ADOPTION CHECKLIST

ADMISSION NO: MB4 8354

CONTRACT NO: MA0138

- [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 Came in already done.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 15/10/25
- [x] Microchip Registration- chip number 992003000548242

Adoptee INFO:

Name & Surname Elouise Bouwer

Contact INFO: 071 687 2829

Completed by: [signature] Date: 03/10/2025

Manager: [signature] Date: 14/10/2025

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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

9920030005 48242

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. * 071 687 2829

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

E-mail * bouwere@fnb.co.za

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

Title * MS Initials * E Surname * BOUWER

Street 60 Protea Road City

Suburb Area Code DANABAY

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 * - - Came with chip.

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name ~~ZIPPY~~ ZARA Date of birth 2025 Jan

Species * CANINE Breed * COLLIE

Colour Black + White 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 _____ Bouwer

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

2 ippy'

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): MS ELOUISE BOUWER

HOME ADDRESS: 60 PROTEA ROAD ; NANAIBAY ; 6510

ID NO.: 7609240046085

POSTAL ADDRESS: same as home

TEL NO (H): - (B): -

CELL NO: 071 687 2829 FAX NO: -

EMAIL: bouwere@fnb.co.za

Address where animal will be kept: same as above

Occupation: DATA MANAGER

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: Companion to us

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? COLLIE

Can you afford private fees? YES Who is your vet? Heiderand : Dr Stander.

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

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

Are all your animals sterilised? Give details Will make an appointment

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

Which animals do you still have, and what happened to the others? 1 Dog passed of old age

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

Full description of the fencing and gate: Walls, gates Height: 1.5m

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? No

Pre Home Inspection Fee: R100 Receipt No: 80b

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 EBouwer **Date of application** 30/09/2021

9920030005482 42 ADMISSION NO MB/8354

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 01-10-25 TIME: 14:45

NAME OF APPLICANT: Mev. Ellouise Bouwer

ADDRESS: 60 Protea Road, Danabey, 6510

HOME TEL No: CELL No:

ANIMAL(S) ADOPTING: Collie

SEX: Female AGE: 1 year

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1.8		Suitability of fence (i.e. small pets can't escape): wall	
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?	gates
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	Lab X				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	♂ / 11 yr.	1	1	1	1
STERILISED	YES ☐ / NO ☑	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Luciano Bruyn SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Elouise Bouwer
POSTAL ADDRESS	
STREET ADDRESS	60 Protea Road
	Darabay 6510
HOME PHONE	
WORK PHONE	
CELLPHONE	071 687 2829
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	COLLIE
COLOUR	BLACK + WHITE
SEX	Female
DATE OF BIRTH	2024
MICROCHIP/TATTOO	
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
19/09/25	Nobivac Tricat Trivalent 02131612A 04-FEB-2026	
	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	

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!

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

Find us on facebook.

facebook.com/BravectoSouthAfrica

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No. KB 36				ADMISSION No. MBY8354		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 15-9-25		none	Time in	18:00	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	none	Microchip or ID Tag number	none

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) 48Km		
Breed	Collie	Colour and Markings Black		
Condition	good	Sex ♂	Age 1 1/2 yr	
Temperament	friendly	Sterilisation details yes	Name none	
Coat long	Tail Long	Teeth Condition good	Ears good	Size med
Area found / collected from Strand			Date 15 9 25	
Reason for surrender My Son is allergic				

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	Andrie		
Residential Address	14 Standon Street Strand				
Postal Address					
Tel (H) none	Tel (W) none	Cell			
Email					
Donation R none	Cash	Card	EFT	(Receipt No.) none	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Hunan

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: _____

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Ulrich Wouter Bouwer
   - Contact Number: 066 255 4928
   - Email Address: ulla135532@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? No
   - Where? _____
   - What animal did you adopt? _____

1. **Adoption Contract Acknowledgment**

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

Signature: Bouwer
Date: 3 Oct. 2025

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	86-007565-002-3
DATUM VAN REKENING:	22/09/2025
LAASTE KWITANSIE DATUM:	21/09/2025
VOORAFBETAALDE METERNOMMER:	04167912254

BTW REG. NO.
Naam:
BOUWER E
Liggingsadres:
60 PROTEAWEG DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1110.00	7565000	1950000	11

DATUM	BESONDERHEDE			BEDRAG
	BALANS OORGEBRING			2262.54
19/09/2025	041679122	ELEKTRISITEIT		496.69 *
	BASIES		431.91	
	VAT/BTW		64.78	
19/09/2025	AMR1206589	WATER 06/08/2025-05/09/2025		416.86 *
	658 - 674 (16 Kl 30 Dae)			
	BASIES		261.39	
	07/25	5.92 @ 0.000 =	0.00	
	.	10.08 @ 10.030 =	101.10	
	VAT/BTW		54.37	
19/09/2025	300011	VULLIS		320.62 *
19/09/2025	400011	RIOOL		365.61 *
19/09/2025		BELASTING PAAIEMENT		705.81
		KWITANSIES		2262.00-
		Balans Oorgedra		0.13-

BTW OP '*' ITEMS: 208.65 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	2306.13	2306.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/10/2025	2306.00

VAT No./ BTW Nr. 4830118979

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
REF NO. 860075650023

EasyPay >>>>>9152686800756500239

pay@ 11379 860075650023

Message /Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various 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.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay
MUNICIPALITY

BOUWER E
POSTE RESTANTE
DANABAAI
6510

86-007565-002-3

Fold and tear on perforation.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BOUWER
Names:
ELLOUISE
Sex:
F
Nationality:
RSA
Identity Number:
7605240046085
Date of Birth:
24 MAY 1976
Country of Birth:
RSA
Status:
CITIZEN

Signature:

E Bouwer

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:
05 NOV 2015

100701999

SUID-AFRIKAANSE POLISIEDIENS
STASIEBEVELVOERDER
COMMUNITY SERVICE CENTRE
27 -06- 2025
MOSSELBAAI / BAY
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE

Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die / certify that this document is a true reproduction/copy of the original oorspronklike wat deur my persoonlik besigtig is en dat volgens my which was examined by me and that from my observations the waarnemings, die oorspronklike nie op enige wyse gewysig is nie. original has not been altered in any manner.

7162676-0

M MATIYA

Datum/Date | Handtekening/Signature | Rang/Rank

GARDEN ROUTE SPCA MOSSELBAY			
DATE	19/09/2025	ANIMAL NAME	ZIPPY
KENNEL NUMBER	K15	BREED	COLLIE
CARD NUMBER	MBY 8354	STERILIZED	Yes
COLOUR	Black + White	MALE/FEMALE	Female
VACCINATED	Yes	AGE	1 Year
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	16.4kg.		
TEMPERATURE	37.9.		
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