

ADOPTION CHECKLIST

ADMISSION NO:

MB/ 10562

CONTRACT NO:

MA 0350

☒ 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 15/07/26 992003000645831

Adoptee INFO:

Name & Surname Scott Thomson

Contact INFO: 0791870257

Completed by: [Signature]

Date: 09/07/26

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.

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000645831

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 079 187 0257

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

E-mail * scottjonathanthorson@gmail.com possible, please provide a personal email, not a company email

Title * MR Initials * S

Surname * THOMSON

Street WD2 CHARLES STREET

City

Suburb

Area Code GREAT BRAK

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 * CANINE

Breed * X BREED

Colour BLACK

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 Scott Thomson

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



MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

VAT REG. NO.
Name:
THOMSON SJ
Street Address:
G52 PLAS 255 GROOTBRAK RIVER PLASE
TAX INVOICE MONTHLY ACCOUNT

ACCOUNT NUMBER:	03-000255-203-4
DATE OF ACCOUNT:	23/06/2026
LAST RECEIPT DATE:	22/06/2026
PREPAID METER NUMBER:	

SERVICE DEPOSIT:	0.00	ERF NUMBER:	255052	TOTAL VALUATION:	2200000	WARD No:	5
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DATE	DETAILS	AMOUNT
19/06/2026	B/P BALANCE	248.40
	RATES INSTALLMENT	802.50
	Balance Carried Forward	0.00

CREDIT	60 DAYS	30 DAYS	CURRENT	TOTAL DUE
0.00	0.00	248.40	802.50	1050.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE 15/07/2026	AMOUNT DUE 1050.00
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page 1 of 1

VAT No. / BTW Nr. 4530118370

✉ 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 / Betalings besonderhede

Standard Bank PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 30002552034

EasyPay >>>>915260300025520344

pay@ 11379 030002552034

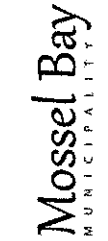
Message / Boodskap

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.

You en skour al.



THOMSON SJ
45 VOORBURG
GREAT BRAK RIVER
6525



Fold and tear on perforation.

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 eersens toegewys word na die oudste skulde (ongegatte 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 uitgeleë) 08:00 tot 15:30 (Mosselbaai kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nongqaba 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 rekeningnommer moet as verwysing gebruik word.
 - 3.4 deur outomatiese BANKAFTREKKINGS. Vorms 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 fisies gestaak is al dan nie.

REKENING:

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 vertrekkende verbruiker die Munisipaliteit minstens 15 dae vooraf skriftelik kennis gee. Versuim hiervan sal tot gevolg hê dat die persoon aanspreeklik bly vir kostes gehef tot datum wat die kennisgewing ontvang en verwerk is.

VOORAFBETAALDE KRAG:

Waar 'n voorafbetaalde elektrisiteit meter in gebruik is en enige van die ander dienste op die perseel agterstallig 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 verdiskonteër 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 service may be suspended without any further notice.

METHODS AND PLACES OF PAYMENT:

1. POSTAL ORDERS must be crossed and be made payable to Mossel Bay Municipality.
2. Payments will always be appropriated to the oldest account (notwithstanding the kind of service), where after it will be appropriated 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 Nongqaba 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 with a 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 of 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 amount tendered 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)

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Stephane
- Contact number : 060846 1072
- Email address : Sgnicolwides22@gmail.com

2. Additional family member/friend details

- Full name : _____
- Contact number: _____
- Email address : _____

3. Precious SPCA Adoption

- Have you previously adopted from SPCA (Yes/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

gshunm

Date

09/07/2026.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
14/05/26	Milpro		
15/05/26	Milpro		

Exatell Plus XL
 EXATELL PLUS XL
 EXATELL PLUS XL
 EXATELL PLUS XL

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 12 months or older are 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

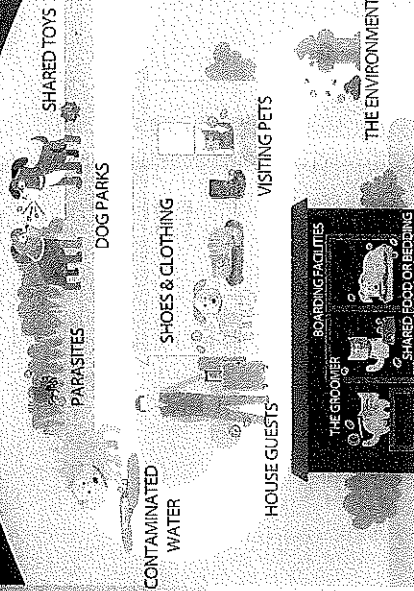
PRACTICE STAMP



Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/005580/07
 20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
 Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 085 603 1777
www.msdafrica.com

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



PET'S NAME

MY VET

GARDEN ROUTE SPCA

Bill Jeffery Avenue
 KwanonQaba
 Mosselbay 6406

PO Box 258
 George
 6530

Cell: 071 658 4832/Office: 044 693 0824
 Emergency No: 072 287 1761

Consulting Hours

Mon – Fri: 09:00 – 16:00

Saturday 09:00 – 11:00

MY OWNER

NAME Scott Thomson

POSTAL ADDRESS

STREET ADDRESS W02 Charles Street

Great Brak River

HOME PHONE

WORK PHONE

CELL PHONE

079 187 0257

BREEDER DETAILS

ME

SPECIES

CANINE

BREED

X BREED

COLOUR

BLACK

SEX

FEMALE

DATE OF BIRTH

INSURED INFORMATION

992003000645831

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

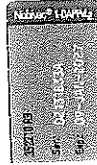
VET SIGNATURE

14/05/26

Batch: A267B01

Exp: 11-2027

18/06/26



I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

18/06/26

MSD

18/06/26

MSD

18/06/26

MSD

18/06/26

MSD

18/06/26

MSD

MSD

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.

My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.

Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3882 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. G2717 Act 36/1947) Contains Praziquantel (isocholine) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.



Nobivac® Exitel Plus Exitel Plus XL



facebook.com/BravectoSouthAfrica

Black -
white chest

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): Mr Scott Thomson

HOME ADDRESS: WD2 Charles Street, Great Brak River,

Mossel Bay ID NO.: 841026 5164 080

POSTAL ADDRESS: _____

TEL NO (H): 079 187 0257 (B): _____

CELL NO: _____ FAX NO: _____

EMAIL: scottjonathanthomson@gmail.com

Address where animal will be kept: WD2 Charles Street, Great Brak River, Mossel Bay

Occupation: _____

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

Are you a student with consent to keep pets: _____

N/A YES/N

Reason for wanting animal: Company

Is the animal for yourself? ✓

YES/N

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

What breed of dog or cat are you interested in? Collie X -

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

How many animals live on the property? DOGS? 2 CATS? N/A OTHERS _____

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? _____ OTHER? _____

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

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

Full description of the fencing and gate: Fully fenced prepaid Height: _____

What shelter is provided: OUTDOORS _____ KENNEL Yes OTHER Indoors

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

Pre Home Inspection Fee: R100 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 Scott Thomson Date of application 03/07/2026



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male/Female
Microchip and or ID Tag Number: 992003000645831		

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 etasticated 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: W22 Charles Street

TEL No (H): Great Brak River

TELEFOON Nr (H): 079 181 0251

EMAIL: scottjonathanthomson@gmail.com

ADOPTION FEE: R850

VEHICLE REG No. CAW 126 299

SIGNATURE: Scott Thomson

DATE / DATUM: 09/07/2026

ADMISSION No.
TOELATINGSNR.

MA0350



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 plezier en tevredenheid. Daar is ook verantwoordelike en verpligte wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle pleg versuim het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir kattle gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die 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.

Scott Thomson

ID/PASSPORT No.:

ID/PASPOORT Nr.: 8410265164080

(B):

(W):

FAX No:

FAKS Nr:

DONATION:

DONASIE:

KWITANSIE Nr

RECEIPT No. 10178

VEHICLE MAKE:

VOERTUIG MAAK: VW

COLOUR:

KLEUR: Silver

WITNESS FOR SOCIETY:

GETUIE VIR VEREEENIGING

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE WOON- EN POSADRES in hierdie sakkie.
2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of geboes word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.
2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D. No. 841026 5164 08 0



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
THOMSON

VOORNAME/FORENAMES
SCOTT JONATHAN

GEBORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

1984-10-26

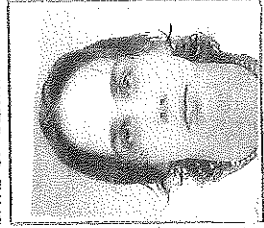
GEBORTEDATUM/
DATE OF BIRTH

DATUM UITGEREIK
DATE ISSUED

2002-02-11

UITGEREIK OP BESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR GENERAL:
HOME AFFAIRS



ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <i>K 1140 3A</i>		ADMISSION No. <i>MBY10562</i>				
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<i>13/4/26</i>	<i>NA</i>	Time in	<i>10:08</i>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes No	Lost & Found Date checked	<i>NONE</i>
Microchip/Collar or ID tag found	Yes No	Date scanned or checked	<i>NONE</i>	Microchip or ID Tag number	<i>NONE</i>	

DESCRIPTION & HISTORY	Dog	<i>X 2</i>	Cat	Other species (Specify)		
	Breed	<i>XBreeds</i>		Colour and Markings	<i>Black & Brown</i>	
	Condition	<i>Par</i>		Sex	<i>♀</i>	Age <i>12 months</i>
	Temperament	<i>Par</i>		Sterilisation details	Name	
	Coat <i>Short</i>	Tail <i>long</i>	Teeth Condition <i>Par</i>	Ears <i>up/Down</i>	Size <i>Small</i>	
	Area found / collected from <i>Kwa</i>					Date <i>13/4/26</i>
	Reason for surrender <i>Stray Puppies</i>					

ASSESSMENT		Surrendered by		Name <i>X 110ngs Xelele</i>	
GOOD WITH:		Yes	No	Found by <i>X</i>	
Children				Residential Address <i>X 201 Kipela Str</i>	
Cats				<i>Kwa-rongabi</i>	
Other Dogs				Postal Address <i>6506</i>	
Livestock/Other				Tel (H) <i>NONE</i> Tel (W) <i>NONE</i> Cell <i>X</i>	
DO THEY:	Yes	No	Email <i>NONE</i>		
Jump Fences			Donation R <i>NONE</i> Cash Card EFT (Receipt No.) <i>NONE</i>		
Run Away			PLEASE INSIST ON A RECEIPT		
COMMENTS: <i>110081824</i>					

Confiscated: OB No: *NONE* Case No: *NONE* Inspector: *Wally*

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 uitdrukklik ooreengekom dat nog die DBV nog sy amptenare, 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 <i>X</i>	Witness for Society <i>[Signature]</i>
FOR OFFICE USE: PENDING ADOPTION	
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.
- Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/s, beskryf die keerse, ten gunste van die DPA om nage te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poeg 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. 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.
- 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 Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Any charges endorsed hereon are due and payable on request.
- Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
- Die Vereniging sal geen dier plaas wat ongesteniliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature

Witness for Society signature

Reason for Euthanasia

Euthanasia 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: _____

E-mail Address: _____

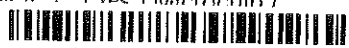
Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar / Yes / Microchip / and ID tag



992003000645831

Date 29/04/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
14/05/2026	Vaccination + milpre		

PTS APPROVAL

NAME	SIGN



9 920030 0064 58 31

ADMISSION NO

MBY10562

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 07/06/24

TIME: 11:38

NAME OF APPLICANT: Scott Thomson

ADDRESS: WD 2 Charles Street, Great Brak River

HOME TEL No:

CELL No: 0791870257

ANIMAL(S) ADOPTING: Collie x

SEX: Female

AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wire fenced 1.8m		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?	2 dogs

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Scottie Russell	Pomper x			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	M / 12y	M / 12y	/	/	/
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: Chris Forster

SPCA: Mossel Bay

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Grass
walk way

Grass

walk way

W

Main
Door

Grass





STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0350DATE: 09/01/26

between Mosselbay SPCA SPCA
 and 84102 6516 4080
scottjonathanthomson@gmail.com

Name Scott ThomsonAddress WID 2 Charles Street, Great Brak RiverTelephone Numbers (H) 079 187 0257 (B)to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name Sex Female Age 3 monthsDescription: Black x Breed, white chestOn (due date) End August Adoption Form No. MA 0350on the understanding that you will arrange to have this done at the MA 0350
 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: S Thomson For SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____
 Date: _____

