

ADOPTION CHECKLIST

ADMISSION NO:

MBY10729

CONTRACT NO:

MA 0347



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



992003000650809

Completed by: _____

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.

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

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

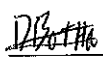
2. Additional family member/friend details

- Full name : STEPHANIE
- Contact number: 0817918778
- Email address : BOTHAS909@gmail.com

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 

Date 09/07/26.

Sassy

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): Ms DANIKE BOTHA

HOME ADDRESS: 85A FEROX, DANA BAY, MOSSEL BAY

ID NO.: 0211090091086

POSTAL ADDRESS: 85A FEROX, DANA BAY, MOSSEL BAY

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

CELL NO: 061 468 6469 FAX NO: _____

EMAIL: DANIKE BOTHA 123@gmail.com

Address where animal will be kept: 85A FEROX, DANA BAY, MOSSEL BAY

Occupation: MOTION DESIGNER

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

YES/

Are you a student with consent to keep pets:

Reason for wanting animal: MISS HAVING KATS

☒ YES

Is the animal for yourself?

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

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

Can you afford private fees? YES Who is your vet? DANA BAY VET

How many animals live on the property? DOGS? 2 CATS? 1 OTHERS _____

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

Are all your animals sterilised? Give details YES

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 1 OTHER? _____

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

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

Full description of the fencing and gate: Mesh Height: 1.5m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER INDOORS

Have you previously had pets from an SPCA? YES Are there children under 10 in your household? 1

Pre Home Inspection Fee: 100 Receipt No: MBH 10142

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 D Danika Date of application 30/06/26

ADMISSION NO. TOELATINGSNR.
MA0347

HOND / KAT		Manlik/vroulik	
Mikroskyfie en of ID nskyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier in goeie wissel sal bied met verantwoordelike en liefdevolle sorg. Eensaak van u dier gee baie baie plezier en toevredenheid. Die feit dat hierdie dier in ons sorg was, dit gewoonlik daarop dat iemand hulle piff versuim het.

ADOPTION CONTRACT

DOG / CAT	Breed	Male/Female
992003000650809		

This animal has been given to you in the name and current 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 housed 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 agree and acknowledge that the above contract is legal and binding.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieliede stem saam oor die aanname 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 alteenlik aan die DBV terug te besorg. As ek bestel 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 moet aanvaarbare huis en eet gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skakel, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuis te gewoond te raak.
- Ek begryp dat donasies nie oortraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se toevredenheid.
- Ek sal nie die dier vaskeuring of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgekeuring of gehok gewind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die diens van 'n private veeartsynskundige bekostig.
- Ek onderneem om die dier se nodige kennings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se diens gebruik.
- Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanname, 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 naamplaatje - slegs rekbands mag my eie gebruik word.
- My eie 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 siek 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 eie kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Liplasingsbeleid uiteengesit. Ek sal toelaat dat die 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 verwaarloosing van enige dier nie.
- Ek verklaar hiermee dat ek die Liplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

OPTER NAME - Prof/Dr/Mr/Mrs/Ms (including initials)	ADRES: 85A Ferex, Dana Bay	ID/PASPOORT NO.: 0211090091086
AM - Prof/Dr/Mr/Mrs/Ms (insluitende voorletters):	Danke Botha	ID/PASPOORT NO.: 0211090091086
FOON NO. (H):	061 468 444 9	FAK NO. (W):
FOON NO. (H):	061 468 444 9	FAK NO. (W):
MAIL: dankebotha103@gmail.com		
OPTION FEE:	R850	
EMINGSVOOL:	R850	
ICLE REG NO.	CAA 509-280	
ATURE		
TEKENING:		
DATUM:	09/07/2016	

WITNESS FOR SOCIETY: GETUIE VIR VEREENIGING

VOERTUIG MAAK: Ford Fiesta

DONASIE: 10182

KWITANSIE Nr: 10182

COLOUR: BLUE

MICROCHIPPED ANIMAL REGISTRATION FORM

Vet Practice Number *



992003000650809

Vet Practice Name *

Vet Practice Phone - Daytime *

Vet Practice Phone - Evening *

Vet Practice Phone - Mobile *

PET OWNER INFORMATION

Cell No. * 0614684449

E-mail * danikebotha123@gmail.com

Title * MS

Initials * D

Street 85 A Ferox STR.

Suburb

Country

Phone - Day 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

Surname * BOTHA

City

Area Code DANA BAY

Province

Phone - Night time

OTHER CONTACTS

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

CHIP DETAILS

Registration Date * 15-07-26

Date of Implant * 08-07-26

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

Name of Vet who implanted the Chip KAY LEUERS

PET DETAILS

Pet Name SASSY

Species * FELINE

Colour GINGER

Gender Male ☒ Female

Date of birth

Breed * DSH

Markings

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

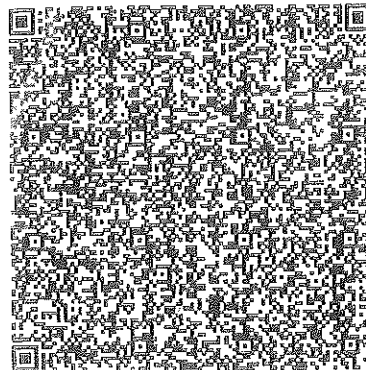
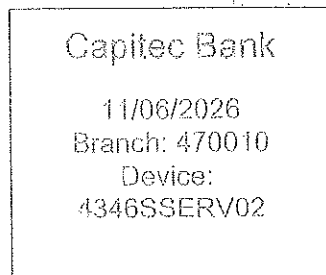
REGISTRATION PROCESS - Please use one of the following option to register on the backhome database

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

Proof of Account Details



SkyQR reference: 536a-7856-4268



Validate this document by using the SkyQR App
or visit www.capitecbank.co.za/verify-authenticity

To Whom it May Concern

We hereby confirm that Danike Botha has the following account(s) at Capitec Bank Limited on 11/06/2026:

Client Details

Name: Danike Botha
ID/Passport Number: 0211090091086
Residential Address: 85 A FERROX ST, DANA BAY, MOSSEL BAY, 6510
Postal Address: 145 HIGHWAY ROAD, FISH HOEK, CAPE TOWN, 7975

Account Details

Account Status: Active
Account Type: Savings
Account Number: 1642366674
Bank Name: Capitec
Branch Code: 470010
Date Opened: 2019-05-11

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

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

DRIVING LICENCE
BESTUURLIJSENSIE
CARTÃO CONDUÇÃO

D BOTS

ID No: 02/0211090051085 **FEMALE**

DOB: 08/10/2002 ZA Restr./Expiry: 1

Lic. No./Aanwysing: 020300005010 No. 1

Valid Until: 08/10/2021 - 07/11/2026

Issued At/Plasema: ZA

Class/Klas: **B**

Max. Restr./Aanwysingper toep: **0**

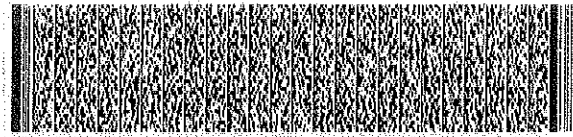
First Name/Naam: **09/11/2021**

SADC


SOUTH AFRICA



[Signature]



DRIVER RESTRICTIONS		VEHICLE CATEGORIES		VEHICLE RESTRICTIONS	
1. None	2. Potentially	1. Potentially	1. None	1. None	1. None
2. Exceeds 7.5 ton gross weight	3. Goods	2. Goods	2. Domestic/International	2. Domestic/International	2. Domestic/International
3. Artificial limb	4. Dangerous goods	3. Dangerous goods	3. Physically disabled	3. Physically disabled	3. Physically disabled
			4. G.V.W. > 10000 kg (GVW) permitted	4. G.V.W. > 10000 kg (GVW) permitted	4. G.V.W. > 10000 kg (GVW) permitted

A 	A1 	B 	C1 	C 	EB 	EC 	



ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>OB 7 63</u>				ADMISSION No. <u>MPX 10 17 18</u>		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in <u>14/05/2018</u>			Time in <u>11:45</u>		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked ☒	Yes ☐ No ☒	Lost & Found Date checked <u>14/05/2018</u>
Microchip/Collar or ID tag found ☒	Yes ☐ No ☒	Date scanned or checked <u>14/05/2018</u>	Microchip or ID Tag number <u>none</u>		

DESCRIPTION & HISTORY	Dog ☒ Cat ☐	Other species (Specify) <u>q. l. n.</u>			
	Breed <u>Tabby</u>	Colour and Markings <u>ginger</u>			
	Condition <u>Good</u>	Sex <u>female</u>	Age <u>1 1/2 yrs</u>		
	Temperament <u>friendly</u>	Sterilisation details <u>no</u>	Name		
	Coat <u>S</u>	Tail <u>6</u>	Teeth Condition <u>Good</u>	Ears <u>up</u>	Size <u>Small</u>
	Area found / collected from				Date <u>14/05/2018</u>
	Reason for surrender <u>Stray</u>				

ASSESSMENT		Surrendered by		Name <u>Tréne, harscho</u>	
GOOD WITH:	Yes No	Found by ☒			
Children		Residential Address	<u>Market Street</u>		
Cats			<u>Masselburg</u>		
Other Dogs		Postal Address	<u>none</u>		
Livestock/Other		Tel (H) <u>none</u>	Tel (W) <u>none</u>	Cell <u>0075416172</u>	
DO THEY:	Yes No	Email	<u>none</u>		
Jump Fences		Donation R <u>none</u>	Cash	Card	EFT (Receipt No.) <u>none</u>
Run Away					
COMMENTS:					

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: 1 Inspector: d. A. Agher

STATEMENT OF SURRENDER

I do hereby certify that I 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 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	Witness for Society <u>[Signature]</u>
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 Clubhouse / Winkel: deen informatie materiaal van alle sponsorings in de clubhouse, bestaande uit de kleding, ten gunste van de DGV om mee te bestelk volgende had inschulliche disvasie met dien verstande dat die Vereniging sal gaang om dit in 'n nuwe fase te plasas of, indit hat nie in staat is om dit te doen nie, om sy pythase vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskeringswet) in dier aangebed word vir loeseling wat so sterk, ernstig besoor of in sodanige listiese toestand is dat dit vir menslikesteides vernietig behoort te word, die Vereniging die reg sal he om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop anderszins is verskuldig om betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plasas wat ongeskiedenis is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature	Witness for Society signature
Reason for Euthanasia	

Euthanasie 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 and ID tag	992003000650809
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Date: 06/07/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
26/05/26	Tricium syrup		
05/06/26	Vaccinate + milpro		
03/07/26	Vaccination + milpro		

PTS APPROVAL	
NAME	SIGN

MY OWNER

NAME **Darika Boto**

POSTAL ADDRESS

STREET ADDRESS **85A Ferox**

Dana Bay

HOME PHONE

WORK PHONE

TELEPHONE

06 1 468 444 9

BREEDER DETAILS

ME

SPECIES **Feline**

BREED **DSH**

TUOUS **Ginger**

SEX **Female**



992003000650809

NEXT VACCINATION DUE

DATE

DATE

DATE

I WAS VACCINATED ON

DATE

05/06/26

VACCINE AND BATCH NO.



VET SIGNATURE

[Signature]

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

05/06/26

MSD

05/06/26

MSD

05/06/26

MSD

05/06/26

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05/06/26

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05/06/26

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05/06/26

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05/06/26

MSD

05/06/26

MSD

05/06/26

MSD

05/06/26

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. G3892 Act 36/1947), Nobivac[®] Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac[®] Tricat Trio (Reg. No. G3712 Act 36/1947), Nobivac[®] Rabies (Reg. No. G2207 Act 36/1947), Quantel[®] Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel 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.

DATE	:	PRODUCT
DATE	:	PRODUCT

03/01/2008 14:19:00

This certificate also serves as a movement permit for this animal within the Republic of South African condition that:

1. It accompanies the animal;
2. Properly display its 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.

117

上海三友社

Figure 1

2008
 2009
 2010
 2011
 2012
 2013
 2014
 2015
 2016
 2017
 2018
 2019
 2020
 2021
 2022
 2023
 2024
 2025
 2026
 2027
 2028
 2029
 2030

SIGNATURE _____ PRACTICE STAMP _____

CERTIFICATE OF STERILISATION

THE UNIVERSITY OF CHICAGO PRESS

卷之四
 四
 五
 六
 七
 八

1992

PRACTICE STAMP



Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msaf-animal-health.co.za ZA-NON-211200001

100
 90
 80
 70
 60
 50
 40
 30
 20
 10
 0

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

PARASITES

DOG PARKS

SHARED TOYS

CONTAMINATED

SHOES & CLOTHING

HOUSE GUESTS

VISITING PETS

BOARDING FACILITIES

THE GROOVIER

SHARED FOOD OR BEDDING

THE ENVIRONMENT

BRIEF COMMUNICATIONS

0-11

GARDEN ROUTE SPCA
MOSEL BAY

18 BILL JEFFERY AVE
KWANONONABA

044 693 0824
072 287 1761

theatre@gmail.com

Consulting Hours

Monday and Friday: 09:00-16:00

Wednesday: Closed

Tuesday and Thursday: 09:00-16:00

Saturday: 09:00 - 11:00



ADMISSION NO

10729

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO

DATE UNDERTAKEN: 08/07/2018

TIME: 14:41

NAME OF APPLICANT: Danika Botha

ADDRESS: 85 A Ferex, Dana Bay

HOME TEL No: CELL No: 061 4684449

ANIMAL(S) ADOPTING: Kitten - Ginger

SEX: Kitten Female AGE: 9 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	1.8m Bricks fences		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 dog

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Labrador	GSD			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	F 110y	F 14y	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☒ LARGE DOGS

INSPECTED BY:

Chris J. J. J.

SPCA:

Mossel Bay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Grass

House

Parking

MAIN DOOR

Garage

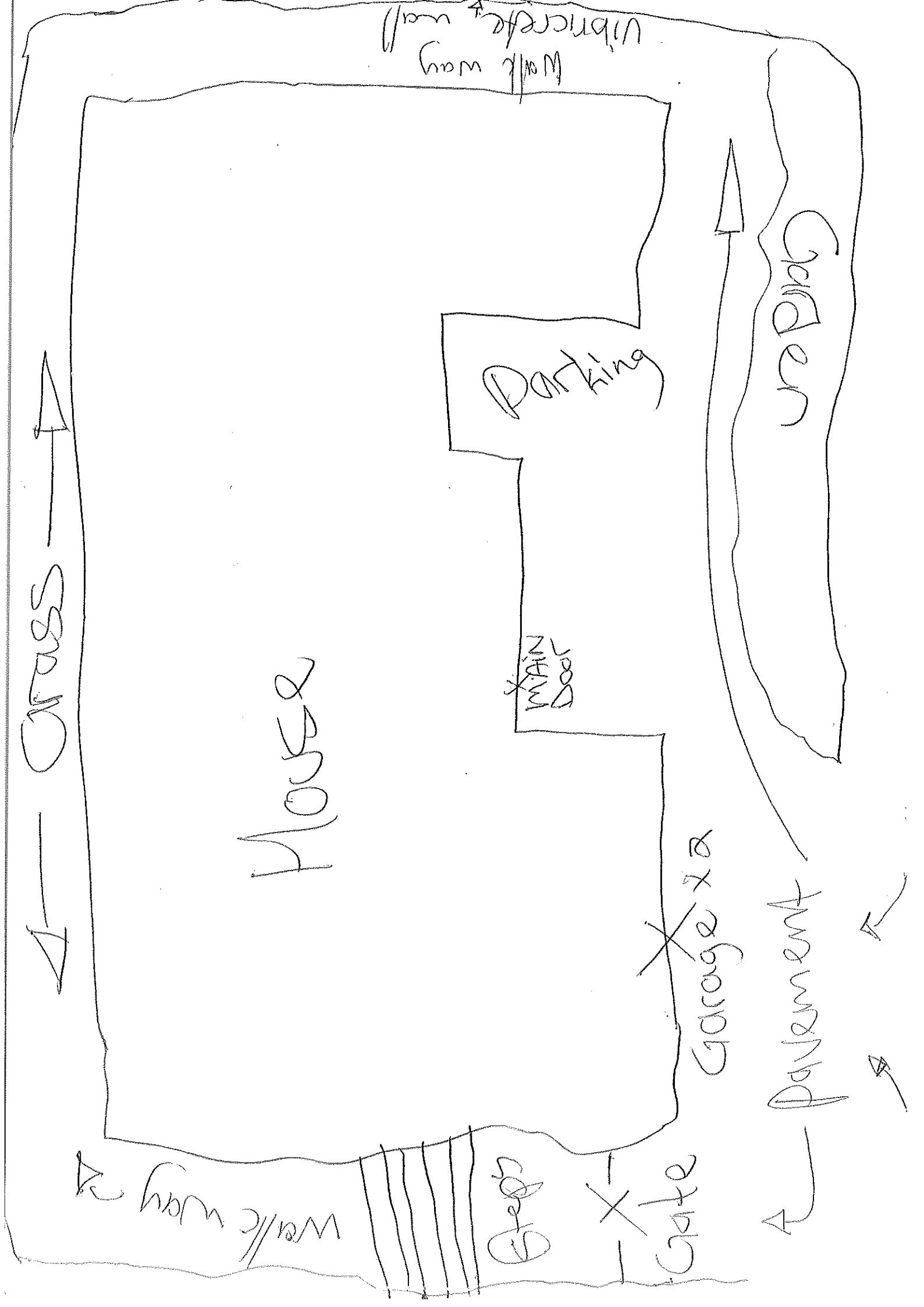
Pavement

Garden

Wall way

Gate

Black way
Vibronce wall





STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0347DATE: 09/07/26between Mosselbay SPCA

and

Name Danika BothaAddress 85 A Ferox, Dana BayTelephone Numbers (H) 0614684449 (B)to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name _____ Sex Female Age 8 weeksDescription CockerOn (due date) End August Adoption Form No. MA0347on 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: _____

