ADOPTION CHECKLIST

ADMISSION NO: MB Y 7474

CONTRACT NO: MA 0141

- [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 09/10/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000577780 15/10/25

Adoptee INFO:

Name & Surname E. (Lisa) van der Poel

Contact INFO: 072 671 4359

Completed by: _____ Date: 14/10/2025

Manager: _____ 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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: André Marais
   - Contact Number: 067 621 4712
   - Email Address: bullimarais@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: _____
   - Contact Number: _____
   - 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: 14 Oct 2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577780

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. * 0726714359

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

E-mail * lisavdo1@gmail.com

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

Title * MS Initials * E.L. Surname * VAN DER POEL

Street PLAAS HEMELROOD City

Suburb Area Code HERBERTSDALE

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 * 13 - 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 Date of birth 2025

Species * CANINE Breed * XBREED

Colour BRINDLE + 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 _____

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	MS E. Lisa van der Poel
POSTAL ADDRESS	
STREET ADDRESS	Plaas Hemelrooks
	Herbertsdale
HOME PHONE	
WORK PHONE	
CELLPHONE	0726714359
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	X BREED
COLOUR	BRINDLE WHITE
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000577780
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
24/10/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
25/9/25	Batch: A241A01 Exp.: 02-2027 Animal Health	AWH BKO
	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	

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

Nobivac®

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus

Exitel Plus XL

BRAVECTO 12 WEEK TICK & FLEA PROTECTION

Find us on facebook.

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

waffles + k2a tiny.

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. E (Lisa) van der Poel

HOME ADDRESS: Plaas Memelrood, Herbertsdale

ID NO.: 8403040759183

POSTAL ADDRESS: Plaas Memelrood, Herbertsdale

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

CELL NO: 072 671 4359 FAX NO: N/A

EMAIL: lisavdoz@gmail.com

Address where animal will be kept: Plaas Memelrood, Herbertsdale

Occupation: Bookkeeper

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: Would like the kids to grow up with dogs

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? Crossbreed

Can you afford private fees? yes Who is your vet? Strandloper Diereklinie

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

What are the sexes of your animals? DOGS: Male X Female X CATS: Male X1 Female X

Are all your animals sterilised? Give details yes

How many dogs and cats have you owned in the last 3 years? DOGS? N/A CATS? 1 OTHER? N/A

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

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

Full description of the fencing and gate: Diamond mesh, electric gate Height: 1.2m

What shelter is provided: OUTDOORS N/A KENNEL N/A OTHER indoors

Have you previously had pets from an SPCA? no Are there children under 10 in your household? yes

Pre Home Inspection Fee: R100 Receipt No: 2021

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** 3/10/25

PLAAS eiendomme

ELISABETH VAN DER POEL

South Africa

Plaas Eiendomme
Company Name: Plaas Eiendomme (Pty) Ltd
Reg. No. 2020/676587/07
VAT number: 4830300192

Office 5 Sable Office Park
Cnr Rooken Smith & Louis Fourie Drive
Voorbaai
Mossel Bay
6506
Tel: 060 905 7171
E-mail: melissa@plaaseiendomme.co.za

TAX INVOICE

Payment reference: GNU233
Invoice no. PP2322
Property: FARM HEMELROOD (45/177), MOSSELBAY
Date: 22 Sep '25

R All amounts shown are in ZAR

Date	Description	VAT Incl.	Amount
22 Sep '25	PP2322-1 DEPOSIT	0.00	27,000.00
22 Sep '25	PP2322-2 RENT	0.00	13,500.00
22 Sep '25	PP2322-3 CONTRACT FEE	0.00	800.00
	Total	**0.00**	**41,300.00**

WAYS TO PAY

DIRECT DEPOSIT

Account number: **4112551246**
Bank name: **ABSA**
Branch code: **632005**
SWIFT code: **ABSAZAJJ**
Account name: **Plaas Eiendomme**

Payment reference: **GNU233**

AT ANY OF THESE STORES

You can now pay your account at any Shoprite, Checkers, Pick n Pay, PEP, Usave, Ackermans, Boxer or selected Spar Branches. A transaction fee may apply to some Pay@ payment methods. If you need assistance, please contact your agency. Please allow 3-4 working days for your payment to reach us.

Please quote this Bill Payment Reference: **11364 0271 7000 2334 2**

Powered by PayProp
a Reapit company

PayProp, in its capacity as a licensed property practitioner, is contractually authorised to manage rental payments.

Checkers Pick n Pay SPAR SHOPRITE PEP ACKERMANS BOXER makro

GEREGISTREERDE WOON- EN POSADRES

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.

1

I.D.No. 840304 0759 18 3

NIE S.A.BURGER/NON S.A.CITIZEN

VAN/SURNAME
VAN DER POEL

VOORNAME/FORENAMES
ELISABETH

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
NETHERLANDS

GEBOORTEDATUM/
DATE OF BIRTH
1984-03-04

DATUM UITGEREIK
DATE ISSUED
2001-02-16

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

ADMISSION NO MBY 8251 MBY 7474

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 14/10/23 TIME: 11h07.

NAME OF APPLICANT: Lisa van der Poel

ADDRESS: Plaas Hemelrood, Hebertsdale

HOME TEL No: CELL No: 072 671 4359

ANIMAL(S) ADOPTING: Foxie X + xBreed

SEX: ♀ + ♂ AGE: 2 yrs + 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Mesh.		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?	
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	DHC				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	M / 2yr	1	1	1	1
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Very spacious, well kept Garden.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: Thembeka SPCA: M. Boy SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded: Iso. 1

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	25-9-21		Time in	12:51	Date for release	

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked		Yes / No	Lost & Found Date checked	NA		
Microchip/Collar or ID tag found		Yes / No	Date scanned or checked	NA	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)			
Breed	X Breed - pup		Colour and Markings	Tri-colour white	
Condition	Fair		Sex	Male	Age Scold
Temperament	Fair		Sterilisation details	No.	Name Jack
Coat Short	Tail Long	Teeth Condition Fair	Ears Packed		Size Small
Area found / collected from	Aloe				Date 25/9/21
Reason for surrender	Can't keep dog - already had 2.				

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	Innus Potgieter		
Residential Address	76 Gerhard Crescent, Heidevale				
Mossel Bay, 6511					
Postal Address					
Tel (H)	Tel (W)	Cell 0636975118			
Email	innusr@telkomsa.co.za				
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No:_____ Case No:_____ Inspector:_____

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 reverse 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:_____