

ADOPTION CHECKLIST

ADMISSION NO:

T 1311

CONTRACT NO:

MA 0370



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 October



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number

12/08/20



992003000645621

Completed by: _____

Date: 30/07/20

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 processed.

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/Ms (including initials): Jorina Bothma

HOME ADDRESS: 114 Geelhoutlaan, Hartenbos Heuwels

ID NO.: 7708050076083

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): N/A

CELL NO: 0832765325 FAX NO: N/A

EMAIL: joejeros@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Lead project management

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: YES/NO

Reason for wanting animal: companion

Is the animal for yourself? YES/NO

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

What breed of dog or cat are you interested in? Rottie x

Can you afford private fees? yes Who is your vet? DR DE GRAAFF

How many animals live on the property? DOGS? 0 CATS? 2 OTHERS 0

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

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 2 OTHER? 0

Which animals do you still have, and what happened to the others? 2 Cats, both dogs have passed

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

Full description of the fencing and gate: Vibrecrete Height: 1.5M

What shelter is provided: OUTDOORS - KENNEL - OTHER Inside

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: 10834

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

Bothma

Date of application 25/07/2026



Garden Route

DOG / CAT	Breed	Male / Female
Microchip an	992003000645621	

This animal has been adopted from the Garden Route SPCA and the donor agrees 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.

ADOPTION CONTRACT

ADMISSION No.
TOELATINGSNR.

MA0370



Garden Route

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

UITPLASINGSKONTRAK

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. 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.

- 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 rehomed 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.

- 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 katte gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregisteerde 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.

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

Jorina Bathma

HOME ADDRESS
WOONADRES:

TEL No (H): Hartenbas Heuwels
TELEFOON Nr (H):

CELL No:
SELFOON Nr: 0832765325

E-MAIL: joegeros@gmail.com
E-POS:

ADOPTION FEE:
AANEMINGSVOOI: R850

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 10841

VEHICLE REG No.
VOERTUIG REG Nr. CB569249

VEHICLE MAKE:
VOERTUIG MAAK: Agurativ

COLOUR:
KLEUR: wit

SIGNATURE
HANDTEKENING: Jorina Bathma

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 30 Jul 2026

ADMISSION NO

T1311



PRE AND POST HOME INSPECTION FORM FOR DOMESTIC ANIMALS

PASSPORT: []

DATE UNDER TAKEN

27/07/2016

TIME: 13:03

NAME OF APPLICANT: Donna Bothwell

ADDRESS: 14 Beetham Road, Inverclyde

HOME TEL No:

CELL No: 0830 765325

ANIMAL(S) ADOPTING: Staffie + Rott

SEX: Both males

AGE:

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Slabs 1.5m		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

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	DST	DST			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	F 1/13	M 1/7	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Dogs will be staying in house.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY:

Chris Power

SPCA:

Mossburn

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Garden

Garden

Garden

Gate/Crate

GRASS



GRASS

GRASS

Main Door

walk way

carport shelter

Drive way

GRASS

GRASS

Gate



MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION



992003000645621

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No * 0832765325

E-mail * joeger105@gmail.com

Title * MRS Initials * J

Street 114 Geelhoutlaan

Suburb

Country

Phone - Day time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

CHIP DETAILS

Registration Date * 12 - 08 - 2026

Date of Implant * 29 - 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

Species * CANINE

Colour BLACK + BROWN

Gender ☒ Male ☐ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

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

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 * BOTHAM

City

Area Code Hartenbos Heuwels

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth

Breed * ROTTIE X

Markings

Sterilised Yes ☒ No ☐

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, consents to its personal information being used by _____ and Virbac RSA (Lid) 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

www.backhome.co.za • Tel: 011 852-8120 or 011 027 8837 • Fax: 0800 222 546

02/27

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K 14 1974</u>				ADMISSION No. <u>T 1311</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>08/07/20</u>		Time In	<u>10:59</u>	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	Yes ☒ No ☐	Lost & Found Date checked	<u>08/07/20</u>
Microchip/Collar or ID tag found	☒	Yes ☐ No ☐	Date scanned or checked	<u>8/07/20</u>	Microchip or ID Tag number	<u>none</u>	

DESCRIPTION & HISTORY	Dog ☒	Cat	Other species (Specify) <u>Skink</u>					
	Breed	<u>Rottweiler</u>		Colour and Markings	<u>Black Tan</u>			
	Condition	<u>Good</u>		Sex	<u>male</u>	Age	<u>puppy</u>	
	Temperament	<u>friendly</u>		Sterilisation Details	<u>no</u>	Name	<u>none</u>	
	Coat	<u>S</u>	Tail	<u>C</u>	Teeth Condition	<u>up</u>	Size	<u>small</u>
	Area found / collected from	<u>Kwamangaba</u>					Date	<u>08/07/20</u>
	Reason for surrender	<u>can't afford</u>						

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

Surrendered by	☒	Name	<u>Craywin Thomas</u>
Found by		Residential Address	<u>103 Mabelo Street Kwamangaba Mosselbay</u>
Postal Address	<u>none</u>	Tel (H)	<u>none</u>
Tel (W)	<u>none</u>	Cell	<u>07328664865 4865</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: Chris Grier

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>C Thomas</u>	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 Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met die dien verstande dat die Vereeniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereeniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

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

CLAIMANT

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

Residential Address: _____

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

Postal Address: _____

Email Address: _____

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

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

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given	
-------------------------------------	--



992003000645621

Date 29/07/26

MEDICAL RECORD

Date	Remarks	Treatment	Cost
10/07/26	Vaccination + milpro		

PTS APPROVAL

NAME	SIGN

IT WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

20/01/2006 mlpro



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 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

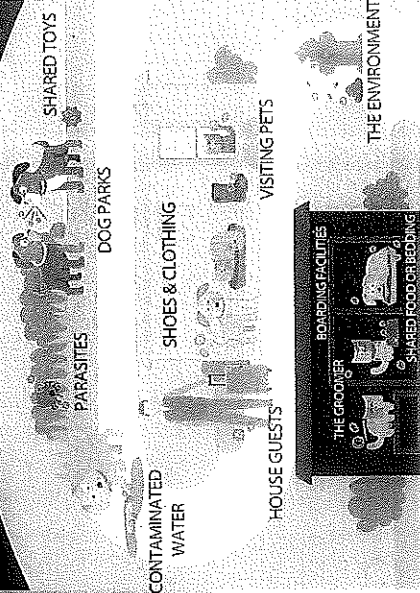
DOCTOR'S NAME

PRACTICE STAMP



Intervet South Africa (Pty) Ltd, Reg. No. 1951/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 922 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOL/2112/0001

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



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761

theatretr@grspca.co.za

Consulting Hours

Monday and Friday: 09:00-16:00

Wednesday: Closed

Tuesday and Thursday: 09:00-16:00

Saturday: 09:00 - 11:00

MY OWNER

NAME	Jorina Bethma
POSTAL ADDRESS	114 Geelhoutlaan
STREET ADDRESS	Harenbos Heuvels
HOME PHONE	
WORK PHONE	
CELLPHONE	0832765325
BREEDER DETAILS	

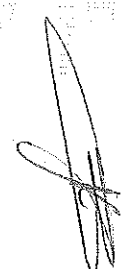
ME

SPECIES	CANINE
BREED	ROTTIE K
COLOUR	BLACK + BROWN
SEX	MALE
DATE OF BIRTH	
REGISTERED WITH	
REGISTRATION MARKS	992003000645621

NEXT VACCINATION DUE

DATE	DATE
07/08/26	

I WAS VACCINATED ON

DATE	10/07/26
VACCINE AND BATCH NO.	
VET SIGNATURE	

MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD

I WAS VACCINATED ON

DATE	
VACCINE AND BATCH NO.	
VET SIGNATURE	

MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD
MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD	MSD

Important: Vaccinations can only be given by a qualified veterinarian. It is important to keep your pet's vaccination records up to date as advised by your vet.

Nobivac[®] DHPPI (Reg. No. G2377 Act 36/1947), Nobivac[®] KC (Reg. No. G2804 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 (isocoumatine) 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 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 525 mg, Bravecto[®] (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

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 : Aubrey John Genckle
- Contact number: 07 85867 7756
- Email address : ajgenckle888@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

Bethma

Date

20 Jul 2026



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
BOTHMA
Given
JONNA
Sex
F

Country of Birth
RSA
ID Number
7708060078033

Date of Birth
05 AUG 1977
Issued at
RSA

Category
CITIZEN



Signature

Bothma

This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 50

22 FEB 2017

104013319

104013319





MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASE MOSSEL BAY

BTW REG. NO.
Naam:
BOTHMA J
Liggingsadres:
114 GEELHOUTLAAN HARTENBOSHEUWELS
BELASTING FAKTUUR MAANDELIJKE REKENING

REKENINGNUMMER: 43-002249-005-1

DATUM VAN REKENING: 23/07/2026

LAASTE KWITANSIE DATUM: 22/07/2026

VOORAFBETAALDE
METERNUMMER: 04168116194

DEURSTE DEPOSITO: 1110.00 ERF NUMMER: 2249000 TOTALE WABASE: 2075000 WYK No: 7

DATUM	BESONDERHEDE	BEDRAG
	BALANS OORGEBRING	2921.83
21/07/2026	0416811619ELEKTRISITEIT 26/05/2026-25/06/2026	538.92 *
	BASIES	468.63
	VAT/BTW	70.29
21/07/2026	0414004761ELEKTRISITEIT	404.19 *
	BASIES	351.47
	VAT/BTW	52.72
21/07/2026	063630 WATER 20/05/2026-19/06/2026	496.37 *
	6788 - 8809 (21 Kl 30 Dae)	
	BASIES	276.56
	07/25 5.92 @ 0.000 =	0.00
	13.81 @ 10.030 =	138.51
	1.27 @ 13.038 =	16.56
	VAT/BTW	64.74
21/07/2026	390007 VULLIS	338.24 *
21/07/2026	400007 RIIOOL	385.72 *
21/07/2026	301007 VULLIS	169.11 *
21/07/2026	BELASTING PAATHEMENT	798.12
	KWITANSIES	2921.00
	Balans Oorgedra	0.50
	BTW OP "A" ITEMS: 304.22 ACB TOT:	0.00

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	3131.50	3131.00

Betalings moet vooraf op die vervaldatum gemaak word	BETAALBAAR OP 17/08/2026	BEDRAG BETAALBAAR 3131.00
--	-----------------------------	------------------------------

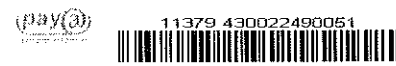
page 1 of 1

VAT No / BTW No: 4830118370

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 / Betaalings Besonderhede

Standard Bank PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 430022490051



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.



Mossel Bay
MUNICIPALITY



BOTHMA J
GEELHOUTLAAN 114
HARTENBOS HEUWELS
6520

43-002249-005-1



Fold and tear on perforation.

You en skreut af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

BELANGRIKE KENNIGING

Hierdie rekening word voorgeleë deur die Raad se toepasbare beleid geleë.

SPERDATUM:

Rekening is betaalbaar wanneer geleë. Die spersdatum op die rekening is slegs van toepassing op die lopende rekening en nie op die agterstallige gedeelte van die rekening nie. Bedrae wat onbetaald bly 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 eers toegevoeg word na die oudste skuldtekening watter tipe dienste, waarna dit in ... vooraf bepaalde prioriteitsvolgde toegevoeg sal word.
3. Betalings kan soos volg gemaak word:
 - 3.1 by enige van die MUNISIPALE KANTORE Maandae tot Vrydae (valaansiedae uitgesluit) 08:00 tot 15:30 (Mosselbaai Kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nongqo kantore).
 - 3.2 by enige PICK n PAY, SHOPRITE, CHECKERS of SPAR winkel. Let wel dat minstens 48 uur teëvoren 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 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 toevoe van dienste mag, indien enige bedrag na die spersdatum verskuldig is, sonder verdere kennisgewing opgeskort word. Die deposito sal terselfdertyd hersien word en toedien, soos van tyd tot tyd deur die Raad bepaal, sal bygevoeg word ongesag of die toevoe fisies gestaak 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. 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 eenheid vir 'n gedeelte van die bedrag, wat aangebied word, uitgerek word teen die res van die bedrag teen die uitstaande rekening verdiskonteer 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 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 (Groot Brak River, Hartenbos, D'Almeida and Kwa Nongqo 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)

BELASTINGKENNISGEWING VIR 2026/2027				
BESKRYWING	WAARDASIE / TARIEF	BTW	BEDRAG	
ONTOELAATBARE BELASTING ART 17	15000	0.000000	0.00	
VERBETERINGS	2060000	0.004911	10116.86	
BELASTING KORTING ART 17	110000-	0.004911	540.21-	
				9 576.45



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0370DATE: 30/07/26
 between Mosselbay SPCA
 and 7708 050076083
Name Jorina BothmaAddress 114 Geelhoutlaan, Hartenbos, HeuwelsTelephone Numbers (H) 0832 765325 (B)to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name _____ Sex Male Age 2 monthsDescription Retrie XOn (due date) October Adoption Form No. MA 0370on 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: _____

