ADOPTION CHECKLIST

ADMISSION NO:
MBY 1155

CONTRACT NO:
MB + 0016

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done on 06/02/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000408519

Adoptee INFO:

Name & Surname Enrico Gagliano

Contact INFO: 0835322251

Completed by: Kay Ieso... Date: 07/02/2024

Manager: [signature] Date: 07/02/2024

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 processes.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

K29
MBY 1662

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 1 · 2 · 24 TIME: 10.45

NAME OF APPLICANT: Enrico Gagiano

ADDRESS: 45 Kiening Klip Jest 26
Montclair

HOME TEL No: CELL No: 0835532251.

ANIMAL(S) ADOPTING: K29 Pikinese MBY 1662

SEX: ♀ AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: High		Suitability of fence (i.e. small pets can't escape): Yes	
Suitable shelter? (i.e. Kennel in protected area)	YES ☑ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☐
Is the front yard separated from the back?	YES ☐ / NO ☑	If yes, what partitioning?	mesh
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?	0

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	0				
CONDITION	0				
WELFARE (good?)	0				
SEX & AGE	0 /	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Good home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☐ **SMALL DOGS**
☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Lorraine **SPCA:** DBV **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): Enrico Gagliano

HOME ADDRESS: 45 Koningklip Street

Mossel Bay, 6500 ID NO.: 7309295008088

POSTAL ADDRESS: Same

TEL NO (H): 0813283770 (B):

CELL NO: 0835322251 FAX NO: 0866533365

EMAIL: admin@statustimber-ley.co.za

Address where animal will be kept: Same as above

Occupation: Director

Do 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 animal: Family friend

Is the animal for yourself? YES/NO

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

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

Can you afford private fees? Yes Who is your vet? Bay Vet

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

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

Are all your animals sterilised? Give details

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? none - gave up for adoption when resided to Mossel Bay

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

Full description of the fencing and gate: Cement & Steel Height: 1.8 m

What shelter is provided: OUTDOORS Yes KENNEL OTHER Indoors

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

Pre Home Inspection Fee: R100.00 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** 27/01/2024

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000408519

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

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0833322251 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications

E-mail * adm.n@statusk.mberley.co.za If possible, please provide a personal email, not a company email.

Title * MR Initials * E Surname * GAGIANO

Street 45 KONINGKLIP City MOSSEL BAY

Suburb Area Code

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * - -

Date of implant * 06 02 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip Ndyebo Ngcile

PET DETAILS

Pet Name QUEENIE Date of birth 2019

Species * DOG Breed * PEKINGESE

Colour CREAM Markings

Gender Male X Female Sterilised X 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

[illegible] personal information herein supplied and/or any of his/her personal information already in possession of the veterinarian may be processed by, the said [illegible] about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his/her personal information to [illegible] Backhome to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to [illegible] 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 [illegible] Virbac would like to send him/her general information regarding pets. The client acknowledges that he/she has a right to object to the processing of [illegible] and unless expressly stated otherwise hereby consents to the processing of personal information being used by [illegible] and purposes. SIGNATURE

The following option to register on the backhome database

1a. Complete the registration process

Phone: 0800 222 546 (TOLL FREE) or 011 852 6364

backhome@virbac.co.za or backhome.support.external@virbac.co.za

ADMISSION No. **MBY0066**
TOELATINGSNR.

ADOPTION CONTRACT

DBV SPCA Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID Tag !	992003000408519	

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.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. 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.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. 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.
9. I can afford the services of a private veterinary practitioner
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. 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.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. 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.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. 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.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. 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.

UITPLASINGSKONTRAK

DBV SPCA 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.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. 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 onkostes 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 onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en klient skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. 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.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. 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.
11. 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).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. 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.
14. My erf is behoorlik omheen en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. 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.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede 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 verwaarlosing van enige dier nie.*

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

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

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7309295008088

HOME ADDRESS
WOONADRES: 45 Koningklip Street, Mosselbay

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

(B):
(W):

CELL No:
SELFOON Nr: 0833322251

FAX No:
FAKS Nr:

E-MAIL:
E-POS: adminassistant@kimberley.co.za

ADOPTION FEE:
AANEMINGSVOOI: R150

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 1615

VEHICLE REG No.
VOERTUIG REG Nr. CB 5233

VEHICLE MAKE:
VOERTUIG MAAK: Ford

COLOUR:
KLEUR: Wit

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING:

DATE / DATUM:

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

MBY 00 66

KENNEL No. K16 · K30				ADMISSION No. MBY1662		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 15/01/24			Time in 14:00		Date for release 22/01	

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		Yes	X	Lost & Found Date checked	15/01/24		
		No					
Microchip/Collar or ID tag found	X	Yes	Date scanned or checked	15/01/24	Microchip or ID Tag number		
		No					

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)			
Breed	~~Pekinese~~ Pekingese.		Colour and Markings	Cream + Black	
Condition	Fair		Sex	♀	Age Adult
Temperament	Good		Sterilisation details	NO	Name
Coat Thin	Tail Long	Teeth Condition Fair	Ears Down		Size Small
Area found / collected from	Hartenbos.				Date 15/01/24
Reason for surrender	Stray				

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by / Found by	Name	Janique Bettini			
Residential Address	4, Rylaan 7. Seemeeu Park				
Postal Address	N/A				
Tel (H) N/A	Tel (W)	Cell 0611166883			
Email	N/A				
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A	

PLEASE INSIST ON A RECEIPT N/A N/A N/A.

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 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 uitdrukiik 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

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus

Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS.

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for age 2 weeks or age and every 3 months when I am a breeder with the aim to keep me healthy.

RABIES MOVEMENT PERMIT

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

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

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 6 Feb. 2024.

DOCTOR'S NAME Dr. A. Pocheria.

GARDEN ROUTE SPCA
P.O.BOX 258
GEORGE 6530
TEL: 044 693 0824 / 072 281 1761

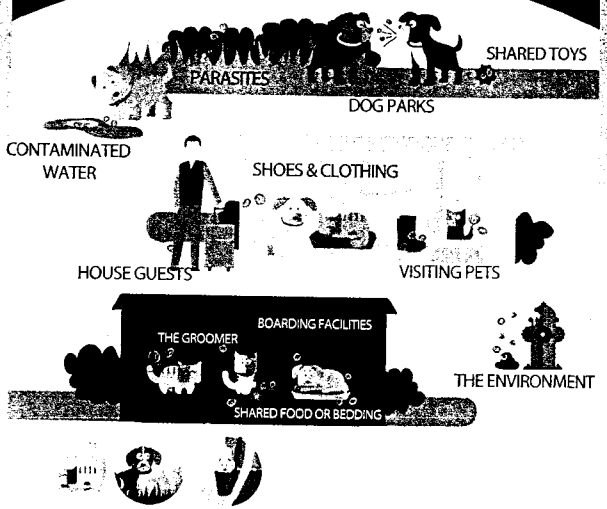
PRACTICE STAMP MB4 1667

MSD Animal Health

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.



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL 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

MOSSELBAAI
Munisipaliteit

101 Marsh Street
Private Bag X 29
Mossel Bay 6500

UMASIPALA

Mossel Bay

MOSSEL BAY
Municipality

VAT Nr 4830118370

Tel. (044) 606 5000
Fax (044) 606 5062

WASEMOSSELBAYI

admin@mosselbay.gov.za
www.mosselbay.gov.za

Naam: [illegible]

Liggingsadres: [illegible]

REKENINGNOMMER	[illegible]
DATUM VAN REKENING	[illegible]
LAASTE KWITANSIE DATUM	[illegible]
VOORAFBETAALDE METER NOMMER	[illegible]
WARD	[illegible]

BELASTING FAKTUUR **MAANDELIKSE REKENING**

DIENSTE DEPOSITO [illegible] ERF NOMMER [illegible] WAARDASIE [illegible]

DATUM	VERWYSING	BESONDERHEDE		BEDRAG
		BALANS OORGEBRING		616.53
19/12/2023	0135114642	ELEKTRISITEIT 05/12/2023-15/12/2023		434.40 *
		BASIES	377.74	
		VAT/BTW	56.66	
19/12/2023	CEHB7179	WATER 05/11/2023-05/12/2023		257.78 *
		BASIES	224.17	
		VAT/BTW	33.62	
19/12/2023	400013	RIOOL		316.44 *
19/12/2023	300013	VULLIS		274.89 *
19/12/2023		BELASTING PAAIEMENT		252.93
		KWITANSIES		616.00-
		Balans Oorgedra		0.98-

BTW OP '*' ITEMS: 167.40 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	BETAALBAAR
0.00	0.00	0.00	1536.98	1536.00

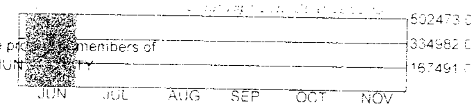
Betaling moet op of voor die vervaldatum gemaak word

BETAALBAAR OP **15/01/2024**

BEDRAG BETAALBAAR R 1536.00

KENNISGEWING

Standard Bank is now the Primary banker for the MOSSEL BAY MUNICIPALITY. Municipal Customers, service providers, members of the public and various stakeholder sare therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.



EasyPay

>>>>>9152676018552004666

PAY# 11379 760185520046

To: S P C A Mossel Bay

RE: PROOF OF RESIDENCE OF SPOUSE

Herewith I Theresa Gagiano with ID nr 7807280028086 confirm that Enrico Gagiano with ID nr 7309295008088 is my husband and is residing at 45 Koningklip, Mossel Bay.

Signed at Mossel Bay on the 6th of February 2024

Theresa Gagiano

G.P.-S. 017-0020

BI-27

H 068224

REPUBLIC OF SOUTH AFRICA

REPUBLIEK VAN SUID-AFRIKA

MARRIAGE CERTIFICATE

(Issued in terms of the regulations made under Act 81 of 1963)

HUWELIKSERTIFIKAAT

(Uitgereik kragtens die regulasies uitgevaardig onder Wet 81 van 1963)

HUSBAND: MAN: I.D. No. 7309295008088

Surname Van: SINGINO

Forenames in full Volle voorname: ENRICO

Date of birth: Geboortedatum: Day Dag 29 Month Maand 09 Year Jaar 1973

WIFE: VROU: I.D. No. 7807280028086

Surname Van: COSTHUIZEN

Forenames in full Volle voorname: THERESA

Date of birth: Geboortedatum: Day Dag 28 Month Maand 07 Year Jaar 1978

Date of marriage: Datum van huwelik: Day Dag 12 Month Maand 05 Year Jaar 1995

Marriage solemnized at Huwelik bevestig te: KIMBERLEY

12/5/1995

Date issued
Datum uitgereik

Marriage Officer
Huweliksbevestiger