

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
- ☒ Copy of Vaccination Record/ Certificate
- ☐ Microchip
- ☐ Microchip Registration- chip number_

ADMISSION NO:

CONTRACT NO:

Adoptee INFO:

Name & Surname _____

Contact INFO: _____



992003000408512

Completed by: _____

Date: 10/12/2024

Manager: _____

Date: 10/12/2024

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.



REPUBLIC OF SOUTH AFRICA NATIONAL IDENTITY CARD

Surname:

BESTER

Names:

LOUISA SUSANNA

Sex:

F

Nationality:

RSA

Identity Number:

8308080028086

Date of Birth:

08 AUG 1983

Country of Birth:

RSA

Status:

CITIZEN



Signature:



ADOPTION No

ADMISSION

Section 4-12a

PRE AND POST HOME INSPECTION FORMPASSED: ☒ YES / NO

DATE UNDERTAKEN:

TIME:

NAME OF APPLICANT:

ADDRESS:

HOME TEL No:

CELL No:

ANIMAL(S) ADOPTING:

SEX:

AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:	Bricks	Height of fence:	2.8
Any sign of Kennel/Shelter?	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☒ / NO ☐	If yes, what partitioning?	
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify:	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Golden retriever				
SEX	Male				
AGE	± 4 months				
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



SMALL DOGS



CATS



MEDIUM DOGS



EQUINE



LARGE DOGS



OTHER (specify)

INSPECTED BY:

SPCA:

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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): Mrs L.S. Bester

HOME ADDRESS: 26a Canty street, De Bakke, Mosselbay

ID NO.: 8308080028 086

POSTAL ADDRESS: _____

TEL NO (H): 078 062 1327 (B): _____

CELL NO: 072 185 7321 FAX NO: _____

EMAIL: besterluisa@gmail.com

Address where animal will be kept: 26a Canty street, De Bakke, Mosselbay

Occupation: Teacher

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

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

Reason for wanting animal: Animal lover

Is the animal for yourself? _____ YES/NO YES

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

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

Can you afford private fees? YES Who is your vet? Dr De Graaf

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

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

Are all your animals sterilised? Give details No, too young

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

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

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

Full description of the fencing and gate: Brick, wooden gate Height: 1,8 - 2m +

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Indoors

Have you previously had pets from an SPCA? No Are there children under 10 in your household? 1

Pre Home Inspection Fee: R100 Receipt No: _____

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

8/2/2024



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male / Female
Microchip and or ID Tag		

992003000408512

This animal has been given 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: 26 A Canty Str, De Bakke

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

CELL No:
SELFOON Nr: 072 185 7321

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

ADOPTION FEE:
AANEMINGSVOOL:

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

VEHICLE REG No.
VOERTUIG REG Nr: CBS 81602

VEHICLE MAKE:
VOERTUIG MAAK: Chev.

COLOUR:
KLEUR: Grey

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING

DATE / DATUM: 16/02/24



Garden Route

UITPLASINGSKONTRAK

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is,
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per 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.

I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

Sanabel **Extelplus** **ExtelplusXL**
DEWORMING FOR HAPPIER 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

RABIES MOVEMENT PERMIT

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

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

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

PRACTICE STAMP



Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA

VACCINE RECORD CARD

Vaccination protects your pet against

DANGEROUS GERMS
that can be everywhere.



PET'S NAME

W/NET

GARDEN ROUTE SPCA
MOSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761

theatrem@grspca.co.za

Consulting Hours

Monday & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00
Friday - 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed

MY OWNER

NAME

L.S. Bester

POSTAL ADDRESS

STREET ADDRESS

26 A. Canterbury Str.
De Bakke

HOME PHONE

WORK PHONE

072 1857321

BREED DEMANDS

ME

SPECIES

Feline

BREED

DSH

COLOR

Grey + white

SEX

Male

DATE OF BIRTH

2023

WEIGHT (kg)

992003000408512

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

12/03/24

I WAS VACCINATED ON

DATE

12/02/24

VACCINE AND BATCH NO.

VET SIGNATURE



AHT
NORTEBO
NAGLE

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac® Tricat Trio (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quantel® Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel (isopropine) 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. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg, Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.



Quantel

Exitel Plus

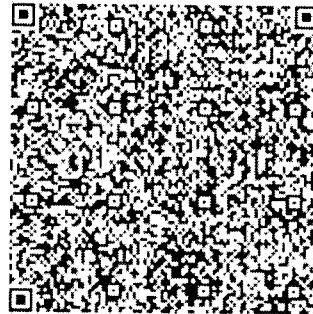
Exitel Plus XL

Bravecto



One of the Global One money management products or services

Proof of Account Details



To Whom it May Concern,

We hereby confirm that Mrs Louisa Bester has the following account(s) at Capitec Bank Limited on 16/02/2024

Client Details

Name: Louisa LS Bester
ID/Passport Number: 8308080028086
Residential Address: 26A CANTY STREET, DE BAKKE, MOSSEL BAY, 6506
Postal Address: 26A CANTY STREET, DE BAKKE, MOSSEL BAY, 6506

Account Details

Account Status: Active
Account Type: Savings
Account Number: 1389488851
Branch Code: 470010
Date Opened: 31/07/2014

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

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

24hr Client Care Centre 0860 10 20 43 E ClientCare@capitecbank.co.za capitecbank.co.za

Capitec Bank is an authorised financial services (FSP46669) and registered credit provider (NCRCP13). Capitec Bank Limited Reg. No. 1986001678/06 Page 1 of 1

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STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBX 75

DATE: _____

between MBX 75 SPCA

and

Name MBX 75

Address 18 A. Conny Str. De Balle

Telephone Numbers (H) _____ (B) 0121857321

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

Animal's Name Rhannon Sex Male Age 2 months

Description DSH Grey + white

On (due date) May 2024 Adoption Form No. MBX 0015

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: [Signature] For SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>C3</u>				ADMISSION No. <u>MBY1699</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>22/01/24</u>		Time in	<u>09:31</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☐ Yes ☒ No	Lost & Found Date checked	<u>22/01/24</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>22/01/24</u>	Microchip or ID Tag number	<u>NONE</u>	

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify)			
	Breed	<u>DSH</u>	Colour and Markings		<u>Orange & white</u>	
	Condition	<u>fair</u>	Sex	<u>♂</u>	Age	<u>7 weeks</u>
	Temperament	<u>Good</u>	Sterilisation details	<u>NO</u>	Name	
	Coat	<u>Thin</u>	Tail	<u>Long</u>	Teeth Condition	<u>Good</u>
			Ears	<u>UP</u>	Size	<u>Small</u>
	Area found / collected from	<u>Grootbrak</u>				Date
	Reason for surrender	<u>Unwanted</u>				

ASSESSMENT	GOOD WITH: Yes No		Surrendered by		Name		<u>Mariska Lubbe</u>
	Children	☐	Found by	<u>30 Annie Singel Greenhagen</u>			
	Cats	☐	Residential Address	<u>Grootbrak</u>			
	Other Dogs	☐					
	Livestock/Other	☐	Postal Address	<u>N/A</u>			
	DO THEY: Yes No	Tel (H)		Tel (W)		Cell	<u>074 365 1132</u>
	Jump Fences	☐	Email		<u>mariska.lubbe@hotmail.com</u>		
	Run Away	☐					
	COMMENTS:		Donation R	Cash	Card	EFT	(Receipt No.)
	PLEASE INSIST ON A RECEIPT						

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

I do hereby certify that I **DO / I DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and I **DO / I DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see "Conditions" on reversed side.**

Hiermee verklaar ek dat ek hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature	Witness for Society
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FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant