ADOPTION CHECKLIST

ADMISSION NO: MBY 4740

CONTRACT NO: MA000247

Adoptee INFO:

Name & Surname: Nelia de Villiers

Contact INFO: 0720234399

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Dooc 16/01/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486908

Completed by: _____ Date: _____

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 processes.

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

Loaded.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K28 34				ADMISSION No. MBY4740		
Stray X	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 07/12/24			Time in	09:25	Date for release	

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

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify) BI		
Breed	X Breed	Colour and Markings Brown		
Condition	Good	Sex ♂	Age 3 months	
Temperament	Good	Sterilisation details NO	Name Bronzo	
Coat S	Tail L	Teeth Condition	Ears hang	Size S
Area found / collected from Danabo?				Date
Reason for surrender Stray				

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

Surrendered by / Found by		Name	HEINRICH		
Residential Address	43 EMIRA Street Danabo?				
Postal Address					
Tel (H)	Tel (W)	Cell 084 314 1644			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

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

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 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

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

GARDEN ROUTE SPCA

ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN

KENNEL		DATE	
CARD NR		BREED	
COLOUR		STRAY/DONATED	
ANIMAL NAME		MALE/FEMALE	
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

GENERAL HEALTH

EARS	✓
EYES	✓
TEETH	✓
NOSE	✓
LUNGS	✓
HEART	✓
ABDOMEN	✓
HIP	✓
SKIN & COAT	✓
FIT FOR ADOPTION	YES
COMMENTS:	

4740
Bion20
MAC0024T

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof of residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Nelia de Villiers

HOME ADDRESS: 12 Driehoek street, Vleesbaai

ID NO.: 8011120019087

POSTAL ADDRESS: 11

TEL NO (H): (B):

CELL NO: 0720236399 FAX NO:

E-MAIL: neliaz@mweb.co.za

Address where animal will be kept: 12 Driehoek street, Vleesbaai

Reason for wanting an animal: Family companion

Occupation: Self-employed

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)

Reason for wanting an animal:

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? Calm breed

Can you afford private veterinary fees? Yes Who is your vet? Heiderand Dierekliniek

How many animals live on your property DOGS 0 CATS 0 OTHER 0

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

Are all your animals sterilised? Give details

How many dogs and cats have you owned over the past 3 years? DOGS 5 CATS OTHER

Which animals do you still have, and what happened to the others? Died of diabetes, rehomed (aggressive)

Is your property fenced and has a proper gate? Yes Will you chain/cage an animal? Never

Full description of the fencing and gate: Clearview Height: 1.2m

What shelter is provided : OUTDOORS KENNEL OTHER Indoor

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

Pre Home Inspection Fee: R100 Receipt No.: 5542

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** 14/01/2025

PRE HOME NO: MPRE 063

ADMISSION NO: MBY 4740

MA0 0024T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003 000 486908

PASSED: (YES) / NO DATE UNDERTAKEN: 16/1/25 TIME: 12:00

NAME OF APPLICANT: Nelia de Villiers

ADDRESS: 12 Driebaek street, Vleesbaai

HOME TEL No: CELL No: 0720234399

ANIMAL(S) ADOPTING: Dog X2 M.

SEX: ♂ x 2 AGE: ± 6 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1 - 1.5 meter		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?	
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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
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: [illegible] **SPCA:** Mossel Bay **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	**RESULT**	**REMARK**	**BY WHOM**

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO:
Microchip and or	992003000486908		

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 the 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 the form of a microchip or a collar and tag – only **elasticised 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 the 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 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): Nelia de Villiers

HOME ADDRESS: 12 Oriehoek Str, Vleesbaai ID/PASSPORT NO.: 8011120019087

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

CELL NO: 0720234399 FAX NO: _____

E-MAIL: nelia12@mweb.co.za

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. _____

VEHICLE REG. No. JBY 406 FS VEHICLE MAKE: Hilux COLOUR Gray

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 17/01/2025

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
DE VILLIERS
Names:
NELIA
Sex:
F
Nationality:
RSA
Identity Number:
8011120019087
Date of Birth:
12 NOV 1980
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:
09 JUL 2021

RSA

116762983

INVOICE

INV0180283

SUIDERKRUIS SECURITY TRUST
Reg: IT 1427/08
VAT No:

P.O. BOX 570
GREAT BRAK RIVER
6525

73 LONG STREET
GREAT BRAK RIVER
6525

Tel No: 044 620 2567
Fax No: 086 605 2223
Email: accounts@suiderkruissecurity.co.za

Date	01/12/2024
Reference No	None

9304/S - WHITE LION SAFARIS TRUST
Reg:

Trustees: Ricus de Villiers and Nelia de Villiers

12 DRIEHOEK STREET
VLEESBAY
6504

VAT No: 4820249540
12 DRIEHOEK STREET
VLEESBAY
6504

Tel No: 072 023 4399
Fax No:
Email: admin@whitelionsafaris.com

Notes

MONTHLY MONITORING DECEMBER 2024

Line	Stock Code	Description	Qty	Discount	%	Unit Price	Tax Amount	Total Incl
1	MONBOG	MONITORING	1	0.00	00	595.00	0.00	595.00

Bank Details
SUIDERKRUIS SECURITY TRUST
STANDARD BANK
062483684
GEORGE
051001
BUSINESS CURRENT ACCOUNT

EXCLUDING TAX	**595.00**
TAX (VAT)	**0.00**
TOTAL	**595.00**

I hereby acknowledge the receipt of these items in good order

Signature:_____ Date: _____

MY OWNER

NAME	Nelia de Villiers
POSTAL ADDRESS	
STREET ADDRESS	12 Orieback Street
	Vlee sbaai
HOME PHONE	
WORK PHONE	
CELLPHONE	
BREEDER DETAILS	

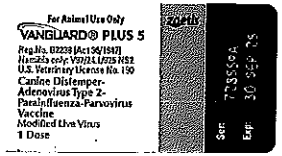
ME

SPECIES	CANINE
BREED	X BREED
COLOUR	BROWN
SEX	MALE
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000486908
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
14/02/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12/12/24	 + rabies +	A.H.T
15/01/25	 + rabies +	A.H.T
	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 immunity during my first few weeks by disease-fighting antibodies in her milk.
Now it is 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

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook.

facebook.com/BravectoSouthAfrica
facebook.com/MsdPetsSa

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486908

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. * 072 0234399

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

E-mail * nelia 12 @ mweb. co. za

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

Title * MRS Initials * N Surname * DE WILLIERS

Street 12 Drichoek STREET City

Suburb Area Code VLEESBAAI

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 * 17 - 01 - 2025

Date of Implant * 16 - 01 - 2025

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name Koli Date of birth 2024

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 fax	Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
3. By e-mail	Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App	Download the Virbac Backhome Africa App