ADOPTION CHECKLIST

ADMISSION NO: MB/ 8130 & staffy

CONTRACT NO: MA 0137

- [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 992003000577785

Adoptee INFO:

Name & Surname Chereze Coetzee

Contact INFO: 082 378 4005

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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577785

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. * 0823784005

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

E-mail * chereze8@hotmail.com

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

Title * MRS Initials * C Surname * COETZEE

Street 6 ZETA STREET City

Suburb HEIDERAND Area Code

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 - 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 Lewers

PET DETAILS

Pet Name Date of birth 2025

Species * STAFFY X CANINE Breed * STAFFY X

Colour BLACK 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

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 Coetzee

HOME ADDRESS: 6 Zeta Street, Heiderand

ID NO.: 8105130240087

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: YES/(NO)

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

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? Staffy X

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 1 x cat, dogs 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? One cat left, 2 dogs died of age.

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: 1.2

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** 22/09/25

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
COETZEE
Names:
CHEREZÉ
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 60 11 90

Date of Issue:
16 JUL 2022

119292688

ereze Coetzee
TENTION: Chereze Coetzee
nail: chereze8@hotmail.com
om: OUTsurance

1 July 2025
olicy number: OT22864073

)ear 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 Helderand 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	Retail
Vehicle cover	R7,000
Miscellaneous specified accessories - Tow bar	
Additional cover	
Car hire - Group A	
Credit shortfall	
Included benefits	R5,000,000
Liability to other parties	
SASRIA	
Help@OUT roadside assistance (service)	
Medical expenses - R2 500 per passenger, limited to R5 000 per incident	

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Pieter Gerhardus Coetzee
- Contact Number: 072 744 1163
- Email Address: 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.

8130

9920030005 77785 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 Coetzee

ADDRESS: 6 Zeta Street, Heidevaad

HOME TEL No: 0823784005 CELL No:

ANIMAL(S) ADOPTING: Kitten - tabby

SEX: Male AGE: 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		Suitability of fence (i.e. small pets can't escape): 2m	
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?	0

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
Great Home. Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☐ SMALL DOGS

☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: [illegible] BMG SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	11/09/25	ANIMAL NAME	
KENNEL NUMBER	K24	BREED	Staffy x
CARD NUMBER	MBY 8130	STERILIZED	NO
COLOUR	Black	MALE/FEMALE	Female
VACCINATED	Yes	AGE	2 months
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.9 kg		
TEMPERATURE	38.3		
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, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K24 40				ADMISSION No. MBY8130		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	9-9-25		Time in	16:15	Date for release	

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked	☑ Yes ☐ No	Lost & Found Date checked	9-9-25			
Microchip/Collar or ID tag found	☐ Yes ☑ No	Date scanned or checked	9-9-25	Microchip or ID Tag number		

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	Staff X		Colour and Markings	Black	
Condition	Fair		Sex ♂ ♀		Age 2 months
Temperament	Good		Sterilisation details	NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears	Down	Size Small
Area found / collected from	Tarka				Date 9-9-25
Reason for surrender	Unwanted				

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	Erin Taute			
Residential Address	69 Stomp Stertjie Street Tarka				
Postal Address	None				
Tel (H) None	Tel (W) none	Cell None			
Email	none				
Donation R none	Cash	Card	EFT	(Receipt No.) N/A	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: Luciano

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 uitdrukliik 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 7439	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: _____

MY OWNER

NAME	Cherèze Coetzee
POSTAL ADDRESS	
STREET ADDRESS	6 Zeta Street
	Heidelberg
HOME PHONE	
WORK PHONE	
CELLPHONE	082 378 4065
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	STAFFY x
COLOUR	BLACK
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATT	992003000577785
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
11/09/25	[redacted] MSD + milpro Animal Health Batch: A240A01 Exp.: 12-2026 + rabisin	
	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.