ADOPTION CHECKLIST

ADMISSION NO: MBY 7271

CONTRACT NO: M A 0159

- [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 06/11/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000577760

Adoptee INFO:

Name & Surname Olivia Newman

Contact INFO: 076 724 2201

Completed by: _____ Date: 07/11/25

Manager: _____ Date: 10/11/25

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.

GARDEN ROUTE SPCA MOSSELBAY			
DATE	13/08/25	ANIMAL NAME	Camo
KENNEL NUMBER	K12	BREED	Dachshund
CARD NUMBER	MBY 7271	STERILIZED	NO
COLOUR	RED/Brown/Black	MALE/FEMALE	Female
VACCINATED	Yes	AGE	9 months
PROOF OF VACC	Yellow Card.	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	6.7 kg		
TEMPERATURE	39.3°		
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 NO MBY7271

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 5-11-25 TIME: 10:14

NAME OF APPLICANT: Olivia Nieuwman

ADDRESS: 56 De Bosse Complex, Heidelberg

HOME TEL No: _____ CELL No: 076 724 2201

ANIMAL(S) ADOPTING: Daxi

SEX: Female AGE: 9 months

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? None	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ 11.	/	/	/	/
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: [illegible] SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD loaded. K29 30

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No. MBY7271		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11 Feb 2020		Time in	11:11	Date for release	

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

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify)			
Breed	Worshond		Colour and Markings	Red & black	
Condition	Unsterilized		Sex	Female	Age 9 months
Temperament	Friendly		Sterilisation details	None	Name Camo
Coat Short	Tail long	Teeth Condition Fair	Ears Hanging		Size Medium
Area found / collected from	Hartenbos Horse Owls				Date 11/02/2020
Reason for surrender	Can't afford to keep her.				

ASSESSMENT		
GOOD WITH:	Yes	No
Children	X	
Cats		X
Other Dogs	X	
Livestock/Other	X	
DO THEY:	Yes	No
Jump Fences	X	
Run Away	X	
COMMENTS:		

Surrendered by / Found by		Name	Salomi Putter		
Residential Address	Keerkwat laan 5				
	Hartenbosriviers, Hartenbos				
Postal Address					
Tel (H)	Tel (W)		Cell 0761515321		
Email	Salomiputter@gmail.com				
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 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: _____

MY OWNER

NAME	Olivia Neuwmann
POSTAL ADDRESS	
STREET ADDRESS	56 De Bosse Complex
	Heiderand
HOME PHONE	
WORK PHONE	
CELLPHONE	076 724 2201
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	Dachshund
COLOUR	Brown/Red and black
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000577760
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
13/08/25	Batch: A240A01 Exp: 12-2026	
24/09/25	Batch: 02131812A Exp: 04-FEB-2026	
22/10/25	Batch: 02131812A Exp: 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	

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 (isoqinoline) 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.

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facebook.com/BravectoSouthAf

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577760

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. * 076 724 2201

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

E-mail *

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

Title * MS

Initials * S

Surname * NEUWMAN

Street 56 DE BOSSE COMPLEX

City

Suburb

Area Code HELDERAND

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 * 07 - 11 - 2025

Date of Implant * 07 - 11 - 2025

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Cami

Date of birth 2025

Species * CANINE

Breed * DACHSHUND

Colour BROWN

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

camo

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): MiSS Olivia Neumann

HOME ADDRESS: 56 De Bosse complex. Heiderand Ext.

6511 ID NO.:

POSTAL ADDRESS: 56 De Bosse complex. Heiderand Ext

TEL NO (H): (B):

CELL NO: 076 724 2201 FAX NO:

EMAIL: Obaititeotaku@gmail.com

Address where animal will be kept: 56 De Bosse complex

Occupation: Game Designer

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: Companionship and emotional support

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? Dachshund

Can you afford private fees? yes Who is your vet? Dr Suzi

How many animals live on the property? DOGS? CATS? OTHERS 2.

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

Are all your animals sterilised? Give details They are both sterilised

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

Which animals do you still have, and what happened to the others? Have had bunnies 2 yea

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

Full description of the fencing and gate: 1x 6Ft wall 2meter gate Height:

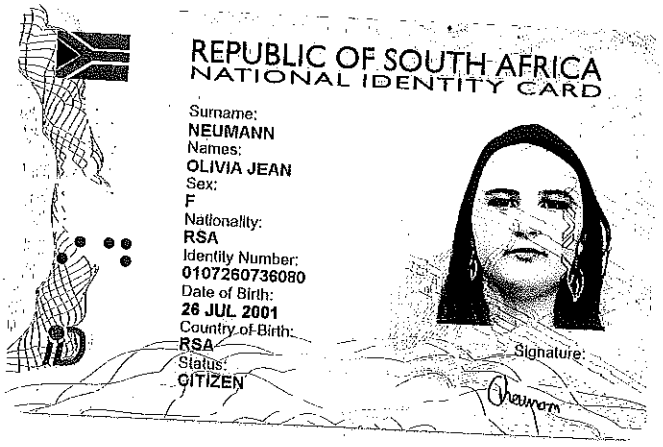
What shelter is provided: OUTDOORS KENNEL OTHER Indoors

Have you previously had pets from an SPCA? yes - Vereniging. Are there children under 10 in your household? NO

Pre Home Inspection Fee: R100 Receipt No: 8434

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** 03/11/25



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
NEUMANN
Names:
OLIVIA JEAN
Sex:
F
Nationality:
RSA
Identity Number:
0107260736080
Date of Birth:
26 JUL 2001
Country of Birth:
RSA
Status:
CITIZEN

Signature: