

ADOPTION CHECKLIST

- ☒ 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 Done 14/11/24
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number Done 19/11/24
992 003 000356056

ADMISSION NO:

MBY 4116

CONTRACT NO:

MA 00071T

Adoptee INFO:

Name & Surname Rosell Du Toit

Contact INFO: 0763303854

Completed by: [Signature]

Date: 15/11/24

Manager: [Signature]

Date: 15/11/24

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

This checklist must be completed and attached to the front of every adoption that has been processes.
All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.



Garden Route

KENNEL No. <u>K 22 K29</u>			ADMISSION No. <u>MBY4116</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated
Date in	<u>17/10/24</u>		Time in	<u>9.35</u>	Date for release

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>17/10/24</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>17/10/24</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify) <u>B/I</u>		
	Breed	<u>X Breed</u>	Colour and Markings	<u>Black & White</u>	
	Condition	<u>Fair</u>	Sex	<u>♀</u>	Age <u>± 3 months</u>
	Temperament	<u>Fair</u>	Sterilisation details	<u>No</u>	Name
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition	Ears <u>hang</u>	Size <u>M</u>
	Area found / collected from <u>D'Almeida</u>				Date <u>17/10/24</u>
	Reason for surrender				

ASSESSMENT		Surrendered by		Name		<u>Reeve Booyson</u>
GOOD WITH:		Found by		Residential Address		
Children	☐			<u>124 Gelbloem</u>		
Cats	☐			<u>D'Almeida</u>		
Other Dogs	☐			Postal Address		
Livestock/Other	☐			<u>No postal</u>		
DO THEY:	☐	Tel (H) <u>No num</u>		Tel (W) <u>No num</u>		Cell <u>07444 68944</u>
Jump Fences	☐	Email		<u>No email</u>		
Run Away	☐	Donation R <u>None</u>		Cash	Card	EFT (Receipt No.) <u>None</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

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 hier/e hierbo beskryf BESIT / NIE BESIT NIE dat dit 'n RONDLOPER / NIE RONDLOPER NIE is, en dat ek WEEET / NIE WEEET 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 uitdrukk ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die "Voorwaardes" op die agterblad.

Signature	<u>Refer to MBY 4109</u>	Witness for Society	<u>hgg</u>
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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 dien verstande dat die Vereniging 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 Vereniging 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 ongesteëliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature

Witness for Society signature

Reason for Euthanasia

Euthanasia Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

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

Residential Address: _____

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

Postal Address: _____

E-mail Address: _____

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

ID/Passport No: _____

Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given	Yes	Microchip / ID tag details
	No	

Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
24/10/24	Rabies A + W		
	Next - 22/11/24		

PTS APPROVAL

NAME	SIGN



MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER: 86-007261-008-2

DATUM VAN REKENING: 23/10/2024

LAASTE KWITANSIE DATUM: 22/10/2024

VOORAFBETAALDE METERNOMMER: 01351146475

Naam: DU TOIT R

Ligingsadres: 45 HEIDEWEG DANABAAI

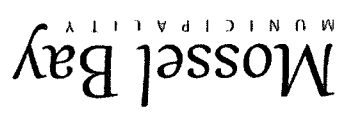
BELASTING FAKTUUR MAANDELIKSE REKENING

DATUM	BESONDERHEDE	LESINGDATUM: 13/05/24	BEDRAG
21/10/2024	BALANS OORGEERING BASIEC VAT/BTW		
21/10/2024	WATER 04/09/2024-08/10/2024 2690 - 2716 (26 Kl 34 Dae)		
21/10/2024	BASIEC 07/24	6.71 @ 0.000 = 0.00 15.65 @ 9.737 = 152.39 3.64 @ 12.656 = 46.08	
21/10/2024	VAT/BTW		65.41
21/10/2024	VULLIE		
21/10/2024	RIOOL		
21/10/2024	BELASTING PARLEMENT KWITANSIES		
	Balans Oorgeera BTW OF *** ITEMS: 207.13 ACB TOT: 0.00		

KREDIET	60 DAE	30 DAE	LOPEND	BEDRAG BETAALBAAR
0.00	0.00	0.00		1293.00
Betalings moet voor of op die vervaldatum gemaak word				
BETAALBAAR OP 15/11/2024				

Vou en skeur af.

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



DU TOIT R
POSBUS 2544
MOSSELBAAI
6500



86-007261-008-2

Fold and tear on perforation.

ADMISSION No.
TOELATINGSNR.

MBY4116



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male / Female
Microchip and or ID Tag Number: 992003000356056		

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- I will not part with possession of the animal except to return it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable promises. 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 within 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: 45 Heide weg, Danaburg

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

CELL No:
SELFOON Nr: 0763303854

E-MAIL:
E-POS: ronell.dut@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

VEHICLE REG No.
VOERTUIG REG Nr: CBS8297

SIGNATURE
HANDTEKENING: Ronell Dut



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 verstom het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieliede 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 reisekoste 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 veeartsynkundige 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 (baserings 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 rakbandjies 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 naam 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 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 wetlik en bindend is.

R. Du Toit

ID/PASSPORT No.: 7207090065081
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr
RECEIPT No. 4771

cash / eft / card
kontant / eft / kaart

VEHICLE MAKE:
VOERTUIG MAAK: COLOUR:
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING

992 003000356056.

**APPLICATION TO ADOPT AN ANIMAL**

PLEASE NOTE: We retain the right to decline this application

MA00071T

*The following documents to be attached: - ID, proof of residence, proof that pets are allowed.*NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials): Ronell Du ToitHOME ADDRESS: 45 Heideweg DonabadiID NO.: 7207090065081POSTAL ADDRESS: Selle as boTEL NO (H): - (B): -CELL NO: 0763303884 FAX NO: -E-MAIL: ronelldu@gmail.comAddress where animal will be kept: 45 Heideweg DonabadiReason for wanting an animal: companionOccupation: Business manDo you own or rent your property: own Do you have consent from owner / Body Corporate? -Are you a student with consent to keep pets? - YES/NO -Reason for wanting an animal: animal loverIs the animal for yourself? YES/NOIs 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? -Can you afford private veterinary fees? ✓ Who is your vet? Donabadi VetsHow many animals live on your property DOGS 2 CATS - OTHER -What are the sexes of your animals? DOGS: Male 2 Female - CATS: Male - Female -Are all your animals sterilised? Give details YesHow many dogs and cats have you owned over the past 3 years? DOGS 3 CATS - OTHER -Which animals do you still have, and what happened to the others? 2 - old ageIs your property fenced and has a proper gate? fenced Will you chain/cage an animal? NoFull description of the fencing and gate: walls Height: 2mWhat shelter is provided: OUTDOORS - KENNEL - OTHER indoorsHave you previously had pets from an SPCA? ✓ Are there children under the 10 years in your household? -Pre Home Inspection Fee: 100-00 Receipt No.: MB1 4757**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 11/11/24

I WAS VACCINATED ON

Animal Health

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
DU TOIT
Names:
RONELL
Sex:
F
Nationality:
RSA
Identity Number:
7207090065081
Date of Birth:
09 JUL 1972
Country of Birth:
RSA
Status:
CITIZEN


Signature: 





992003000356056

Section 4-5B: Page 1

PRE HOME NO

MPRE 032

ADMISSION NO

MBY 4116

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

M400071T

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN:

11/11/24

TIME: 16:45

NAME OF APPLICANT: Dries du Toit

ADDRESS: 45 Heide Weg, Danabai

HOME TEL No:

CELL No:

082378 5805

ANIMAL(S) ADOPTING: Colliex

SEX: Female

AGE:

4 months

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	SIAPS		
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	Boelboel	Yorkie			
CONDITION	Fair	Fair			
WELFARE (good?)	Fair	Fair			
SEX & AGE	Male 13 years	7 year Male	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☒ LARGE DOGS

INSPECTED BY:

Wally Wageraar

SPCA:

MBuy SPCA

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000356056

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0823785805

E-mail * driesdud@gmail.com

Title * MR Initials * D

Street 45 HEIDE WEG

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 notification

If possible, please provide a personal email, not a company email.

Surname * OUTT

City

Area Code DANABAAI

Province

Phone - Night time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Surname *

Surname *

Surname *

CHIP DETAILS

Registration Date * 19 - 11 - 24

Date of Implant * 14/11 - 11 - 24

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name LUMIE

Species * CANINE

Colour WHITE

Gender Male ☒ Female

Date of birth 2024

Breed * COLLIE X

Markings

Sterilised ☒ Yes ☐ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or its office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions 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 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 personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by Virbac:RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE

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

1. On-line

Log onto www.backhome.co.za. Complete the registration process.

2. By fax

Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364