ADOPTION CHECKLIST

ADMISSION NO: MBY 8551

CONTRACT NO: MA 0167

- [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 27/11/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000578659 02/12/25.

Adoptee INFO:

Name & Surname Blandine Marais

Contact INFO: 0637539367

Completed by: Done Date: 28/11/25

Manager: Date: 28/11/25

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: GLENTON MARAIS
   - Contact Number: 076525[redacted]2329
   - Email Address: glentonmarais85@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: 28.11.2025

K
38/

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. Blandine Marais

HOME ADDRESS: 146 Pardeew Drive MosselBay Golf Estate

ID NO.: Passport 21CF06848

POSTAL ADDRESS:

TEL NO (H): 06 (B):

CELL NO: 0637539367 FAX NO:

EMAIL: blandinemarais65@gmail.com

Address where animal will be kept: 146 Pardew Drive MOSSELBAY GOLF ESTATE

Occupation: Hor Self employed

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: For good company; to give it a better life

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? Dog

Can you afford private fees? Yes Who is your vet? MosselBay Animal Hospital

How many animals live on the property? DOGS? / CATS? / OTHERS None

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

Are all your animals sterilised? Give details Ø

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

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

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

Full description of the fencing and gate: Yard Height: 2m10

What shelter is provided: OUTDOORS / KENNEL / OTHER House

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

Pre Home Inspection Fee: R100 Receipt No: MBY 8493

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** 21/11/25

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

M

992003000578659

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. * 0637539367

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

E-mail * blandinemarais65@gmail.com

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

Title * MRS Initials * B. Surname * MARAIS

Street 146 Pardew Drive City

Suburb Golf Estate Area Code Mosselbay

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 * 03 - 12 - 2023.

Date of Implant * 27 - 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 Date of birth 2025

Species * CANINE Breed * DAXI X

Colour BLACK + TAN 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 _____

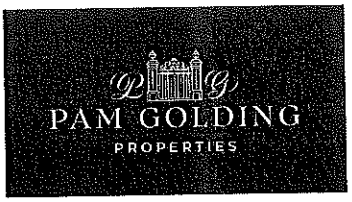
REGISTRATION PROCESS – Please use one of the following option to register on the backhome database

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

Account Statement

Pardew Drive 146

01 October 2025 to 31 December 2025



Mr Glenton Marais

146 Pardew Drive
Mossel Bay Golf Estate
Mossel Bay
Western Cape
6500

GRAND BRIDGE TRADING 50 (PTY) LTD
Prince Vintcent
86 Bland Street
Mossel Bay
Western Cape
6506

0446913844
mosselbayrentals@pamgolding.co.za

Created on 06 November 2025

Date	Ref	Description	VAT	Billed	Paid	Balance
2025-10-01		Opening balance brought forward				-25 000.00
2025-10-01	44400593	Rent for October 2025	0.00	25 000.00		0.00
2025-10-01	44872546	Municipal - 22/09	0.00	1 497.74		1 497.74
2025-10-14	45305058	Payment Received 2025-10-14	0.00		1 497.74	0.00
2025-10-30	46103628	Payment Received 2025-10-30	0.00		25 000.00	-25 000.00
2025-10-30	46103650	Payment Received 2025-10-30	0.00		1 533.21	-26 533.21
2025-10-31	46130673	Municipal - 22/10	0.00	1 533.21		-25 000.00
2025-11-01	45821481	Rent for November 2025	0.00	25 000.00		0.00
		Balance Due				**0.00**

Lease Summary

Lease End Date	2026-07-31
Current Rent	25 000.00
Deposit Balance	53 351.70
Interest Earned	351.52

GRAND BRIDGE TRADING 50 (PTY) LTD BANK ACCOUNT

Only for payments from SA bank accounts

Account Name	GRAND BRIDGE TRADING 50
Bank	First National Bank
Branch Code	250655
Account	63168599480
Payment Reference	**PG0165**

Page réservée aux autorités compétentes
pour délivrer le passeport
Pagina reservada a las autoridades competentes para expedir el pasaporte / Forbeholdt de pasudstedende myndigheder / Amtliche Vermerke
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Opmerkingen van bevoegde instanties
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Förbehållet utfärdande myndighet

Ce passeport contient un composant électronique.
Il convient d'en prendre soin, et en particulier de ne pas le plier, le perforer, l'exposer à des températures extrêmes ou à une humidité excessive.

This passport contains sensitive electronics. For best performance please do not bend, perforate or expose to extreme temperatures or excess moisture.

Signature du titulaire / *Holder's signature*

RÉPUBLIQUE FRANÇAISE

PASSEPORT
PASSPORT

Type	P
Code du pays	FRA
Passeport n°	21CF06848
Nom	PAVAGEAU ép. MARAIS
Prénoms	Blandine, Florence, Chantal
Nationalité	Française
Sexe	F
Taille	1,70 m
Couleur des yeux	MARRON
Date de naissance	03 01 1980
Lieu de naissance	LA ROCHE-SUR-YON
Date de délivrance	24 06 2021
Domicile	RUE DE SAINTE AMELIE 98713 PAPEETE POLYNÉSIE FRANÇAISE
Autorité	Haut-commissariat de la République en Polynésie
Date d'expiration	23 06 2031

P<FRAPAVAGEAU<<BLANDINE<FLORENCE<CHANTAL<<<<
21CF068486FRA8001036F3106235<<<<<<<<<<<<<<08

1

I.D. No. 670722 5034 184

NON S.A.CITIZEN

SURNAME
MARAIS

FORENAMES
GLENTON

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
[illegible]7-22

DATE ISSUED
2024-08-19

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

ADMISSION NO MBY 8551

9920030005786 59

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 24/11/20 TIME: 14:00

NAME OF APPLICANT: Blandine Marais

ADDRESS: 146 Pardew Drive, Mosselbay Golf estate

HOME TEL No: CELL No: 0637539367

ANIMAL(S) ADOPTING: Daxi X

SEX: Female AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Complex/wall/2		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?	2

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ ♂	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☐ MEDIUM DOGS
- ☒ SMALL DOGS
- ☐ LARGE DOGS

INSPECTED BY: [illegible] SPCA: mosselbay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/10/2025	ANIMAL NAME	
KENNEL NUMBER	K26	BREED	x Breed
CARD NUMBER	MBY8551	STERILIZED	NO
COLOUR	Black + Brown	MALE/FEMALE	Female.
VACCINATED	Yes	AGE	± 3 months
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	6kg		
TEMPERATURE	38.7		
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. K2639				ADMISSION No. MBY8551		
Stray	~~Surrender~~	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 13.10.25	none	Time in		16:00	Date for release	

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

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	
Breed: Kreed		Colour and Markings: Black Tan dark	
Condition: good		Sex x4 Puppies ♀	Age: +3 months
Temperament: friendly		Sterilisation details	Name
Coat: Short Tail: Long	Teeth Condition: good	Ears: down	Size: small
Area found / collected from: Kuga			Date
Reason for surrender: Surrender			

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: Pister Pennels				
Residential Address: 47 Geotyana street Kuga						
Postal Address						
Tel (H): none	Tel (W): none		Cell: non.			
Email						
Donation R: None	Cash	Card	EFT	(Receipt No.): None		

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: [signature]

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: _____

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
17/10/25	milpro		
14/1/25	triworm		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER
Regular dewormings as prescribed by my veterinarian and
dewormed every 2 weeks for under 12 weeks of age and every 3
months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 27/11/2025.

DOCTOR'S NAME Dr AS Muller.

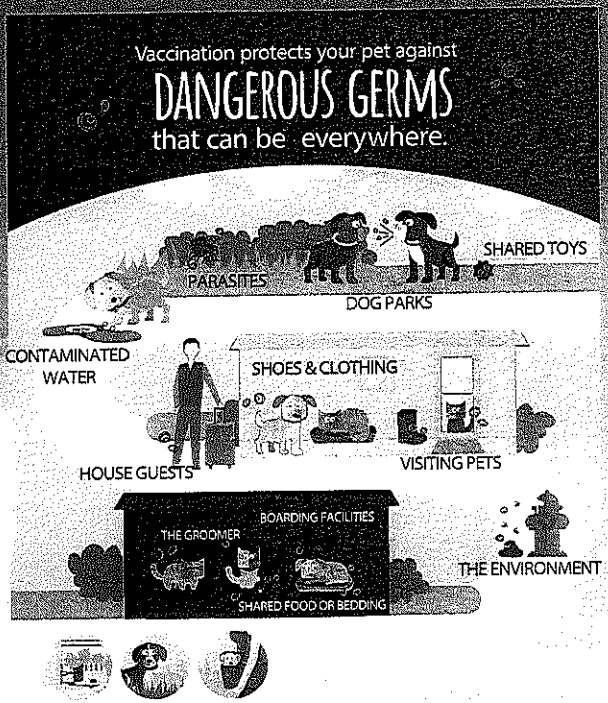
GARDEN ROUTE SPCA
PO.BOX 258
GEORGE 6530
TEL: 044 693 0824 / 072 281 1761

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16.00
Saturday: 09:00 - 11:00