ADOPTION CHECKLIST

ADMISSION NO: MB184836

CONTRACT NO: MA0152

- [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 30/10/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 05/11/25
- [x] Microchip Registration- chip number 992003000579671

Adoptee INFO:

Name & Surname: Mari Venter

Contact INFO: 0726532747

Completed by: _____ Date: 31/10/25

Manager: _____ Date: 31/10/25

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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000579671

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. * 0726532747

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

E-mail * mari.rossouw8@gmail.com

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

Title * MRS

Initials * M

Surname * VENTER

Street 11 PROTEA

City

Suburb GREEN HAVEN

Area Code GROOTBRAK

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 * 05 - 11 - 2025

Date of Implant * 30 - 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 Teddy

Date of birth 2025

Species * CANINE

Breed * BOERBOEL X

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 Mventer

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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Jaco Venter
   - Contact Number: 063 511 5986
   - Email Address: jventer03@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Christelle Roossouw
   - Contact Number: 0795242877
   - Email Address: christelle116@gmail.com

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: _____

K42 Remarie

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): Mari Venter

HOME ADDRESS: 11 Proetia Green Haven Groot Brak

ID NO.: 000 11 30 10 2088

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): _____

CELL NO: 072 653 2747 FAX NO: _____

EMAIL: Mari.rossouw8@gmail.com

Address where animal will be kept: 11 Proetia Street

Occupation: Eie Besigheid

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: To complet our family and for the kids

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? _____

Can you afford private fees? Yes Who is your vet? Groot Brak Croft Animal

How many animals live on the property? DOGS? _____ CATS? _____ OTHERS _____

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

Are all your animals sterilised? Give details _____

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? Lost do to financy Problem

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

Full description of the fencing and gate: Baton muur Height: 1.8 mm

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER x

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

Pre Home Inspection Fee: Ktoor R100 Receipt No: 8091

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 Venter **Date of application** 24-10-25

One of the Global One money management products or services

Proof of Account Details

CAPITEC

Capitec Bank

31/10/2025
Branch: 470010
Device:

SkyQR App Store Google Play

Validate this document using SkyQR

To Whom it May Concern

We hereby confirm that Mrs Maria Venter has the following account(s) at Capitec Bank Limited on 31/10/2025

Client Details

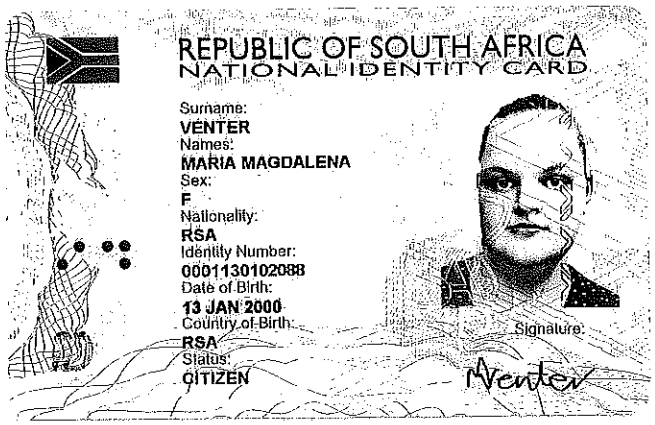
Name:	Maria M Venter
ID/Passport Number:	0001130102088
Address:	11 Protea Avenue, Greenhaven, Grootbrak River, 6525
Postal Address:	8 Ananda Cresent, Island View, Mossel Bay, 6506

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	1755831321
Bank Name:	Capitec
Branch Code:	470010
Date Opened:	2021-02-09

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
VENTER
Names:
MARIA MAGDALENA
Sex:
F
Nationality:
RSA
Identity Number:
0001130102088
Date of Birth:
13 JAN 2000
Country of Birth:
RSA
Status:
CITIZEN
Signature:

MY OWNER

NAME	Mari Venter
POSTAL ADDRESS	
STREET ADDRESS	11 Proctia Greenhaven
	Grootbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	0726532747
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	BOERBOEL X
COLOUR	BROWN
SEX	MALE
DATE OF BIRTH	2025
MICROCHIP/TATTOO	992003000579671
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/10/25	[redacted] Batch: A240A01 Exp.: 12-2026 + milpro	
	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.

Find us on facebook

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfrica

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

LOADED

KENNEL No. K27 42				ADMISSION No. MBY8436		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 13/10/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	X Yes / No	Lost & Found Date checked	13/10/25
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	13/10/25	Microchip or ID Tag number			

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	Boerboel X		Colour and Markings Brown	
Condition	Fair		Sex ♂	Age 3 months
Temperament	Good		Sterilisation details NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	Groenbrak			Date
Reason for surrender	Stray Found 12/10/25 @ 14:44			

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

Surrendered by / Found by (X)	Name	Diego Moolman
Residential Address	24 Hope Street	
	Groenbrak	
Postal Address	N/A	
Tel (H) N/A	Tel (W) N/A	Cell NONE
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 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. **Slen ook die "Voorwaardes" op die agterblad.**

ture Refer to MBY8297	Witness for Society
OFFICE USE: PENDING ADOPTION	Details of second Applicant
	Details of third Applicant

pted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/10/2025	ANIMAL NAME	
KENNEL NUMBER	K27	BREED	Boerboel x
CARD NUMBER	MBY 8436	STERILIZED	NO
COLOUR	Brown	MALE/FEMALE	MALE
VACCINATED	Yes	AGE	± 3 months
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.50		
TEMPERATURE	38.8		
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