



992003000650806

Completed by: [Signature]

Date: 10/07/26

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: ROTHMAN
First name: LEANDRI
Sex: F
Issued by: RSA
Issued by Number: 8903110056081
Date of birth: 11 MAR 1980
Country of birth: RSA
Category: 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 0125 60 51 80

Valid until:
01 JUN 2026

204885456



TRUWORTHS

MRS LEANDRI ROTHMAN
7A KEURBOOM STREET
HARTENBOSHEUWELS
HARTENBOS

6520

DATE: 12 Jun 2026	
BILLING PERIOD: 12 May 2026 - 12 Jun 2026	
YOUR ACCOUNT NUMBER 10101118187120	
ACCOUNT LIMIT R 6,000.00	YOU CAN BUY FOR R 5,529.00
ARREARS R 0.00	INSTALLMENT R 142.00
Your amount due is R 142.00	

Statements are accepted as correct unless queried in 60 days.

YOUR BALANCE BROUGHT FORWARD

R 0.00

DATE	TRANSACTIONS	DEBITS/CREDITS
13 June 2026	ANNUAL SERVICE FEE Annual Service Fee Closing Plan Balance	72.00 72.00
01 June 2026	2011341 6 MONTH INTEREST FREE E-Commerce Web Store - Purchase Closing Plan Balance	399.00 399.00
BALANCE AS AT 12 JUNE 2026		R 471.00
PAYMENT DUE DATE: 06 July 2026		AMOUNT DUE R 142.00

Annual Service Fee charged at R72 p.a from 04 May 2026
Interest charged at 25.40% p.a from 29 May 2026

CONTACT US	HOW TO PAY YOUR ACCOUNT
T: +27 21 460 2300 ☎ +27 21 460 2303 E: services@truworths.co.za No.1 Mostert Street, Cape Town, 8001 P.O. Box 4775, Cape Town, 8000	1. Pay Online with a debit or credit card OR with your savings or credit account using EFT Secure. 2. In a Truworths store using cash, debit or credit card. 3. Debit order: initiate online or in any store or call customer care 021 460 2300. 4. EFT or ATM: Bank details: Standard Bank - Current, Account name: TRUWORTHS, Account No. 070296227, Branch Code: 051001, PAYMENT REFERENCE: 10101118187120. 5. EasyPay: send a FREE SMS with your 14-digit acc. no. to 45125 to receive a unique ref. no. to use your account in any store that accepts EasyPay or at easypay.co.za or via the EasyPay app. 6. WhatsApp: for more payment options chat to us via WhatsApp on 021 460 2303.

The annual service fee is charged at R72 p.a. Installments are rounded up to the next R10.00. Interest at 25.40% p.a. will be charged on all interest bearing plans and overdue accounts.

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Derek Rothman
- Contact number : 076 879 4286
- Email address : derek.rothman23@gmail.com

2. Additional family member/friend details

- Full name : Deoné Wolmarans
- Contact number: 072 401 2338
- Email address : deone.snyders@gmail.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

Derek Rothman

Date

10/7/2026

VET SIGNATURE

03/07/26

7 A Keirboom
Harrebosheuwels

0723816949



Felina

ONT

Tabb

Scene



992003000650806

NEXT VACCINATION DUE

25

DATE

ט
ב
ג
ד

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO

VET SIGNATURE

03/07/26



I WAS VACCINATED ON

DATE _____

VACCINE AND BATCH NO

SIGNATURE

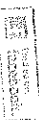
Occurrence of more severe symptoms during winter is a possible confounding factor. Patients in Japan and in Germany had a peak in hospitalization in winter.

Nobivac® DPPi (Reg. No. G2377 AC36/1947), **Nobivac® KC** (Reg. No. G2604 AC36/1947), **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 AC36/1947), **Nobivac® Feline-vCP** (Reg. No. G3880 AC36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 AC36/1947), **Nobivac® Rabies** (Reg. No. G2207 AC36/1947), **Quantel® Tablets** (Reg. No. G2717 AC36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 504 mg pyrantel embonate), and Febantel 525 mg. **Bravecto®** (Reg. No. G4053 AC36/1947) each chew contains 25 mg Furalaner per kg body weight.

Nobivac® **Extri Plus XL** (Reg. No. G4225 AC36/1947) Contains Praziquantel 175 mg (equivalent to 504 mg pyrantel embonate), and Febantel 525 mg.

Praziquantel (isocouline) 50 mg/tab, **Extri Plus XL** (Reg. No. G4227 AC36/1947) Contains Praziquantel 175 mg (equivalent to 504 mg pyrantel embonate), and Febantel 525 mg.

Febantel 525 mg.



I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

03/01/2010 Miplo

Optimel Plus **Optel Plus XL**

DEWORMING FOR PAPER HEALTH DOGS

NOTE TO MY OWNER
 These vaccines are prescribed by my veterinarian and
 administered every 7 weeks for under 12 weeks of age and every 3
 months thereafter in order to ensure optimal health for keeping the 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;
3. Imposed for rabies control purposes;
4. The rabies vaccine immunity is valid;
5. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

Garden Route SPCA
 P.O. Box 238
 George, 6530
 Ph (044) 603 - 0324

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

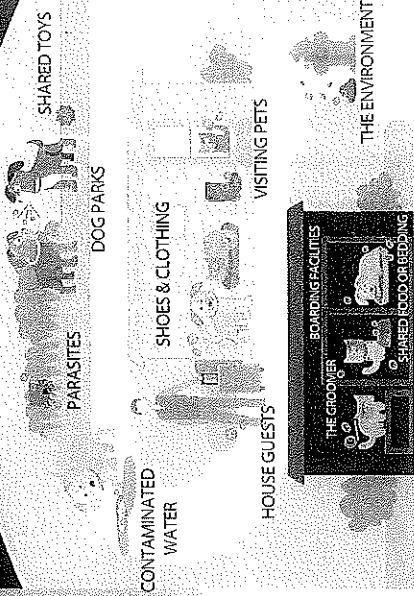
PRACTICE STAMP



Animal Health

Intervet South Africa (Pty) Ltd. Reg. No. 1991/005590/07
 20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
 Tel: +2711 923 9300, Fax: +2711 392 3159, Sales Fax: 086 603 1777
www.msd-animal-health.co.za 7A-NOL/21/20/001

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



PET'S NAME

MY VET

GARDEN ROUTE SPCA
 MOSSEL 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

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>CB 5</u>				ADMISSION No. <u>T 1045</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>5/06/26</u>		Time In		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>5/05/26</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.T.I.</u>			
	Breed	<u>Basil</u>	Colour and Markings <u>Tabby</u>			
	Condition	<u>Good</u>	Sex	<u>Male</u>	Age	<u>1 year</u>
	Temperament	<u>Friendly</u>	Sterilisation Details	<u>No</u>	Name	<u>Chloe</u>
	Coat	<u>S</u>	Tail	<u>W</u>	Teeth Condition	<u>Fair</u>
	Area found / collected from	<u>Ext 13</u>	Ears	<u>Up</u>	Size	<u>S</u>
	Reason for surrender	<u>Owner not able to care for</u>				

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

Surrendered by	Name	<u>Kashan Capido</u>
Found by	<u>Behlo Str</u>	
Residential Address	<u>Ext 13</u>	
Postal Address	<u>No postal</u>	
Tel (H)	Tel (W)	Cell
<u>No num</u>	<u>No num</u>	<u>0122 755 918</u>
Email	<u>No email</u>	
Donation R	Cash	Card
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

I do hereby certify that I DO / DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO / DO NOT know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age.

Also see "Conditions" on reversed side.

Hiermee verklaar ek dat ek dier/e hierbo beskryf BESIT / NIE-BESIT NIE, dat dit 'n RONDLOPER / NIE-RONDLOPER-NIE is, en dat ek WEET / NIE WEET waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nog die DBV nog sy amtenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die "Voorwaardes" op die agterblad.

Signature	<u>Prefer 10 T 1043</u>	Witness for Society	<u>[Signature]</u>
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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 ongesteryliseer 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 / Co and ID tag given	 992003000650806
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Date 08/07/26

MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL

NAME	SIGN



992003006650806

ADMISSION NO

T1045

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 30/6/24

TIME: 13:02

NAME OF APPLICANT: Leandri Rothman

ADDRESS: 7 A Keurboom Straat, Hartenbos

HOME TEL No: CELL No: 0723816949

ANIMAL(S) ADOPTING: Kitten

SEX: ♀ AGE: 3 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	1.8 m brick wall		
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Suitability of fence (i.e. small pets can't escape):	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	If yes, what partitioning?	
Does applicant live at the address?	YES ☒ / NO ☐	Specify:	
		How many animals are on the property?	

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Cat will have her own room

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☒ LARGE DOGS

INSPECTED BY: C Nandoe

SPCA: Mosselbay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Brick fence 1.8m

Grass
walk way pavement

Cable

Stairs

Double Door Garage
7A

Grass

walk way pavement

Sliding door
Hagroom
(cat)

Brick fence 1.8m

Brick fence 1.8m

7B

2 way Road

Kitten
CBS &
large.

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): Leandri Rothman

HOME ADDRESS: 7A Keurbom str. Hartenbosheuwels

Hartenbos ID NO.: 8803110056081

POSTAL ADDRESS: 7A Keurbom str. Hartenbos

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

CELL NO: 072 381 6949 FAX NO: _____

EMAIL: leandrirothman1988@gmail.com

Address where animal will be kept: 7A Keurbom str.

Occupation: Bookkeeper

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

Are you a student with consent to keep pets: YES/NO

Reason for wanting animal: Love cats

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? Cat

Can you afford private fees? Yes Who is your vet? _____

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

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

Are all your animals sterilised? Give details -

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

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

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

Full description of the fencing and gate: Full walls ground house Height: _____

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER indoor

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

Pre Home Inspection Fee: _____ Receipt No: _____

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: Leandri Rothman Date of application: 2016/02/06



Garden Route

DOG / CAT	Breed	Male / Female
Microc	992003000650806	

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/Ms/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS

WOONADRES: 7A Keurboom Str.

TEL No (H): Hartenbosheuwels

TELEFOON Nr (H):

CELL No:

SELFPOON Nr: 072 381 6949

E-MAIL:

E-POS: leandrirothman1988@gmail.com

ADOPTION FEE:

AANEMINGSVOOI: R850

VEHICLE REG No.

VOERTUIG REG Nr: 695 69751

SIGNATURE

HANTTEKENING: [Signature]

DATE / DATUM: 10/7/2016

ADMISSION No.
TOELATINGSNR.

MA0332



Garden Route

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

UITPLASINGSKONTRAK

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienarskap 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 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 daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketteld 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 kattie gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos in kennis stel van enige verandering van adres.

* Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.

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

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

Leandri Rothman

ID/PASSPORT No.:

ID/PASPOORT Nr.: 8803110056081

(B):

(W):

FAX No:

FAKS Nr:

cash / left / card

kontant / left / kaart

DONATION:

DONASIE:

KWITANSIE Nr

RECEIPT No. 10189

VEHICLE MAKE:

VOERTUIG MAAK: Volkswagen

COLOUR:

KLEUR: Wit

WITNESS FOR SOCIETY:

GETUIE VIR VEREENIGING

MICROCHIPPED ANIMAL REGISTRATION FORM

Microchip



992003000650806

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Country *

PET OWNER INFORMATION

Cell No. * 072 381 6949

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

E-mail * leandri Rothman 1988@gmail.com

Title * MRS

Initials * L

Surname * ROTHMAN

Street 7A KEURBOOM STR.

City

Suburb

Area Code HARTENBOS RENEWELS

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 * 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

Date of birth

Species * Feline

Breed * OSH

Colour Tabby

Markings

Gender Male ☒ Female

Sterilised Yes ☒ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above mentioned purposes. SIGNATURE

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

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



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MAO 332DATE: 10/07/26between Mosselbay SPCA

and

88 03110056081leandrirothman1988@gmail.comName Leandri RothmanAddress 7 A Keurboom Str. HartenbosheuwelsTelephone Numbers (H) 072 381 6745 (B)to have ~~spayed~~ / neutered / vasectomised (delete whichever is not applicable):Animal's Name _____ Sex Female Age 8 weeksDescription Tabby CatOn (due date) End August Adoption Form No. MAO 332on 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: _____

