ADOPTION CHECKLIST

ADMISSION NO: MBY 7281

CONTRACT NO: MA 0131

- [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 30/09/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 15/10/25 992003000577786

Adoptee INFO:

Name & Surname Rosa Green

Contact INFO: 082 561 1036

Completed by: _____ Date: 03/10/2025

Manager: _____ Date: 03/10/2025

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.

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): Rosa Green

HOME ADDRESS: 56 Langeberg Crescent, Blue Mountain Estate, George

ID NO.: 6707310188085

POSTAL ADDRESS: AS ABOVE

TEL NO (H): 044 8107197 (B): N/A

CELL NO: 082 561 1036 FAX NO: N/A

EMAIL: rosagreen88@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Architectural, Interior and Landscape designer

Do you own or rent your property: Rent Do you have consent from owner / Body Corporate? Yes

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

Reason for wanting animal: Friend for dog

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? Small cross breed dog

Can you afford private fees? Yes Who is your vet? Vital vet and Carly Bartie (hors

How many animals live on the property? DOGS? 1 CATS? 2 OTHERS Horse

What are the sexes of your animals? DOGS: Male ____ Female 1 CATS: Male ____ Female 2

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 2 OTHER? Horse

Which animals do you still have, and what happened to the others? 1 Dog, 2 cats and horse. Other o
put to sleep

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

Full description of the fencing and gate: Walled and wooden gate Height: 1.8M

What shelter is provided: OUTDOORS — KENNEL — OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 8025

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 [signature] **Date of application** 22/09/2025

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: _____
- Contact Number: _____
- Email Address: _____

2. Additional Family Member/Friend Details

- Full Name: JARED GREEN
- Contact Number: 082 899 5909
- Email Address: jared.green024@gmail.com

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No)
- If yes, when? 2017
- Where? GEORGE
- What animal did you adopt? (SANDY) - DOG.

1. Adoption Contract Acknowledgment

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: DGREEN.

Date: 03/10/25

Backhome

Virbac

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577786

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. * 082 561 1036

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

E-mail * rosagreen88@gmail.com

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

Title * MS Initials * R Surname * GREEN

Street 56 Langeberg Crescent City

Suburb Blue Mountain Estate Area Code George

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 * 01 - 10 - 2025

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

Name of Vet who implanted the Chip Kay Ievers

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * X BREED

Colour CREAM 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

MY OWNER

NAME	Rosa Green
POSTAL ADDRESS	
STREET ADDRESS	56 Langeberg Crescent
Blue Mountain Estate, George	
HOME PHONE	
WORK PHONE	
CELLPHONE	082 561 1036
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	X BREED
COLOUR	CREAM
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000577786
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
25/08/25	Nobivac DHPPi 02131812A 04-FEB-2026 + Triworm D	[signature]
23/09/25	Nobivac DHPPi 02131812A 04-FEB-2026 + Triworm D + Rabisin	[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	

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	
	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!

ADMISSION, ASSESSMENT AND HISTORY RECORD

Leached

DBV SPCA
Garden Route

KENNEL No. K 42				ADMISSION No. MBY7281		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 21/08/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	(Yes) / No	Lost & Found Date checked	21/08/25
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	21/08/25	Microchip or ID Tag number	None.		

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify) B/I		
Breed	X Breed.	Colour and Markings Cream.		
Condition	fair.	Sex ♀	Age	
Temperament	fair.	Sterilisation details no	Name Sweety.	
Coat S.	Tail L	Teeth Condition fair	Ears Down.	Size M.
Area found / collected from	High way Park		Date 21/08/25.	
Reason for surrender	Cant afford the dog			

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	Jean Haynes		
Residential Address	5 Centurion Street HW Park				
Postal Address	Mosselbay				
Tel (H) No num	Tel (W) No num		Cell 072 632 6442		
Email	No email.				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

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 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 Haynes	Witness for Society [illegible]
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			
DATE	25/08/2025	ANIMAL NAME	SWEETY
KENNEL NUMBER	K2	BREED	XBREED
CARD NUMBER	MBY 7281	STERILIZED	NO
COLOUR	CREAM	MALE/FEMALE	FEMALE
VACCINATED	Yes	AGE	Juvenile
PROOF OF VACC	Yellow card	STRAY/SURRENDER	SURRENDER

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	13.50kg		
TEMPERATURE	38.9		
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS

PRE HOME NO GPRE 203

ADMISSION NO MBY7281

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000577786

PASSED: (YES) / NO DATE UNDERTAKEN: 25.09.25 TIME: 17h05

NAME OF APPLICANT: [illegible]

ADDRESS: 5a Langeberg Blvd

HOME TEL No: _____ CELL No: 082 561 1036

ANIMAL(S) ADOPTING: Small breed dog

SEX: Female AGE: _____

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION Secure estate			
Type and height of fence: Walls		Suitability of fence (i.e. small pets can't escape): Good	
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?	Three

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	JRX	DSH Tubby	DSH		
CONDITION	Good	Good	Good		
WELFARE (good?)	Good	Good	Good		
SEX & AGE	F / ± 8 years	F / ± 10	F / ± 13	/	/
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Good loving home, safe.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ CATS
- ☑ MEDIUM DOGS
- ☑ SMALL DOGS
- ☐ LARGE DOGS

INSPECTED BY: S. Tnetsh **SPCA:** GRSPCA **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Clearwire Communication CC
Maintenance Building
George 6 530
044 810 0000
support@clearwire.co.za
www.clearwire.co.za
Business ID No. 2009/006149/23

Tax Invoice

BILL TO	SHIP TO
Mrs Rosa Green 56 Langeberg Cresent Blue Mountain Village George 6529	Mrs Rosa Green 56 Langeberg Cresent Blue Mountain Village George 6529

INVOICE NO.	DATE	TOTAL DUE	DUE DATE		ENCLOSED
112698	24/08/2025	R495.00	31/08/2025		

QTY	DESCRIPTION	RATE	AMOUNT
1	30 Mb/sec Uncapped FUP 1512GB September 2025 .	430.43	430.43

SUBTOTAL	430.43
TAX	64.57
TOTAL	495.00
BALANCE DUE	**R495.00**

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

VAN/SURNAME

GREEN

VOORNAME/FORENAMES

ROSA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1967-07-31

DATUM UITGEREIK
DATE ISSUED

1990-06-04

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS