ADOPTION CHECKLIST

ADMISSION NO: MBY 7473

CONTRACT NO: MA0147

- [x] Admission Form
- [x] Application for adoption
- [ ] 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
- [x] Microchip Registration- chip number 992003000579673

Adoptee INFO:

Name & Surname Elzabé Cormack

Contact INFO: 0828784038

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

992003000579673

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. * 0828784038

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

E-mail * elzabe.cormack@gmail.com

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

Title * MRS Initials * E Surname * CORMACK

Street 24 HEIDE RD City

Suburb Area Code DANA BAY

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 - 2029

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Mary / Hollie Date of birth

Species * CANINE Breed * Shnauzer X

Colour Black + 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

Molly.

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): ELIZABÉ CORMACK

HOME ADDRESS: 24 Heide Rd DANA BAY

ID NO.:

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0828784038 FAX NO:

EMAIL: elzabe.cormack@gmail.com

Address where animal will be kept: 24 Heide Rd Dana Bay

Occupation: Retired

Do you own or rent your property: Own Do you have consent from owner / Body Corporate? YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: Companion

Is the animal for yourself? (YES/N)

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

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

Can you afford private fees? Yes Who is your vet? Dr. Basson

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

What are the sexes of your animals? DOGS: Male / Female / CATS: Male / Female 2

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? Cats Natural (old age) NO

Is your property fenced and has a proper gate? Yes Will you chain/ an animal?

Full description of the fencing and gate: Walled Height: 1.6

What shelter is provided: OUTDOORS KENNEL OTHER In ho

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? N

Pre Home Inspection Fee: R100.00 Receipt No: MBY 8071

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 E Cormack **Date of application** 17/10/25

9920030005719673

ADMISSION NO MB-17473

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 24/10/25 TIME: 12H50

NAME OF APPLICANT: Elzabé Cormack

ADDRESS: 24 Heide Road, Danabay

HOME TEL No: CELL No: 0828784038

ANIMAL(S) ADOPTING: Dog - Shnauzer x

SEX: Female AGE: 4 1/5 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall + Palisade 1.5m		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?	Gate.
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?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	SHC	SHC			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	F 1/2/24	F 1/9/24	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Good no welfare Concern

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: Ntombe SPCA: N.bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	01/10/2025	ANIMAL NAME	
KENNEL NUMBER	K15	BREED	Shnauzer X
CARD NUMBER	MB 7 74 73	STERILIZED	NO
COLOUR	Black + white	MALE/FEMALE	Female
VACCINATED	Yes	AGE	Adult
PROOF OF VACC	Yellow Card.	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	5.65kg		
TEMPERATURE	37.5°		
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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	25/9/25		Time in	12:55	Date for release	

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		Yes / No	Lost & Found Date checked	25/9/25			
Microchip/Collar or ID tag found		Yes / No	Date scanned or checked	25/09/25	Microchip or ID Tag number	None	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)			
Breed	Schnauzer x Jrt		Colour and Markings	Black/White	
Condition	Fair		Sex	Female	Age Adult
Temperament	Fair		Sterilisation details	Yes	Name Unknown
Coat	Long	Tail Long	Teeth Condition Fair	Ears Hanging	Size Small
Area found/ collected from	Shoprite Parking lot				Date 25/9/25
Reason for surrender	Stray				

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

Surrendered by / Found by	Name	Samantha Alexander			
Residential Address	5 Pilanesta Street Dana Bay				
Postal Address					
Tel (H)	Tel (W)	Cell 0844184745			
Email					
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 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 second Applicant	
Details of first Applicant		Details of third Applicant	

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

MY OWNER

NAME	Elzabé Cormack
POSTAL ADDRESS	
STREET ADDRESS	24 Heide Rd
	Danabag
HOME PHONE	
WORK PHONE	
CELLPHONE	0828784038
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	Shnauzer X
COLOUR	Black + White
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579673
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
01/10/25	Nobivac DHPPi + Triworm 02131812A 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	
	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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Pieter du Plessis
   - Contact Number: 0729599512
   - Email Address: pietduplessis55k@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Gene Meyers
   - Contact Number: 0846035947
   - Email Address: info@gcmt.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: E Comach.
Date: 31/10/25

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	86-023386-002-4
DATUM VAN REKENING:	24/06/2025
LAASTE KWITANSIE DATUM:	24/06/2025
VOORAFBETAALDE METERNOMMER:	14445195341

BTW REG. NO.
Naam:
CORMACK E
Liggingsadres:
24 HEIDEWEG DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No.
1940.00	23386000	500000	11

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				1360.44
20/06/2025	1444519534ELEKTRISITEIT				225.76 *
	BASIES			196.32	
	VAT/BTW			29.44	
20/05/2025	2136317 WATER 08/05/2025-09/06/2025				325.79 *
	251 - 262 (11 Kl 32 Dae)				
	BASIES			237.63	
	07/24	6.31 @	0.000 =	0.00	
	.	4.69 @	9.737 =	45.67	
	VAT/BTW			42.49	
20/06/2025	400011 RIOOL				335.43 *
20/06/2025	300011 VULLIS				299.64 *
20/06/2025	BELASTING PAAIEMENT				222.50
	KWITANSIES				1400.00-
	Balans Oorgedra				0.56-
	BTW OP '*' ITEMS: 154.76 ACB TOT:			0.00	

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	1369.56	1369.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/07/2025	1369.00

VAT No. / BTW Nr. 4630116370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank **PREDEFINED BENEFICIARY.**
MOSSEL BAY MUNICIPALITY
REF NO. 860233860024

>>>>>9152686023386000248

11379 860233860024

Message / Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
PA0103B5

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

CORMACK E
HEIDEWEG 24
DANABAAI
6510

86-023386-002-4

Fold and tear on perforation.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
CORMACK
Names:
ELZABÉ
Sex:
F
Nationality:
RSA
Identity Number:
5706030013087
Date of Birth:
03 JUN 1957
Country of Birth:
RSA
Status:
CITIZEN

Signature:

E Cormack.