

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract DONE 30/09/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

ADMISSION NO:

MBV 8237

PGSDX

CONTRACT NO:

MA 0136

Adoptee INFO:

Name & Surname Chereze Coetzee

Contact INFO: 0823784005

15/10/25



992003000577604

Completed by: [Signature]

Date: 02/10/2025

Manager: [Signature]

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.

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): Chereze Coetzer

HOME ADDRESS: 6 Zeta Street, Heiderand

ID NO.: 810513024 0087

POSTAL ADDRESS: AS ABOVE

TEL NO (H): - (B): 044 333 0200

CELL NO: 0823784005 FAX NO: -

EMAIL: chereze8@hotmail.com

Address where animal will be kept: AS ABOVE

Occupation: Admin

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:

Reason for wanting animal: Ready for a dog friend for the family

Is the animal for yourself?

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary

What breed of dog or cat are you interested in? X Breed

Can you afford private fees? yes Who is your vet? Heiderand

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

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

Are all your animals sterilised? Give details yes

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 1 OTHER? -

Which animals do you still have, and what happened to the others? 1 cat, dogs passed away

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

Full description of the fencing and gate: Vibecrete + wooden gate Height: 1.2m

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? yes

Pre Home Inspection Fee: Still valid from 18/08/25 Receipt No: -

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 22/09/2025

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000577604

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0823784005

E-mail * cherezc8@hotmail.com

Title * MRS Initials * C

Street 6 ZETA STREET

Suburb HEIDERAND

Country

Phone - Day time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

CHIP DETAILS

Registration Date * 15 - 10 - 2025

Date of Implant * 01 - 10 - 2025

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name

Species * CANINE

Colour BROWN + BLACK

Gender Male ☒ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

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 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

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

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

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

Surname * COETZEE

City

Area Code MOSSELBAI

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth 2025

Breed * GSD X

Markings

Sterilised ☒ YES ☐ No

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

GARDEN ROUTE SPCA MOSSELBAY			
DATE	19/09/2025	ANIMAL NAME	
KENNEL NUMBER	K 17	BREED	x Breed
CARD NUMBER	MBY 8237	STERILIZED	NO
COLOUR	Brown	MALE/FEMALE	Female
VACCINATED		AGE	+ 2 months
PROOF OF VACC		STRAY/SURRENDER	

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	1.85 kg		
TEMPERATURE	38.5		
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

**REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
COETZEE
Names:
CHEREZE
Sex:
F
Nationality:
RSA
Identity Number:
8105130240087
Date of Birth:
13 MAY 1981
Country of Birth:
RSA
Status:
CITIZEN

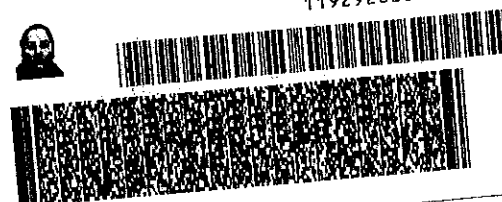

Signature: 



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 80 11 90

Date of Issue:
16 JUL 2022

119292688





Chereze Coetzee
ATTENTION: Chereze Coetzee
Email: chereze8@hotmail.com
From: OUTsurance

21 July 2025
Policy number: OT22864073

Dear Chereze Coetzee,

Confirmation of cover

We confirm that the following vehicle is insured with comprehensive cover for private use, subject to the terms and conditions of our contract with the above mentioned policy holder.

2025 SUZUKI BALENO 1.5 GL (INTRO 2022-05) CBS86903

Inception date

26 March 2025

Effective amendment date

14 July 2025

Registered owner details

Owner	Mrs Chereze Coetzee
ID number	8105130240087
Address	6 Zeta Street Heiderand Mossel Bay Western Cape 6506

Vehicle information

Description	2025 SUZUKI BALENO 1.5 GL (INTRO 2022-05)
Registration number	CBS86903
Engine number	K15BN1546929
Chassis number	MBHHWBA3500916559
M&M code	59010151

Cover details

	Sum OUTsured
Comprehensive	
Vehicle cover	Retail
Miscellaneous specified accessories - Tow bar	R7,000

Additional cover

Car hire - Group A	
Credit shortfall	

Included benefits

Liability to other parties	R5,000,000
SASRIA	
Help@OUT roadside assistance (service)	
Medical expenses - R2 500 per passenger, limited to R5 000 per incident	



ADMISSION NO

MBY 7260

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 18.8.25

TIME: 14:02

NAME OF APPLICANT: Chereze Coetsee

ADDRESS: 6 Zeta Street, Heideveld

HOME TEL No: 0823784005

CELL No:

ANIMAL(S) ADOPTING: Kitten - tabby

SEX: Male

AGE: 10 weeks

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION		Suitability of fence (i.e. small pets can't escape): 2m	
Type and height of fence: Wall	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☐
Suitable shelter? (i.e. Kennel in protected area)	YES ☐ / NO ☒	If yes, what partitioning?	
Is the front yard separated from the back?	YES ☐ / NO ☒	Specify:	
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	How many animals are on the property? 2	
Does applicant live at the address?	YES ☒ / NO ☐		

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ 1st	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Great Home. Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☐ SMALL DOGS☒ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY: Luanne Bry

SPCA: Moseley

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Pieter Gerhardus Coetzee
- Contact Number: 072 744 1163
- Email Address: agie @ chereze8@hotmail.com

2. Additional Family Member/Friend Details

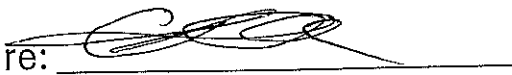
- Full Name: Bianca Du Toit
- Contact Number: 082 824 1308
- Email Address: bee13058@gmail.com

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No)
- If yes, when? 2016
- Where? Mossel
- What animal did you adopt? Dog

1. Adoption Contract Acknowledgment

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

Signature: 

Date: 19-08-2025

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded



Garden Route

KENNEL No. <i>K37</i>				ADMISSION No. <i>MBY8237</i>		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in <i>17/09/25</i>			Time in <i>11:00</i>	Date for release		

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<i>17/09/25</i>
Microchip/Collar or ID tag found	☐ Yes ☐ No	Date scanned or checked	<i>17/09/25</i>	Microchip or ID Tag number	<i>N/A</i>	

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) <i>60km</i>			
	Breed	<i>Xread</i>		Colour and Markings <i>Brown</i>		
	Condition	<i>fair</i>		Sex	<i>Female</i>	Age <i>Juvenile</i>
	Temperament	<i>friendly</i>		Sterilisation details	<i>N/A</i>	Name <i>-</i>
	Coat <i>short</i>	Tail <i>long</i>	Teeth Condition <i>good</i>	Ears <i>down</i>	Size <i>small</i>	
	Area found / collected from <i>Brandenburg</i>					Date <i>17/09/25</i>
	Reason for surrender <i>Stray</i>					

ASSESSMENT			Surrendered by			Name <i>Kear Penn</i>		
GOOD WITH: Yes No			Found by <i>X</i>			Residential Address <i>Brandenburg / Pienaar</i>		
Children	☒	☐						
Cats	☒	☐						
Other Dogs	☒	☐						
Livestock/Other	☐	☐						
DO THEY: Yes No			Postal Address <i>N/A</i>					
Jump Fences	☒	☐	Tel (H) <i>N/A</i>			Tel (W) <i>N/A</i>		Cell <i>N/A</i>
Run Away	☒	☐	Email <i>N/A</i>					
COMMENTS:			Donation R <i>N/A</i>			Cash	Card	EFT (Receipt No.) <i>N/A</i>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: *N/A* Case No: *N/A* Inspector: *Kear*

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	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
	Details of third Applicant

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