ADOPTION CHECKLIST

ADMISSION NO: MBY 7300

CONTRACT NO: MA 0145

- [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 16/10/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 05/11/25 992003000579674

Adoptee INFO:

Name & Surname Hester Greenewald

Contact INFO: 079879 5863

Completed by: _____ Date: 27/10/25

Manager: _____ Date: 28/10/25

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.

Lease.

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): Mrs Hester Groenewald

HOME ADDRESS: 15 17 Noordsig Avenue, Fraaiuitsig, Kleinbrak ID NO.: 6405130063089

POSTAL ADDRESS: –

TEL NO (H): – (B): –

CELL NO: 0796795863 FAX NO: –

EMAIL: hgroenewald13@gmail.com

Address where animal will be kept: 17 Noordsigave, Fraaiuitsig

Occupation: Pensioner

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: Need a friend for our 8 month Jack Russel

Is the animal for yourself? Yes (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? Jack Russel

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

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

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

Are all your animals sterilised? Give details No, was baby but will be done

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

Which animals do you still have, and what happened to the others? Still have.

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

Full description of the fencing and gate: Concrete + gliding gate Height: 6m

What shelter is provided: OUTDOORS Deck KENNEL _____ OTHER Indoors

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

Pre Home Inspection Fee: R100.00 Receipt No: MB4 8067

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 Groenewald **Date of application** 17/10/23

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Barod Groenewald ~~Jnr~~
   - Contact Number: 0834401987
   - Email Address: JBcervices40@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Cappic Groenewald
   - Contact Number: 0769362285
   - 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: 27/10/25

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000579674

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. * 079 879 5863

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

E-mail * hgroenewald13@gmail.com

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

Title * MRS Initials * H Surname * Groenewald

Street 15 NOORDSIG AVE City

Suburb Area Code FRAAIUITSIG

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 * 27 - 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 2022

Species * CANINE Breed * JACK RUSSEL

Colour BROWN + 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 * Groenewald

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

Account Statement

GB 15 NOORDSIG

01 September 2025 to 30 November 2025

PREMIUM HOMES
Your home our priority

PREMIUM HOMES SA (PTY) LTD
1 Lucas Steyn Road
Bloemfontein
Free State
9301

0658001640
rentals@premiumhomes.co.za

Barend & Hester Groenewald

15 Noordsig laan
Reebok
Western Cape
6503

Created on 27 October 2025

Date	Ref	Description	VAT	Billed	Paid	Balance
2025-09-01		Opening balance brought forward				0.00
2025-09-01	43203833	Rent for September 2025	0.00	16 935.00		16 935.00
2025-09-01	43203838	Water	0.00	367.35		17 302.35
2025-09-01	43203846	Refuse	0.00	320.62		17 622.97
2025-09-02	43706432	Payment Received 2025-09-02	0.00		17 622.97	0.00
2025-10-01	44395609	Rent for October 2025	0.00	16 935.00		16 935.00
2025-10-01	44395656	Water	0.00	428.39		17 363.39
2025-10-01	44395664	Refuse	0.00	320.62		17 684.01
2025-10-01	44883359	Payment Received 2025-10-01	0.00		17 684.01	0.00
2025-11-01	45826853	Rent for November 2025	0.00	16 935.00		16 935.00
2025-11-01	45826943	Water	0.00	470.02		17 405.02
2025-11-01	45826964	Refuse	0.00	320.62		17 725.64
				Balance Due		**17 725.64**

Lease Summary

Lease End Date	2026-06-29
Current Rent	16 935.00
Deposit Balance	18 727.90
Interest Earned	2 070.65

PREMIUM HOMES SA (PTY) LTD BANK ACCOUNT

Account Name	PREMIUM HOMES SA (PTY) LTD
Bank	ABSA
Branch Code / SWIFT	632005 / ABSAZAJJ
Account	4108581146
Payment Reference	**PREM0235**

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. 640513 0063 08 9

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
GROENEWALD

VOORNAME/FORENAMES
HESTER

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1964-05-13

DATUM UITGEREIK
DATE ISSUED
2004-02-10

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

ADMISSION NO MBY 7800

9920030005796 74

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 24/10/25 TIME: 13H30

NAME OF APPLICANT: Hester Groenewald

ADDRESS: 17 Noordsig Ave, Fraaiuitsig,

HOME TEL No: CELL No: 0798795863

ANIMAL(S) ADOPTING: Jack Russel

SEX: Male AGE: 3/4 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):	
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Foxie				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	M. 1 1/2 Yrs	/	/	/	/
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: Hentze SPCA: M.Bey SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	04/09/25	ANIMAL NAME	Ceaser.
KENNEL NUMBER	K 8	BREED	Jack Russel
CARD NUMBER	MB77300	STERILIZED	NO
COLOUR	White + Brown	MALE/FEMALE	Male
VACCINATED	Yes	AGE	3 Years
PROOF OF VACC	Yellow card	STRAY/SURRENDER	surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	9.05 kg		
TEMPERATURE	37.9°		
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

MY OWNER

NAME	Hester Groenewald
POSTAL ADDRESS	
STREET ADDRESS	15 Noordsig Avenue
	Fraaiuitsig, Kleinbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	0798795863
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	Jack Russel
COLOUR	White + Brown
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579674
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
04/09/25	Nobivac DHPPi + Triworm, Batch: 02131812A, Exp: 04-FEB-2026	
01/10/25	Nobivac DHPPi + Triworm, Batch: 02131812A, Exp: 04-FEB-2026; Boehringer Ingelheim RABISIN R, Lot/Batch: 924507, Ut. av./Exp.: F72195 13/07-2026	
	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

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Logged.

DBV SPCA
Garden Route

KENNEL No.	K Bux. 34			ADMISSION No.	MBY7300	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 29/08/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	29/08/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked 29/08/25	Microchip or ID Tag number	None.

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) B/I		
Breed	JIR X.	Colour and Markings	Wit & Bruin.	
Condition	Fair	Sex ♂	Age ± 3 year	
Temperament	Friendly.	Sterilisation details No	Name Seager.	
Coat S	Tail L	Teeth Condition fair.	Ears Down.	Size M.
Area found / collected from	Heiderand			Date 29/08/25
Reason for surrender	Owners are moving.			

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	Charmaine Fourie		
Residential Address	34 Peperboomsingel Heiderand				
Postal Address	No postal				
Tel (H) No num	Tel (W) No num	Cell 0660692353			
Email	No email.				
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: N/A.

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 Fourie	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: _____