

T 1093

CONTRACT NO.

MA 0315

- ☒ 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 August
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

Adopter INFO:

Name & Surname Talique Reyneke

Contact INFO: 076 855 2215

12/08/26



992003000650799

Completed by: _____

Date: 06/08/26

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.

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): Talique Reyneke

HOME ADDRESS: 25 Port Natal avenue, Oestervanger, Unit 4, Hartenbos

ID NO.: 960802 0025 087

POSTAL ADDRESS: 25 Port Natal avenue, Oestervanger, Unit 4, Hartenbos

TEL NO (H): 0829687514 (B): _____

CELL NO: 0768552215 FAX NO: _____

EMAIL: taliquereyneke@gmail.com

Address where animal will be kept: 25 Port Natal ave, Oestervanger, Unit 4, Hart.

Occupation: Private tutor

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

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

Reason for wanting animal: To provide a friend for our other cat and give the new cat a loving home.

Is the animal for yourself? YES/NO YES

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/NO YES

What breed of dog or cat are you interested in? Domestic short-hair kitten

Can you afford private fees? Yes Who is your vet? Strandloper animal clinic

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

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female X

Are all your animals sterilised? Give details Yes. My cat was sterilised in Pretoria 5 years ago

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 1 OTHER? -

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

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

Full description of the fencing and gate: Tall clear view fencing & gate Height: ± 2.5 meters

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: MB4 10857

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 Talique Reyneke Date of application 03/08/2026



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male / Female
Micro	992003000650799	

This an. I agree to give you the firm and constant 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: 25 Port Natal Ave,
TEL No (H): Cesteranger, Unit 4, Harembos
TELEFOON Nr (H):

CELL No:
SELFOON Nr: 076 855 2215

E-MAIL: talique.reyneke@gmail.com
E-POS:

ADOPTION FEE:
AANEMINGSVOOI: R850

VEHICLE REG No.
VOERTUIG REG Nr: CBS 18056

SIGNATURE
HANDTEKENING:

DATE / DATUM: 06/08/20

ADMISSION No.
TOELATINGSNR.

MA0375



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 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 verwaarloosing 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.

Talique Reyneke

ID/PASSPORT No.:
ID/PASPOORT Nr.: 96 0802 0025 087

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

VEHICLE MAKE:
VOERTUIG MAAK: Mazda

COLOUR:
KLEUR: Blue

WITNESS FOR SOCIETY:
GETUIE VIR VEREENING:

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000650799

VET OR WELFARE ORGANISATION

Vet Practice Name *

Vet Practice Number *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0768652215

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

E-mail * taliquereyneke@gmail.com

Title * MS Initials * T

Surname * REYNEKE

Street 25 PORT NATAL AVE

City

Suburb UNIT 4 OESTERVANER

Area Code HARTENBOS

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 * 12-08-2026

Date of Implant * 05-08-2026

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name

Date of birth

Species * FELINE

Breed * DSH

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 e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
3. By App Download the Virbac Backhome Africa App



ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Leonard Kleynhans
- Contact number : 082 968 7514
- Email address : leonard.kleynhans@gmail.com

2. Additional family member/friend details

- Full name : Johann Beyneke
- Contact number: 074 104 5000
- Email address : johann@gamelab.co.za

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

Date

J. Beyneke

06/08/2026



ADOPTION No

992003000650799
F1093 MA0375

ADMISSION

T 1093

Section 4-12a

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 04/08/24 TIME: 14:27

NAME OF APPLICANT: Talique Keyneke

ADDRESS: 25 Port Natal Ave, Gasteruanger, Unit 4
Hartenbos

HOME TEL No: CELL No: 076 8552215

ANIMAL(S) ADOPTING: feline

SEX: ♀ AGE: Juvenile

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION				
Type of fence:	Fenced Brick Complex		Height of fence:	2 m
Any sign of Kennel/Shelter?	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	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	DSH				
SEX	F				
AGE	5 y				
STERILIZED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS	
Complex	

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ SMALL DOGS
☒ MEDIUM DOGS
☐ LARGE DOGS

- ☒ CATS
☐ EQUINE
☐ OTHER (specify)

INSPECTED BY: Christopher

SPCA: Mosselbay SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

Talique Regncke

POSTAL ADDRESS

STREET ADDRESS

25 Port Natal Ave,

Oestervanger, Unit 4, Hartenbos

HOME PHONE

WORK PHONE

TELEPHONE

0768552215

BREEDER DETAILS

ME

SPECIES

Feline

BREED

OSH

COLOR

Tabby

SEX

Female

DATE OF BIRTH

DATE OF REGISTRATION

992003000650799

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

31/07/26

29/08/26

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

03/07/26



Handwritten signature and date 03/07/26.

07/07/26



Handwritten signature and date 07/07/26.

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET 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. Why not have your puppy vaccinated during my first few weeks by disease-fighting antibodies in my 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 (isochlorine) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 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 Fenbendazole 150 mg. Bravecto® (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

Bravecto

facebook.com/BravectoSouthAfric

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>DBV 1093</u>				ADMISSION No. <u>T 1093</u>		
Stray	☒ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date In	<u>02/07/20</u>		Time In	<u>15:13</u>	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>02/07/20</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>03/07/20</u>	Microchip or ID Tag number	<u>1-000</u>		

DESCRIPTIVE & HISTORY	Dog ☒	Cat ☐	Other species (Specify) <u>None</u>				
	Breed	<u>DSH</u>	Colour and Markings <u>Grey Tabby Black stripes</u>				
	Condition	<u>Good</u>	Sex	<u>Female</u>	Age	<u>None</u>	
	Temperament	<u>friendly</u>	Sterilisation Details	<u>None</u>	Name	<u>None</u>	
	Coat <u>S</u>	Tail <u>C</u>	Teeth Condition	<u>None</u>	Ears	<u>None</u>	
	Area found / collected from	<u>Ekurhuleni</u>	Size <u>medium</u>				
	Date <u>02/07/20</u>						
	Reason for surrender <u>moving</u>						

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

Surrendered by	☒	Name	<u>Joyce Chinkwanda</u>
Found by	☐	Residential Address	<u>13 Emcken Rd. Groot drungini Mosselbay</u>
Postal Address	<u>None</u>	Tel (H)	<u>None</u>
Tel (W)	<u>None</u>	Cell	<u>None</u>
Email	<u>None</u>	Donation R	<u>None</u>
Cash	☐	Card	☐
EFT	☐	(Receipt No.)	<u>None</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: Chifforer

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>[Signature]</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

- | | |
|---|---|
| <p>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.</p> <p>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.</p> <p>3. Any charges endorsed hereon are due and payable on request.</p> <p>4. The Society will not home any animal unsterilised.</p> | <p>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.</p> <p>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.</p> <p>3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.</p> <p>4. Die Vereniging sal geen dier plaas wat ongesterriliseer is nie.</p> |
|---|---|

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

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

Residential Address: _____

Tel No (h): _____ Tel No (w): _____ Cell No: _____

Postal Address: _____

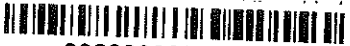
Email Address: _____

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

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

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip and ID tag	 992003000650799	Date <u>09/07/2026</u>
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MEDICAL RECORD

Date	Remarks	Treatment	Cost
03/07/26	Vaccination + deworm		

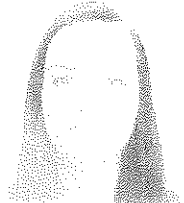
PTS APPROVAL

NAME	SIGN

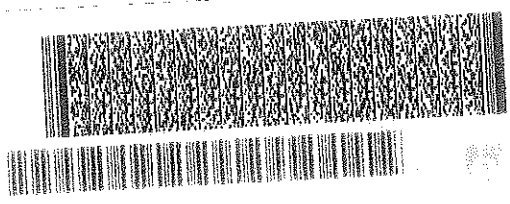


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
REYNEKE
Name:
YALOUK
Sex:
F
Identity Number:
9506020025907
Date of Birth:
02 AUG 1986
Country of Birth:
RSA
Status:
CITIZEN



20250802



120794782

This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

07 FEB 2023



Mossel Bay
MUNICIPALITY

MOSSSEL BAY MUNICIPALITY
MOSSSEL BAY MUNISIPALITEIT
UMASIPALA WASEMOSSSELBAYI

VAT REG. NO.

Name:

Smit E & R

Street Address:

4 OESTERVANGERHARTENBOS

TAX INVOICE MONTHLY ACCOUNT

ACCOUNT NUMBER: 40-006040-005-9

DATE OF ACCOUNT: 23/07/2026

LAST RECEIPT DATE: 22/07/2026

PREPAID METER NUMBER:

SERVICE DEPOSIT:	0.00	RF NUMBER: 6040000/004	TOTAL VALUATION: 1200000	WARD No: 10
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DATE	DETAILS	AMOUNT
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21/07/2026	676010 WATER	1402.92
21/07/2026	300010 REFUSE	318.04 *
21/07/2026	400010 SEWERAGE	338.24 *
21/07/2026	RATES INSTALLMENT	385.72 *
21/07/2026	RECEIPTS	439.99
	Balance Carried Forward	1402.00-
	VAT ON '*' ITEMS: 135.90 ACB TOT:	0.00
		0.91-

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
0.00	0.00	0.00	1482.91	1482.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE

DUE DATE
17/08/2026

AMOUNT DUE
1482.00

VAT No. / BTW Nr. 4830118370

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

Payment Details / Betaalings Besonderhede



PREDEFINED BENEFICIARY.
MOSSSEL BAY MUNICIPALITY
REF NO. 400060400059



>>>>915264000604000595



11379 400060400059

Message / Boodskap

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

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

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



Mossel Bay
MUNICIPALITY

SMIT E & R
PO BOX 116
MOSSSEL BAY
6500



40-006040-005-9

Fold and tear on perforation.

BELANGRIKE KENNIGING

Hierdie rekening word ooreenkomsig 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.

MILTODES EN PLEKKE VAN BETALING:

1. POSORDERERS moet gekruis en aan Mosselbaai Munisipaliteit betaalbaar gemaak word.
2. Betalings sal eersiens toegevoegs word na die oudste skuld(ongesag valter tipe diens), waarna dit in - voorafbetaalde prioriteitsvolgorde toegevoegs sal word.
3. Betalings kan soos volg gemaak word:
 - 3.1 by enige van die MUNISIPALE KANTORE Maandae tot Vrydae (vakansiedae uitgesluit) 08:00 tot 15:30 (Mosselbaai kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nongqaba kantore).
 - 3.2 by enige PICK & PAY, SHOPRITE, CHECKERS of SPAR winkel. Let wel dat minstens 48 uur teogehat moet word vir die verwerking van alle derde party betalings.
 - 3.3 deur direkte BANK- en/of ELEKTRONIESE BETALINGS by NEDBANK waar Mosselbaai Munisipaliteit as begunstigde gesag word. U rekeningnommer moet as verwysing gebruik word.
 - 3.4 deur outomatiese BANKAFREKENINGS. Vorns hiervoor is beskikbaar by enige van die Munisipale kantore.

RENTE:

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

OPSKORTING VAN DIENSTE:

Die toevor van dienste mag, indien enige bedrag na die sperdatum verskuldig is, sonder verdere kennisgewing opgeskort word. Die deposito sal terselfdertyd hersten word en toeslag, soos van tyd tot tyd deur die Raad bepaal, sal bygevoeg word ongesag of die toevor fises gestak is al dan nie.

REKENINGE:

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

VOORAFBETAALDE KRAAG:

Waar 'n voorafbetaalde elektrisiteit meter in gebruik is en enige van die ander dienste op die perseel agterstallig is, sal slegs eenhede vir 'n gedeelte van die bedrag, wat aangebied word, uitgeroek word terwyl die res van die -drag teen die uitstaande rekening verdisconteer sal word. (Die persentasie "ing 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 only applicable on the current portion of the account and not the arrear portion. Amounts, which remain unpaid after the due date, are in arrears and services may be suspended without any further notice.

METHODS AND PLACES OF PAYMENT:

1. POSTAL ORDERS must be crossed and be made payable to 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 all third party payments.
 - 3.3 by direct BANK - and/or ELECTRONIC PAYMENTS to NEDBANK 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 and a surcharge, as determined by council from time to time, will be added whether 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 a 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)

RATES ADVICE FOR 2026/2027

DESCRIPTION	VALUATION / TARIFF	VAT	AMOUNT
IMPERMISSABLE RATES SECT 17	15000	0.000000	0.00
IMPROVEMENTS	1185000	0.004911	5819.54
RATES REBATE ART 17	110000-	0.004911	540.21-
			5 279.33



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0375DATE: 06/08/26between Mosselbay SPCA

and

960802 0025 087talique.reynete@gmail.comName Talique ReyneteAddress 25 Port Natal Ave, Oeservanger, Unit 4, Haverbos

Telephone Numbers (H) _____ (B) _____

to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name _____ Sex Female Age 10 weeksDescription: DSH TabbyOn (due date) August Adoption Form No. MA0375on 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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

