

ADOPTION CHECKLIST*

ADMISSION NO:

T 1323

CONTRACT NO:

MA 0371


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 END

☒ Copy of Vaccination Record/ Certificate Microchip

☒ Microchip Registration- chip number_____

ACB00000

Name & Surname Mr B.D. Moolman

Contact INFO: 061 8392759

0824510022

Completed by: [Signature]

Date: 14/08/26

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 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/Mrs/Ms (including initials): MR BD MOOLMAN (NIEL)

HOME ADDRESS: 12 BARWILL ST, KLEINBRAK

ID NO.: 76112557 22089

POSTAL ADDRESS: _____

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

CELL NO: 061839 2759 FAX NO: _____
062 451 0022

EMAIL: niedmoolman@gmail.com

Address where animal will be kept: 12 BARWILL ST, KLEINBRAK

Occupation: ARCHITECT

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

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

Reason for wanting animal: REPLACE OUR DOG THAT RAN AWAY

Is the animal for yourself? YES

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? DOG

Can you afford private fees? YES Who is your vet? HARTENBOS HOSPITAL

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

What are the sexes of your animals? DOGS: Male 1 Female 1 CATS: Male _____ Female _____

Are all your animals sterilised? Give details YES (SPCA)

How many dogs and cats have you owned in the last 3 years? DOGS? 4 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 2, ONE PASST AWAY OLD AGE
OTHER DIED SPIDER BITE

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

Full description of the fencing and gate: BLACK WALLS; SOLID GATES Height: 1.8-3m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER WILL BE KEPT INDOOR

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

Pre Home Inspection Fee: R1000 Receipt No: 10851

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 _____

Date of application 2026.08.01

ADMISSION No.
TOELATINGSNR.

MA0371



Garden Route

DOG / CAT	Breed	Male / Female
Microchip	992003000650641	

This animal has been given to you by the SPCA at 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)/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS

WOONADRES: 12 Barwell Str, Kleinbrak

TEL No (H):

TELEFOON Nr (H):

CELL No:

SELFOON Nr: 061 8392759

E-MAIL:

E-POS: nielmoolman@gmail.com

ADOPTION FEE:

AANEMINGSVOOI: R850

VEHICLE REG No.

VOERTUIG REG Nr.

SIGNATURE

HANDTEKENING:

DATE / DATUM:

2026.08.14.

cash / left / card
kontant / left / kaart

VEHICLE MAKE:
VOERTUIG MAAK:

DONATION:
DONASIE:

KWITANSIE Nr.
RECEIPT No.

COLOUR:
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING.



Garden Route

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 kliënt 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 hulsves 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 aile tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir kaffe 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 befel 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.

B. D. Moolman

ID/PASSPORT No.:

ID/PASPOORT Nr.:

(B):

(W):

FAX No:

FAKS Nr:



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0371DATE: 14/08/26

between Mosselbay SPCA
and 76 112 55122 084
nielmoollman@gmail.com

Name Mr B.D. MoolmanAddress 12 Barwell Street, KleinbrakTelephone Numbers (H) 061839 2759 (B) 0824511 0022

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name _____ Sex Female Age 8 weeksDescription X Breed BrownOn (due date) October END Adoption Form No. _____on 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: _____

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000650641

VET OR WELFARE ORGANISATION

Vet Practice Name *

Vet Practice Number *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0618392759

E-mail * nielmoolman@gmail.com

Title * MR Initials * B D

Street 12 BARWELL

Suburb

Country

Phone - Day time

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.

Surname * MOOLMAN

City

Area Code KLEINBRAK

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 * 14-02-2026

Date of Implant * 05-08-2026

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

Name of Vet who implanted the Chip KAY LEUERS

PET DETAILS

Pet Name

Date of birth

Species * CANINE

Breed * X BREED

Colour BROWN

Markings

Gender Male ☒ Female

Sterilised Yes ☒ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

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

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 : _____
- Contact number : _____
- Email address : _____

2. Additional family member/friend details

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

3. Precious SPCA Adoption

- Have you previously adopted from SPCA (Yes/No) _____
- If yes, when? _____
- Where? _____
- What animal did you adopt? _____

I, the adoptee, confirm that I have read and fully understand the adoption contract in it's entirety.

Signature _____

Date _____

Society for the Prevention of Cruelty to Animals



Dierebeskermings- vereniging

Incorporated Association not for gain

NPO No.: 003-629

PBO No.: 130004687

Ingelyfde Vereniging sonder winsoogmerk

GARDEN ROUTE

(GEO) 044 878 1990
(GEO) 082 378 7384
Ossie Urban Rd, George, 6529
P.O Box 258, George, 6530
www.grspca.co.za

(M/B) 044 693 0824
(M/B) 072 287 1761
18 Bill Jeffery St, Mossel Bay, 6506
P.O Box 258, George, 6530
www.grspca.co.za

DATE: 03/08/2026

ATTENTION: MOSSEL BAY MUNICIPALITY

REGARDING: PERMISSION REQUEST FOR ADDITIONAL DOMESTIC ANIMALS ON A PROPERTY

Name of applicant: Mr. Moolman
Contact number: 061 839 2759 / 082 451 0022
Address of premises: 12 Barwell Street
Kleinbrak

To whom it may concern,

We have completed a welfare inspection with the following findings:

Concerns	Yes	No
Water available	✓	
Adequate shelter available	✓	
Adequate space available	✓	
Clean living environment	✓	
Animal/s chained / tethered / caged		✓
Animal/s in good condition	✓	
Veterinary problems / health concerns		✓

Note: Any concerns noted must be explained below in the Report/Findings.

Report/Findings:

Both dogs are sterilised and in good condition

List animals seen:

Morkie male 3 years
Morkie female 5 years

SPCA INSPECTOR: Christopher Nardone

SIGNATURE: [Signature]



992003000650641

ADMISSION NO

T1323

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO

DATE UNDERTAKEN: 03/08/20

TIME: 14:20

NAME OF APPLICANT: Niel moolman

ADDRESS: 12 Barwill Street Kleinbrak

HOME TEL No: CELL No: 082450022

ANIMAL(S) ADOPTING:

SEX: AGE:

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	1.8 brick wall		
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Suitability of fence (i.e. small pets can't escape):	
Is the front yard separated from the back?	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	If yes, what partitioning?	
Does applicant live at the address?	YES ☒ / NO ☐	Specify:	
		How many animals are on the property? 2	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Morkies	morkies			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	M 13	F 15	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

free roaming

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY: Chrisopher

SPCA: Mosselbay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <i>K 24 40</i>				ADMISSION No. <i>T 1323</i>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<i>10/07/26</i>		Time In	<i>12:30</i>	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<i>10/07/26</i>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<i>10/07/26</i>	Microchip or ID Tag number	<i>None</i>		

SCRIPT & HISTORY	☒ Dog	☐ Cat	Other species (Specify)					
	Breed	<i>Flower</i>		Colour and Markings	<i>Brown</i>			
	Condition	<i>Fair</i>		Sex	<i>♀</i>	Age	<i>Twelve</i>	
	Temperament	<i>friendly</i>		Sterilisation Details	<i>None</i>			
	Coat	<i>long</i>	Tail	<i>long</i>	Teeth Condition	<i>good</i>	Ears	<i>W</i>
	Area found / collected from	<i>Ex 13</i>				Date	<i>10/07/26</i>	
	Reason for surrender	<i>old Can not afford</i>						

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

Surrendered by	<i>A</i>	Name	<i>Debra Jones</i>
Found by		Residential Address	<i>Ex 13</i>
Postal Address	<i>none</i>		
Tel (H)	<i>none</i>	Tel (W)	<i>none</i>
Email	<i>none</i>		
Cell	<i>0631654644</i>		
Donation R	<i>none</i>	Cash	<i>none</i>
Card	<i>none</i>	EFT	<i>none</i>
(Receipt No.)	<i>none</i>		

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: *none* Case No: *none* Inspector: *none*

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	<i>Refer to T 1273</i>	Witness for Society	<i>[Signature]</i>
FOR OFFICE USE: PENDING ADOPTION		Details of second Applicant	
Details of first Applicant		Details of third Applicant	

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: _____

CONDITIONS / VOORWAARDES

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

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

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

4. The Society will not home any animal unsterilised.

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

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

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

4. Die Vereniging sal geen dier plaas wat ongesteiriliseer 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	 992003000650641	Date	05/08/2026
-------------------------------------	--	------	------------

MEDICAL RECORD

Date	Remarks	Treatment	Cost
15/07/26	Vaccination + milpre		

PTS APPROVAL

NAME	SIGN

I WAS VACCINATED ON

ETHNOLINGUISTIC

209

0	0
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0

22-24

2018

2304

مجلس



99200300650641

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Nobivac[®] DHPPI (Reg. No. G2377 Act38/1947), Nobivac[®] KC (Reg. No. G2604 Act 36/1947), Nobivac[®] Carinae-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac[®] Feline-HCP (Reg. No. G3880 Act36/1947), Nobivac[®], Tritat Trio (Reg. No. G3712 Act 36/1947), Quantar[®] Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel, (isoginoline) 50 mg/tablet, and Fenbendazole (benzimidazole) 500 mg/tablet, and Fenbendazole (benzimidazole) 500 mg/tablet, Pyrantel pamoate 50 mg equivalent to 504 mg pyrantel embonate) and Febatel[®] 150 mg, Extrel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg equivalent to 504 mg pyrantel embonate) and Febatel[®] 150 mg, Extrel Plus XL (Reg. No. G4227 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight).

Fehamel 525 mg, Bravecto[®] (Reg. No. G4083 Act 36/1947)

Logan, L. J., & Arnold, D. A. (2003).

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THE
NEW
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THE
NEW
EDITION

facebook.com/Bravecto.SouthAfrica
facebook.com/hills/pets/za

I WAS DEWORMED ON

DATE _____ PRODUCT _____ DATE _____ PRODUCT _____

15/07/26 Milpre

Exitel Plus XL

DEWORMING FOR HUMANS AND PETS

NOTE TO MY OWNER

Exitel Plus XL is a safe, effective deworming product for humans and pets. It is a broad-spectrum anthelmintic that kills a wide range of internal parasites, including roundworms, tapeworms, and lungworms. Exitel Plus XL is safe for use in children, pregnant women, and nursing mothers. It is also safe for use in pets, including dogs, cats, and horses. Exitel Plus XL is available in a variety of formulations, including tablets, suspension, and topical solution. For more information, please visit our website at www.exitel.co.za.

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 in rabies control purposes
3. The rabies vaccine imprint is valid
4. The certificate was signed in the presence of the official
5. It is valid for 30 days and 30 days after the date of issuance

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VESTER MARIA W.S. SIGNATURE

DATE

BOOKER'S SIGNATURE

PRACTICE STAMP



Animal Health

Internet South Africa (Pty) Ltd. Reg. No. 199/005590/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
T: 011 999 9999 Fax: 011 999 9999 Sales Fax: 086 603 1777

VACCINE RECORD CARD

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

PARASITES

DOG PARKS

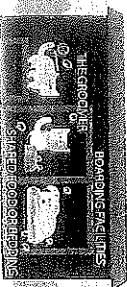
SHARED TOYS

CONTAMINATED
WATER

SHOES & CLOTHING

HOUSE GUESTS

VISITING PETS



THE ENVIRONMENT

PET'S NAME

OWNER

GARDEN ROUTE SPCA

Bill Jeffery Avenue PO Box 258
KwamonQaba George
Mosselbay 6506 6530

Cell : 071 658 4832/Office : 044 693 0824

Emergency No : 072 287 1761

Consulting Hours

Mon - Fri : 09:00 - 16:00

Saturday : 09:00 - 11:00

MY OWNER

NAME **Mr B. Weiman**

POSTAL ADDRESS

STREET ADDRESS **12 Barwell Street**

HOME PHONE **Kleinbrak**

WORK PHONE

TELEPHONE **061 839 2759**

FAVORITE DETAILS **0824 51 0033**

ME

SPECIES **Canine**

BREED **Boxer X**

COLOUR **Black N**

SEX **Female**

DATE OF BIRTH

REGISTRATION

IDENTIFICATION MARKS **9900300650641**

NEXT VACCINATION DUE

DATE DATE DATE

I WAS VACCINATED ON

DATE **13/08/26** VACCINE AND BATCH NO. **Woburn puppy DPT** VET SIGNATURE **[Signature]**

15/07/26 Batch **A267801** Exp **11-2027**

13/08/26 Batch **A270A01** Exp **02-2028**

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

Nobivac[®] DHPPI (Reg. No. G2377 Act36/1947), Nobivac[®] KC (Reg. No. G2804 Act 36/1947), Nobivac[®] Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac[®] Rabies (Reg. No. G2207 Act 36/1947), Quantel[®] Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel (Squibb) 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 500 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 500 mg, Bravecto[®] (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per 1g body weight.

MY OWNER

NAME: M. B.O. Moolman

HOMEL ADDRESS: 12 Barwell Street

PHONE: 061 5392759

CELLPHONE: 082451 0022

ME

CANINE

FOUR X

BROWN

FEMALE

992003000650641

NEXT VACCINATION DUE

DATE DATE DATE

12/06/26

I WAS VACCINATED ON

DATE: 15/07/26

VACCINE AND BATCH NO.: MSD 2009/01 P102

VET SIGNATURE: [Signature]

Batch: A267801

Exp: 11-2027

I WAS VACCINATED ON

DATE: 15/07/26

VACCINE AND BATCH NO.: MSD 2009/01 P102

VET SIGNATURE: [Signature]

Batch: A267801

Exp: 11-2027

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's 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. G2804 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac® Treat 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 (isocholine) 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 500 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 500 mg. Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

MSD Animal Health

Quantel

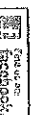
Exitel Plus

Exitel Plus XL

Bravecto

facebook.com/BravectoSouthAfrica

facebook.com/MidPests



I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
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15/07/06 M:1000



Exantel Plus Exantel Plus XL

CELEBRATING 10 YEARS OF MAKING HEALTHY DOGS

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when 12 months or older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

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

1. It accompanies the animal.
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes.
3. The rabies vaccine immunity is valid.
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

PRACTICE STAMP



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

VACCINE RECORD CARD

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



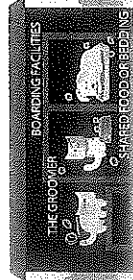
CONTAMINATED WATER

SHOES & CLOTHING

HOUSE GUESTS

VISITING PETS

THE ENVIRONMENT



PET'S NAME

MY VET

GARDEN ROUTE SPCA

Bill Jeffery Avenue PO Box 258
KwanonQaba George 6530
Mosselbay 6506

Cell : 071 658 4832/Office : 044 693 0824

Emergency No : 072 287 1761

Consulting Hours

Mon - Fri : 09:00 - 16:00
Saturday : 09:00 - 11:00

ADOPTION CHECKLIST

ADMISSION NO:

T 1323

CONTRACT NO:

MA 0371



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 END



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number

14/08/26



992003000650641

Completed by:

[Signature]

Date:

14/08/26

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 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/Mrs/Ms (including initials): MR BD MOULMAN (NIEL)

HOME ADDRESS: 12 BARWILL ST, KLEINBRAK

ID NO.: 76112557 22089

POSTAL ADDRESS: _____

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

CELL NO: 061839 2759 FAX NO: _____

EMAIL: niel.moulman@gmail.com

Address where animal will be kept: 12 BARWILL ST, KLEINBRAK

Occupation: ARCHITECT

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

Are you a student with consent to keep pets: _____ YES/IN

Reason for wanting animal: REPLACE OUR DOG THAT PASSED AWAY

Is the animal for yourself? YES

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

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

Can you afford private fees? YES Who is your vet? HARTENBOS HOSPITAL

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

What are the sexes of your animals? DOGS: Male 1 Female 1 CATS: Male _____ Female _____

Are all your animals sterilised? Give details YES (SPCA)

How many dogs and cats have you owned in the last 3 years? DOGS? 4 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 2, ONE PASSED AWAY OLD AG
OTHER DIED SPIDER BITE

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

Full description of the fencing and gate: BRICK WALLS; SOLID GATES Height: 1.8-3M.

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER WILL BE KEPT INT.

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

Pre Home Inspection Fee: R1000 Receipt No: 10851

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 _____

Date of application 2026.08.01



Garden Route

DOG/CAT	Breed	Male/Female
Microchip	992003000650641	

This animal has been given to you by the SPCA at 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/Mrs/Ms (Including initials)
NAME - Prof/Dr/Mr/Mr/Mr/Mr (Insluitende voorletters):

HOME ADDRESS:
ADDRESS: 12 Barwell Str, Kleinbrak

TEL No (H):
TELEPHONE Nr (H):

TEL No:
TELEPHONE Nr: 0618392759

MAIL:
E-MAIL: nielmoolman@gmail.com

ADOPTION FEE:
ADOPTIONSVOL: R850

VEHICLE REG No.
VOERTUIG REG Nr.

SIGNATURE
TEKENING:

DATE / DATUM: 2026.08.14.

ADMISSION No.
TOELATINGSNR.

MA0371



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 tuisde sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plezier 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 tuisde gewoonde 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.

ID/PASSPORT No.:
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr.:

DONATION:
DONASIE:

KWITANSIE Nr.
RECEIPT No.:

VEHICLE MAKE:
VOERTUIG MAAK:

COLOUR:
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING.



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0371DATE: 14/08/26between Mosselbay SPCA

and

76 112 55122 084
nielmoolman@gmail.comName Mr B.D. MoalmanAddress 12 Barwell Street, KleinbrakTelephone Numbers (H) 0618392759 (B) 0824518022

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name _____ Sex Female Age 8 weeksDescription X Breed BrownOn (due date) October END Adoption Form No. _____on 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: _____

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBERS



992003000650641

VET OR WELFARE ORGANISATION

Vet Practice Name *

Vet Practice Number *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0618392759

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

E-mail * nielmoolman@gmail.com

Title * MR Initials * BD

Street 12 BARWELL

Suburb

Country

Phone - Day time

Surname * MOOLMAN

City

Area Code KLEINBRAK

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 * 14-08-2026

Date of Implant * 05-08-2026

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

Name of Vet who implanted the Chip LAY LEUERS

PET DETAILS

Pet Name

Date of birth

Species * CANINE

Breed * X BREED

Colour BROWN

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

Virbac

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 : _____
- Contact number: _____
- Email address : _____

3. Precious SPCA Adoption

- Have you previously adopted from SPCA (Yes/No) _____
- If yes, when? _____
- Where? _____
- What animal did you adopt? _____

I, the adoptee, confirm that I have read and fully understand the adoption contract in it's entirety.

Signature _____

Date _____

**Society for the Prevention
of Cruelty to Animals**



**Dierebeskermings-
vereniging**

Incorporated Association not for gain

NPO No.: 003-629

PBO No.: 130004687

GARDEN ROUTE

Ingelyfde Vereniging sonder winsoogmerk

(GEO) 044 878 1990
(GEO) 082 378 7384
Ossie Urban Rd, George, 6529
P.O Box 258, George, 6530
www.grspca.co.za

(M/B) 044 693 0824
(M/B) 072 287 1761
18 Bill Jeffery St, Mossel Bay, 6506
P.O Box 258, George, 6530
www.grspca.co.za

DATE: 03/08/2026

ATTENTION: MOSSEL BAY MUNICIPALITY

REGARDING: PERMISSION REQUEST FOR ADDITIONAL DOMESTIC ANIMALS ON A PROPERTY

Name of applicant: Mr. Moolman
Contact number: 061 839 259 / 082 451 0022
Address of premises: 12 Barwell Street
Kleinbrak

To whom it may concern,

We have completed a welfare inspection with the following findings:

Concerns	Yes	No
Water available	✓	
Adequate shelter available	✓	
Adequate space available	✓	
Clean living environment	✓	
Animal/s chained / tethered / caged		✓
Animal/s in good condition	✓	
Veterinary problems / health concerns		✓

Note: Any concerns noted must be explained below in the Report/Findings.

Report/Findings:

Both dogs are sterilised and in good condition

List animals seen:

Morkie male 3 years
Morkie female 5 years

SPCA INSPECTOR:

Chantal Naudé

SIGNATURE:

[Signature]



992003000650641

ADMISSION NO

T1323

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES/NO

DATE UNDERTAKEN:

03/08/20

TIME: 14:20

NAME OF APPLICANT: Niel moolman

ADDRESS: 12 Barwill Street Kleinbrak

HOME TEL No:

CELL No:

082450022

ANIMAL(S) ADOPTING:

SEX:

AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	1.8 brick wall		
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Suitability of fence (i.e. small pets can't escape):	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	If yes, what partitioning?	
Does applicant live at the address?	YES ☒ / NO ☐	Specify:	
		How many animals are on the property?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Morkies	morkies			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	M 13	F 15	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
free roaming

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY:

Chrisopher

SPCA:

Mosellbay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K 27 40</u>				ADMISSION No. <u>T 1323</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>10/07/26</u>		Time In	<u>12:20</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>10/07/26</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>10/07/26</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify)			
	Breed	<u>Miniature</u>	Colour and Markings <u>Brown</u>			
	Condition	<u>Fair</u>	Sex	<u>♀</u>	Age	<u>3 months</u>
	Temperament	<u>Friendly</u>	Sterilisation Details	<u>None</u>	Name	<u>-</u>
	Coat	<u>Long</u>	Tail	<u>Long</u>	Teeth Condition	<u>Good</u>
	Area found / collected from	<u>Ex-13</u>	Ears	<u>up</u>	Size	<u>Small</u>
	Reason for surrender	<u>old Can not afford</u>				
	Date	<u>10/07/26</u>				

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

Surrendered by	<u>2</u>	Name	<u>De laet James</u>
Found by		Residential Address	<u>Ex-13</u>
Postal Address	<u>None</u>		
Tel (H)	<u>None</u>	Tel (W)	<u>None</u>
Email	<u>None</u>		
Cell	<u>0631654644</u>		
Donation R	<u>None</u>	Cash	<u>None</u>
Card	<u>None</u>	EFT	<u>None</u>
(Receipt No.)	<u>None</u>		

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: Kuer

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>Refer to T 1273</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 dierfe, 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 ongestertiliseer 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	Yes ☐ No ☐  992003000650641 Date <u>05/08/2026</u>
-------------------------------------	--

MEDICAL RECORD

Date	Remarks	Treatment	Cost
15/07/26	Vaccination + milpro		

PTS APPROVAL

NAME	SIGN

MY OWNER

Mr B.O. Moolman

12 Barwell Street

Kleinburg

061 834 2759

082451 0022

ME

CANINE

FOXIE X

BROWN

FEMALE



992003000650641

NEXT VACCINATION DUE

DATE DATE

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

15/07/26

Batch: A267801

Exp: 11-2027



I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

15/07/26

Batch: A267801

Exp: 11-2027



One of the best ways to ensure your pet's health is to keep them up to date with their vaccinations. This is to protect them from any life-threatening diseases.

WE STRONGLY RECOMMEND THAT YOU KEEP YOUR PET'S VACCINATION RECORDS UP TO DATE.

YOUR PET'S HEALTH IS OUR TOP PRIORITY. WE WILL DO OUR BEST TO KEEP YOUR PET AS HEALTHY AS POSSIBLE.

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® Rabies (Reg. No. G2207 Act 36/1947), Nobivac® 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 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. Exitel Plus XL (Reg. No. G4237 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. Bravecto® (Reg. No. G4033 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

I WAS DEMORIMED ON

DATE PRODUCT DATE PRODUCT

15/07/26 Milpro

Quantel Plus Excel Plus XL

EXCEL PLUS XL

NOTE TO THE OWNER

Quantel Plus XL is a prescription only medicine and should only be used under the supervision of a qualified veterinarian.

Quantel Plus XL is a prescription only medicine and should only be used under the supervision of a qualified veterinarian.

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 is accompanied by a rabies vaccination certificate.
2. It is accompanied by a rabies antibody titre report.
3. It is accompanied by a rabies antibody titre report.
4. It is accompanied by a rabies antibody titre report.

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

DATE

NAME

PHOTOGRAPH

PRACTICE STAMP



Animal Health

Interpet South Africa (Pty) Ltd. Reg. No. 1991/005580/07

20 Spartan Road, Spartan, 1619 RSA | Private Bag X2026, Isando, 1600, RSA

Tel: 011 999 9999 Fax: 011 999 9999 Email: info@interpet.co.za

VACCINE RECORD CARD

Vaccination protects your pet against

DANGEROUS GERMS

that can be everywhere.

PARASITES

DOG PARKS

SHARED TOYS

CONTAMINATED WATER

SHOES & CLOTHING

HOUSE GUESTS

VISITING PETS



THE ENVIRONMENT

PET'S NAME

OWNER

GARDEN ROUTE SPCA

Bill Jeffery Avenue

PO Box 258

KwanonQaba

George

Mosselbay 6506

6530

Cell: 071 658 4832/Office: 044 693 0824

Emergency No: 072 287 1761

Consulting Hours

Mon - Fri: 09:00 - 16:00

Saturday: 09:00 - 11:00

MY OWNER

NAME **Mr B. Keelman**

POSTAL ADDRESS

STREET ADDRESS **12 Barwell Street**

PHONE/PHONE **Kenbrook**

WORK PHONE

CELL PHONE **061 839 2759**

BREEDER DETAILS **0824 51 0033**

ME

SPECIES **CANINE**

BREED **FOXIE X**

COLOR **BROWN**

SEX **Female**

DATE OF BIRTH

CHIP/IDENTIFICATION **9900300650641**

BARBERS/STARS

NEXT VACCINATION DUE

DATE DATE DATE

I WAS VACCINATED ON

DATE **13/07/20** VACCINE AND BATCH NO. **Modivac puppy Dpt** VET SIGNATURE **[Signature]**

15/07/20 **Batch A 267801** **6 x P 11-2007**

13/08/20 **Batch A270A01** **Exp. 02-2028**

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

Nobivac® DHPPI (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2804 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3982 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac® Throat Trio (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quantel® Tablats (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 1g body weight.

MY OWNER

NAME Mr. B. MacLellan

POSTAL ADDRESS

STREET ADDRESS 12 Bairwell Street

HOME PHONE Kierbick

WORK PHONE

CELLPHONE 061 8392 759

BREEDER DETAILS 0824 51 0033

ME

SPECIES CANINE

BREED FOXIE X

COLOUR BROWN

SEX Female

DATE OF BIRTH

IDENTIFICATION

TELEPHONE NUMBERS 09 000 3 000 6 5 06 4 1

NEXT VACCINATION DUE

DATE DATE DATE

I WAS VACCINATED ON

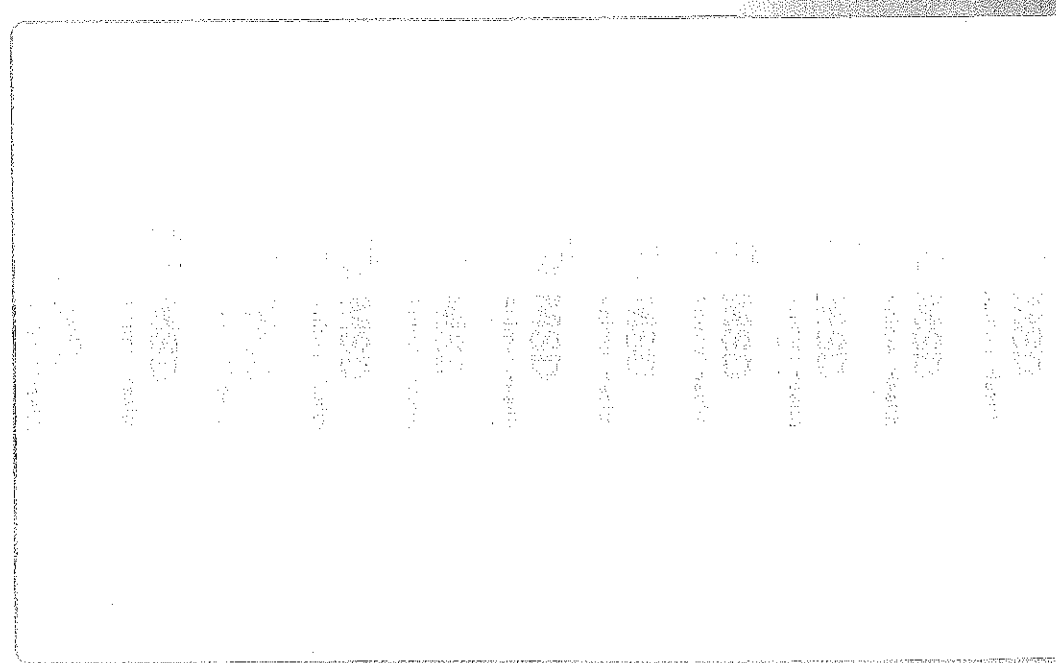
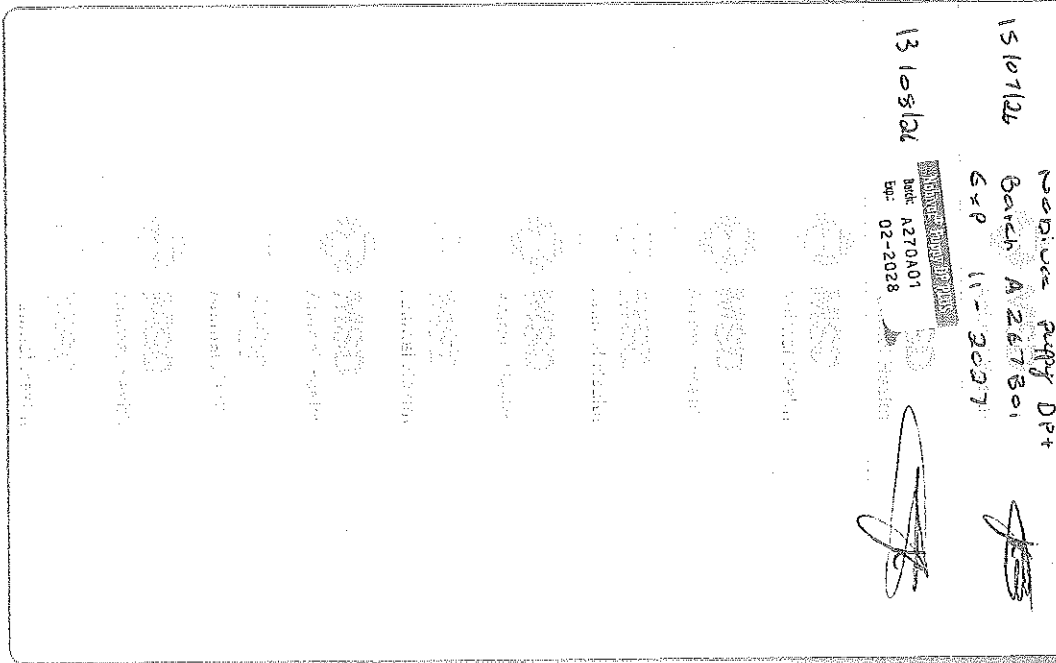
DATE 13/08/12 VACCINE AND BATCH NO. Modivac puppy Dpt VET SIGNATURE [Signature]

15/07/12 Batch A 267801 Exp 11-2007

13/08/12 Batch A270A01 Exp 02-2028

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE



One time use only. Do not use for more than one animal. Do not use for more than one vaccination. Do not use for more than one animal. Do not use for more than one vaccination. Do not use for more than one animal. Do not use for more than one vaccination.

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3982 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act36/1947), 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 (Iscodoline) 50 mg/tablet and Fenbendazole (Benzimidazole) 500 mg/tablet. Exitel Plus (Reg. No. G4228 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.

I WAS VACCINATED ON

Batch: A267B01
Exp.: 11-2027

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NEXT VACCINATION DUE

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FinanceWeek

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15/07/26 Nil:pro

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DEWORMING FOR HAPPIER HEALTHIER DOGS.

NOTE TO MY OWNERS

Puppy vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when 12 weeks of age or older are very important for keeping me healthy!

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 (injection) is valid.
4. The certificate was signed in the space below to confirm that the animals in 2 and 3 were met before the intended movement.

100

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LECTURE 5

PRACTICE STAMP

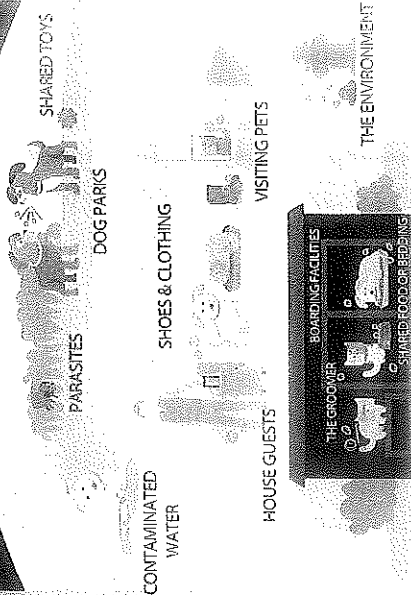


Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
226 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300. Fax: +2711 392 3158. Sales Fax: 086 603 1777

VACCINE RECORD CARD

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



THE

GARDEN ROUTE SPCA

Bill Jeffery Avenue
KwaronQaba
Mosselbay 6506

Call: 071 658 4832/Office: 044 693 0824

Emergency No: 072 287 1761

Consulting Hours

Friday: 09:00-16:00

Saturday : 09:00 - 11:00

RESIDENTIAL LEASE AGREEMENT

ENTERED INTO BY AND BETWEEN

BROADMARKET TRADING 120 PTY (LTD)

(Registration Number 2008/000126/07)

(the "Landlord")

AND

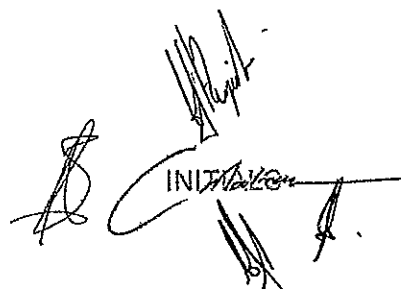
Barend Daniël Moolman
Carien Moolman

(ID Number: 761125 5122084)
840427 0124 080

(hereinafter referred to as "the Tenant")

IMPORTANT NOTE:

Please read and consider this agreement and its annexures carefully as it shall constitute a binding agreement. You will be requested to declare that you understood the content of this entire agreement and its annexures and more specifically the fact, nature and effect of clauses (terms) next to which you were requested to specifically initial. Please note that initialling next to any clause (term) would not derogate the enforceability of any of the other terms of this agreement. Please do not disregard any terms not so emphasised as such terms will be binding and enforceable.

The block contains several handwritten signatures and initials. On the left, there is a large, stylized signature. To its right, there are several smaller initials and signatures, some of which appear to be written over the word 'INITIALS' which is printed in a small, bold, sans-serif font.

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application
The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): MR BD MOOLMAN (NIEL)

HOME ADDRESS: 12 BARWILL ST, KLEINBRAK

ID NO.: 76112557 22084

POSTAL ADDRESS: _____

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

CELL NO: 0618392759 FAX NO: _____

EMAIL: nielmoelman@gmail.com

Address where animal will be kept: 12 BARWILL ST, KLEINBRAK

Occupation: ARCHITECT

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

Are you a student with consent to keep pets: _____ YES/

Reason for wanting animal: REPLACE OUR DOG THAT PASSED AWAY

Is the animal for yourself? YES

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? DOG.

Can you afford private fees? YES Who is your vet? HARTENBOS HOSPITAL

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

What are the sexes of your animals? DOGS: Male 1 Female 1 CATS: Male _____ Female _____

Are all your animals sterilised? Give details YES (SPCA)

How many dogs and cats have you owned in the last 3 years? DOGS? 4 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 2, ONE PASSED AWAY OLD A
OTHER DIED SPIDER BIT

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

Full description of the fencing and gate: BRICK WALLS; SOLID GATES Height: 1.8-3M

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER WILL BE KEPT IN

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

Pre Home Inspection Fee: R1000 Receipt No: 10851

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 _____

Date of application 2026.08.01



Garden Route

DOG/CAT	Breed	Male/Female
Microchip	992003000650641	

This animal has been given to you by the Society. It is your responsibility to ensure 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 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.

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

HOME ADDRESS
DONADRES: 12 Barwell Str, Kleinbrak

PHONE No (H):
TELEFOON Nr (H):

CELL No:
TELEFOON Nr: 061 8392759

EMAIL:
E-MAIL: nielmoolman@gmail.com

ADOPTION FEE:
AANVAARINGSVOET: R850

VEHICLE REG No.
VOERTUIG REG Nr:

SIGNATURE
OFTTEKENING:

DATE / DATUM: 2026.08.14.

cash / eft / card
kontant / eft / kaart

VEHICLE MAKE:
VOERTUIG MAAK:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING.

ADMISSION No.
TOELATINGSNR.



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.

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

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

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

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

ID/PASSPORT No.:
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE:

KWITANSIE Nr.
RECEIPT No.:

COLOUR:
KLEUR:



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0371

DATE: 14/08/26

between Mosselbay SPCA
and 76 112 55122 084
nielmoelman@gmail.com

Name Mr B.D. Moelman

Address 12 Barwell Street, Kleinbrak

Telephone Numbers (H) 0618392759 (B) 0824510022

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name _____ Sex Female Age 8 weeks

Description: X Breed Brown

On (due date) October END Adoption Form No. _____

on 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: _____

