ADOPTION CHECKLIST

ADMISSION NO: MBY 2509

CONTRACT NO: MBY0062

- [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 sterillzation Contract Done 11/04/2024 @ MBay SPCA
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000418798

Adoptee INFO:

Name & Surname Gerda Willers

Contact INFO: 0607540713

Completed by: Kay Fevers Date: 12/04/2024

Manager: [signature] Date: 12/04/2024

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No. K1 K2				ADMISSION No. MBY2509		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 22/03/24			Time in	12:15	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	X Yes / No	Lost & Found Date checked	22/03/24
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	22/03/24	Microchip or ID Tag number		

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	Pomeranian		Colour and Markings	Light Brown	
Condition	Fair		Sex	♂	Age 14 months
Temperament	Good		Sterilisation details	NO	Name
Coat long	Tail long	Teeth Condition Fair	Ears up		Size Small
Area found / collected from	EXT 13				Date 22/03/24
Reason for surrender	Too many dogs				

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

Surrendered by / Found by	X	Name	Wayne Farao
Residential Address	39 Santon Street EXT 13		
Postal Address	N/A		
Tel (H) N/A	Tel (W) N/A	Cell 0847949217	
Email	wayne.farao1@gmail.com		
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A

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 /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 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 Refer to MBY2508	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #	K 19	DATE	
CARD #		BREED	
COLOUR		STRAY/SURRENDER	
ANIMAL NAME		MALE/FEMALE	
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

GENERAL HEALTH CHECK			
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIP	NAD		
SKIN&COAT	NAD		
FIT FOR ADOPTION	YES	NO	
COMMENTS:			

ADMISSION NO MBY 2509

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 10/12/2024 TIME: 11:00

NAME OF APPLICANT: Gerda De Villiers

ADDRESS: 77 Langstraat, Groot brak

HOME TEL No: _____ CELL No: 0607540713

ANIMAL(S) ADOPTING: Dog

SEX: Male AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: CONCRETE 1.8m + WIRE		Suitability of fence (i.e. small pets can't escape):	
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☐ / NO ☒	If yes, what partitioning?	N/A
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?	NIL, 1 CAT

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	X LAB	BOSH			
CONDITION	GOOD	GOOD			
WELFARE (good?)	GOOD	GOOD			
SEX & AGE	MALE / 2YRS	MALE / 2 YRS	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

BOSH CAT

OTHER INFORMATION / COMMENTS GOOD HOME PETS WELL LOOKED AFTER

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ **CATS** ☑ **SMALL DOGS**

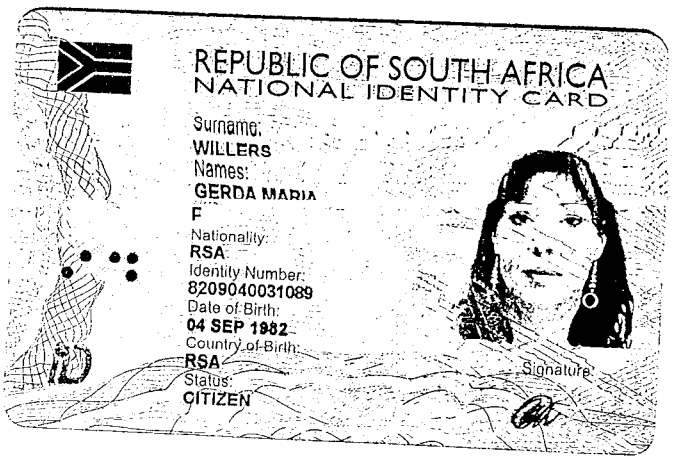
☑ **MEDIUM DOGS** ☑ **LARGE DOGS**

INSPECTED BY: ANITA WALTMAN **SPCA:** _____ **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

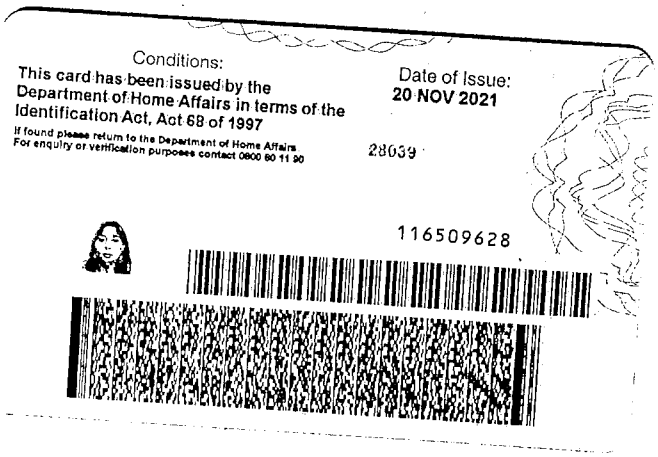
DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
WILLERS
Names:
GERDA MARIA
F
Nationality:
RSA
Identity Number:
8209040031089
Date of Birth:
04 SEP 1982
Country of Birth:
RSA
Status:
CITIZEN

Signature:



Conditions:
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
20 NOV 2021

28039

116509628

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank PREDEFINED BENEFICIARY
MOSSEL BAY MUNICIPALITY
Verwys. Nr.: 060001750014
>>>>>9152606000175001141
11379 060001750014

Message / Boodskap

Standard Bank is now the Primary banker for the
MOSSEL BAY MUNICIPALITY.
Municipal customers, service providers, members
of the public and all stakeholders are therefore
informed of the new banking partner for the
MOSSEL BAY MUNICIPALITY
The municipality has been added as a predefined
beneficiary on the Bank Directory.

KREDIET 30 DAE LOPENDE
0.00 0.00 0.00 1303.00

BETAALBAAR OP
15/9/2023

BEDRAG BETAALBAAR
1303.00

Mossel Bay
MUNICIPALITY

LIEBENBERG HJ
LANGSTRAAT 77
GROOTBRAKRIVIER

6525

MY OWNER

NAME: Gerda Willers.

POSTAL ADDRESS:

STREET ADDRESS: 77 Langstraat

Grootbrak

HOME PHONE:

WORK PHONE:

CELL PHONE: 0607540713

BREEDER DETAILS:

ME

SPECIES: Canine

BREED: Toy Pom

COLOUR: Cream

SEX: Male

DATE OF BIRTH: Jan 22

MICROCHIP #: 992003000418798

FEATURES / MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
25/3/24		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
25/3/24	For Animal Use Only VANGUARD® PLUS 5 Reg No. G2238 (Act 36/1947) Namibia only: V97/24.1/925 NS2 U.S. Veterinary License No. 150 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose Exp. 25 JUN 24 Lot 635607	KWA
17/4/24	RABISIN R 924507 Lot/Batch: Ut. av./Exp.: E48017 28/01-2025	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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 some protection during my first few weeks by passing on 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 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 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 (isoquinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 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.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL

Find us on facebook. facebook.com/Bravecto.SouthAfric

ADMISSION No.
TOELATINGSNR. MBY0062

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip and or T			

992003000418798

This animal has bee 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

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 bale plesier en tevredenheid. Daar is ook verantwoordeliknede 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 kliënt 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 omhein 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): Gerda Willers

HOME ADDRESS
WOONADRES: 77 Langstraat, Groetbrak

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8209040031089

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

(B):
(W):

CELL No:
SELFOON Nr: 0607540713

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 3329

VEHICLE REG No.
VOERTUIG REG Nr. 40957 CBS

VEHICLE MAKE:
VOERTUIG MAAK: Polo

COLOUR:
KLEUR: Grys

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY
GETUIE VIR VEREENIGING:

DATE / DATUM: 12/04/24

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): Mev Gerda Willers

HOME ADDRESS: Langstraat 77 Groot-Brakrivier

8209014003108 9 ID NO.:

POSTAL ADDRESS: Langstr 77 Groot-Brak

TEL NO (H): (B):

CELL NO: 0607540713 FAX NO:

EMAIL: hairathome.upt@gmail.com

Address where animal will be kept: Groot-Brakrivier Langst 77

Occupation: Stylist

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: Companian

Is the animal for yourself? yes YES/NO

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? TOY POM

Can you afford private fees? yes Who is your vet? Craft animal

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

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

Are all your animals sterilised? Give details yes

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

Which animals do you still have, and what happened to the others? all of them

Is your property fenced and has a proper gate? yes Will you chain/ an animal?

Full description of the fencing and gate: Height:

What shelter is provided: OUTDOORS KENNEL OTHER ✓

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

Pre Home Inspection Fee: R100 Receipt No: MBY 3320

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** 9/04/24

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000418798

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 *: FR 14/13019

Vet Practice Name *: SPCA [illegible] Vetcom

Vet Practice Phone - Daytime *: C44 6930524

PET OWNER INFORMATION

Cell No *: 0607540713 — [illegible] South Africa, Botswana and Namibia will be receiving SMS notifications

Email *: hairathomeupt@gmail.com — If possible, please provide a personal email, not a company email

Title *: MRS — Initials *: G — Surname *: WILLERS

Street: 77 LANGSTRAAT — City:

Suburb: — Area Code: GROOTBRAK

Country: — Province: WESTERN CAPE

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 *: 11 - 04 - 2024

Was the Microchip implanted by this veterinary practice?: ✗ Yes No

Name of vet who implanted the Chip: MULLER SUSSIE

PET DETAILS

Pet Name: TEDDY — Date of birth: 2024

Species *: DOG — Breed *: POMERANIAN

Colour: TAN — 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

[illegible] possession of the veterinarian may be [illegible] The client further agrees that the veterinarian may forward [illegible] The client also agrees that where other relevant [illegible] The client also agrees that [illegible] right to object to the processing of personal information for marketing purposes [illegible] be used by [illegible] Virbac RSA (Pty) Ltd for the above mentioned purposes. SIGNATURE: [signature]

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

1. On line — [illegible]
2. By fax — [illegible]
3. By email — [illegible] backhome [illegible] virbac.co.za
4. By App — [illegible]