ADOPTION CHECKLIST

ADMISSION NO:
MBY 1840

CONTRACT NO:
MBY 0079

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Date 27/02/2024
- [ ] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000408505

Adoptee INFO:

Name & Surname M.J. Giani

Contact INFO: 0632719471

Completed by: Kay Lewis Date: 28/02/2024

Manager: Date: 28/02/2024

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.

ADOPTION No: HBY 0079

ADMISSION: HBY 1840

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 23/02/24 TIME: 16:00

NAME OF APPLICANT: Mr M.J. Giani

ADDRESS: 26 Apiesdoring, Heidelrand

HOME TEL No: _____ CELL No: 0767641877

ANIMAL(S) ADOPTING: Dog

SEX: Male AGE: ± 5 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Vibrigate 2 meter		Height of fence: 2 meter	
Any sign of Kennel/Shelter?	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	Rotweiler X				
SEX	female				
AGE	10 years				
STERILIZED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS: Big property animal in good condition

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

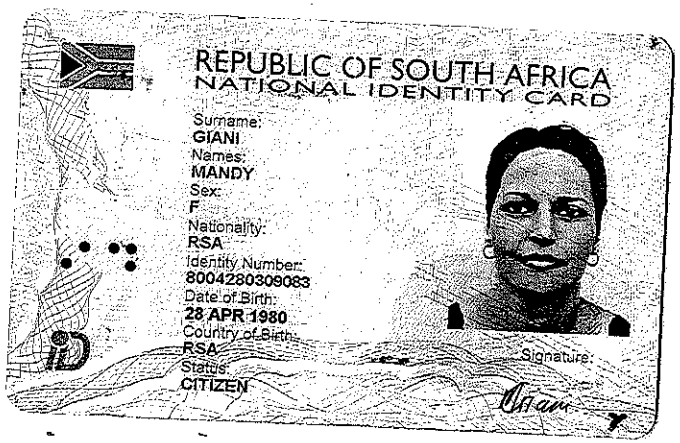
- ☑ SMALL DOGS
- ☑ MEDIUM DOGS
- ☐ LARGE DOGS
- ☑ CATS
- ☐ EQUINE
- ☐ OTHER (specify) _____

INSPECTED BY: Kerr SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
GIANI
Names:
MANDY
Sex:
F
Nationality:
RSA
Identity Number:
8004280309083
Date of Birth:
28 APR 1980
Country of Birth:
RSA
Status:
CITIZEN
Signature:

impaq

Date Captured:	February 02 2024
Captured by Username:	8004280309083
Grade:	8
Selection type:	Full Grade Option
Prefered Material Language:	Afrikaans
Subjects:	Afrikaans Huistaal : Afrikaans Creative Arts : Afrikaans Economic Management Sciences : Afrikaans English Additional Language : English Life Orientation : Afrikaans Mathematics : Afrikaans Natural Sciences : Afrikaans Social Sciences : Afrikaans Technology : Afrikaans
Material Type:	Assessment Access Hardcopy Learner Online School Online SchoolAsmnt
Delivery Method:	Delivery
Payment Option:	Monthly Instalment

Account Holder Details

Account Holder Id Type:	RSA
Account Holder Id Number:	8004280309083
Account Holder Title:	Ms
Account Holder First Name:	Mandy
Account Holder Surname:	Giani
Account Holder Cell Number:	+27767641877
Account Holder Email:	gianimandy@gmail.com
Account Holder Communication Method:	WhatsApp
Account Holder Referral:	Social media

Account Holder Address

Building Type:	Residential Address
Street	26 Apiesdoring Street
Suburb	Heiderand
City	Mossel Bay
Province	Western_Cape
Postal Code	6511
Latitude	-34.1895348
Longitude	22.1103965

Learner Details

NAME	Marius Giani
POSTAL ADDRESS	26 Apiesdaring Heiderand Mosselbaai
STREET ADDRESS	26 Apiesdaring Heiderand Mosselbaai
HOME PHONE	0632719471
WORK PHONE	0767641877
CELLPHONE	0632719471
BREEDER DETAILS	

ME

SPECIES	Dog
BREED	Maltese.
COLOUR	White,
SEX	Male
DATE OF BIRTH	
MICROC	992003000408505
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
Feb 2025		

DATE	VACCINE AND BATCH NO	VET SIGNATURE
27/2/24	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: E48017 Uit. av./Exp.: 28/01-2025	N.N
	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	

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	
	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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K37				ADMISSION No. MBY1840		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		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			Microchip or ID Tag number	

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed			Colour and Markings		
Condition			Sex		Age
Temperament			Sterilisation details		Name
Coat	Tail	Teeth Condition	Ears		Size
Area found / collected from					Date
Reason for surrender					

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		
Residential Address				
Postal Address				
Tel (H)	Tel (W)		Cell	
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 / I DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and **I DO / I 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 uitdrukilk 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:_____

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): Mr M.J. Giani

HOME ADDRESS: 26 Apiesdoring

Heiderand ID NO.: 7006055284087

POSTAL ADDRESS: —

TEL NO (H): 0767641877 *Mandy (B): 071 223 0745.

CELL NO: 063 2719471 FAX NO:

EMAIL: mgi.altitude@gmail.com

Address where animal will be kept: 26 Apiesdoring Heiderand

Occupation: Self employed

Do you own or rent your property: Rent Do you have consent from owner / Body Corporate? Yes

YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: Want a smaller dog with my older dog

YES/NO

Is the animal for yourself? Yes

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? Mixbreed

Can you afford private fees? Yes. Who is your vet? Heiderand Dierehospt.

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

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

Are all your animals sterilised? Give details Yes.

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? N.A.

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

Full description of the fencing and gate: Pallisade + Wall Height: 1.2.m + 1

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER Indoors

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

Pre Home Inspection Fee: R100. Receipt No: 1658

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** 23/2/24

BackHome®

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER *

992003000408505

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

VETERINARY ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0632719471

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

E-mail * mgi.altitude@gmail.com

Title * MR Initials * M.J. Surname * Giani

Street 26 Apiesdoring City Mosselbay

Suburb Heiderand Area Code Heiderand

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * MR Initials * M Surname * Giani

E-mail * mgi.altitude@gmail.com.

Title * Mrs Initials * M Surname * Giani

E-mail * gianimady@gmail.com.

Title * Initials * Surname *

E-mail *

CHIP DETAILS

Registration Date * 02 - 03 - 2024

Date of Implant * 27 - 02 - 2024

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

Name of Person who implanted the Chip NDYEBO NGEELO

PET DETAILS

Pet Name MR BEAN Year of Birth

Species * DOG Breed * Maltese X

Colour WHITE + BROWN Markings

Gender (Male) Female Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registartion 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 options to register on the BackHome database

1. On-line — Log onto www.backhome.co.za. Complete the registration process.

This completed form to BackHome on 0800 222 546 (TOLL FREE) or 0864 570 463.