ADOPTION CHECKLIST

ADMISSION NO: MBV 8124

CONTRACT NO: MA0132

- [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 Beginning November
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 15/10/25
- [x] Microchip Registration- chip number 992003000577783

Adoptee INFO:

Name & Surname Marycke Pretorius

Contact INFO: 082 304 3743

Completed by: _____ Date: 02/10/2025

Manager: _____ Date: 02/10/2025

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.

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0132 DATE: 02/10/2025

between Mosselbay SPCA

and

Name Marycke Pretorius

Address 15 Nettie Thatcher Heidelberg

Telephone Numbers (H) 0823043743 (B)

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Sex Female Age 8 weeks

Description

On (due date) Beginning November Adoption Form No. MA 0132

on the understanding that you will arrange to have this done at the Mosselbay Veterinary Hospital.

1. Should the animal be taken to another veterinary hospital or clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society reserves the right to **confiscate** the animal and **NO MONEY WILL BE REFUNDED**. The owner agrees that a member of the SPCA's staff may enter upon the premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: XX For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Martin Pretorius
   - Contact Number: 071 223 2553
   - Email Address: pretoriusmartin1976@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Elna Smit
   - Contact Number: 082 614 8135
   - Email Address: _____

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/(No))
   - If yes, when? _____
   - 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: _____

Date: 02 -10 -2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577783

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. * 0823043743

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

E-mail * marycke211@gmail.com

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

Title * MRS Initials * M Surname * Pretorius

Street 15 Dennie thatcher City

Suburb Area Code Heidelberg

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 * 15 - 10 - 2020

Date of Implant * 02 - 10 - 2025

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

Name of Vet who implanted the Chip Kay Lewis

PET DETAILS

Pet Name Date of birth 2025

Species * CANINE Breed * CHIHUAHUA X

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

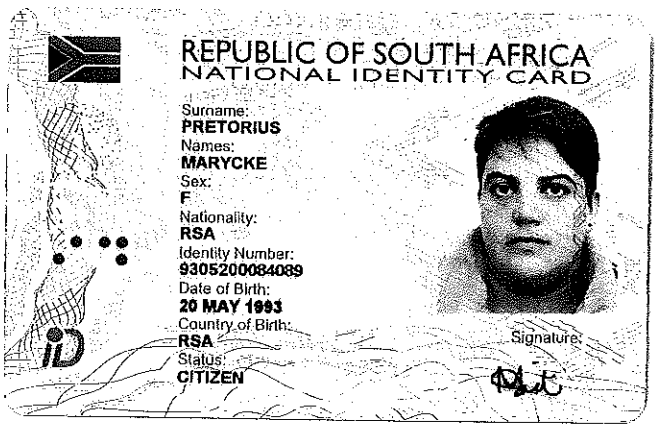
Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

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



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
PRETORIUS
Names:
MARYCKE
Sex:
F
Nationality:
RSA
Identity Number:
9305200084089
Date of Birth:
20 MAY 1993
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 JUN 2022

118799150

02/10/2025

Mr Martin Pretorius
15 Nettie Thatcher Street
Heiderand
Mossel Bay
South Africa
06506

02 October 2025

Dear Sir/Madam

Confirmation of Account details

Nedbank confirms the following account details:

Account holder:	Mr Martin Pretorius
Account number:	2689013320
Type of account:	Savings Account
Account opened date:	27 August 2003
Branch code:	198765
Swift code:	NEDSZAJJ

Yours faithfully,

Nedbank Retail

Nedbank headoffice

Nedbank 135 Rivonia Campus 135 Rivonia Road Sandown Sandton Gauteng 2196 South Africa | PO Box 784088 Sandton 2146 South Africa T +27 (0)11 294 4444 F +27 (0)11 295 0000

GARDEN ROUTE SPCA MOSSELBAY			
DATE	22/09/2025	ANIMAL NAME	
KENNEL NUMBER	K21	BREED	Foxie X Chihuahua
CARD NUMBER	MBY 8124	STERILIZED	no
COLOUR	cream	MALE/FEMALE	Female
VACCINATED	Yes	AGE	6 weeks
PROOF OF VACC	vacc card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	1.15kg		
TEMPERATURE	38.2		
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

ADMISSION NO MBY 8124

9920030005777783

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: _____ TIME: _____

NAME OF APPLICANT: Marycke Pretorius

ADDRESS: 15 Nettie Thatcher, Heiderand

HOME TEL No: _____ CELL No: 082 304 3743

ANIMAL(S) ADOPTING: Chihuahua X

SEX: Female AGE: 7 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2 wall		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?	gate
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ 8w.	/	/	/	/
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: _____ SPCA: _____ 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): Marycke Pretorius

HOME ADDRESS: 15 Nettie Thatcher, Heiderand

ID NO.: 930520 0084 089

POSTAL ADDRESS: AS ABOVE

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

CELL NO: 082 304 3743 FAX NO: -

EMAIL: marycke211@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Self employed

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: My handjie is oorlede

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? Klein ras hond

Can you afford private fees? Ja Who is your vet? Mosselbaai diere hospitaal

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 Nee, hy moet nou gaan

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 hond is dood aan ouderdom

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

Full description of the fencing and gate: Vibecrete / staal hek Height: _____

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER slaap binne

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

Pre Home Inspection Fee: R100 Receipt No: 8014

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** 26/09/2025

MY OWNER

NAME: Marycke Pretorius

POSTAL ADDRESS:

STREET ADDRESS: 15 Nettie Thatcher

Heiderand

HOME PHONE:

WORK PHONE:

CELLPHONE: 0823043743

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: Foxie X PomXChihuahua

COLOUR: Tan

SEX: Female

DATE OF BIRTH:

MICROCHIP/TATT: 992003000577783

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
22/09/25	[redacted] + milpro Batch: A240A01 Exp.: 12-2026	
	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	

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.

Quantel Exitel Plus Exitel Plus XL BRAVECTO

www.facebook.com/BravectoSouthAfrica
www.facebook.com/MSDAnimalHealthSA

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No.	KB31 30			ADMISSION No.	MBY8124	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	08/09/25		Time in	13:00	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	☑ Yes ☐ No	Lost & Found Date checked	08/09/25
Microchip/Collar or ID tag found	☐ Yes ☑ No	Date scanned or checked	08/09/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Pom X Chihuahua	Colour and Markings	Tan	
Condition	Fair	Sex	Female	Age 6 weeks
Temperament	Good	Sterilisation details	NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	Tarka			Date 08/09/25
Reason for surrender	Too many, can't afford.			

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	Rieta Stoffels			
Residential Address	54 Frogapanie Street Tarka				
Postal Address	N/A				
Tel (H) N/A	Tel (W)	Cell 0643940896			
Email	N/A				
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: Wally

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 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 MBY 8251	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: _____