ADOPTION CHECKLIST

ADMISSION NO: MBY 3798

CONTRACT NO: MA 000597

- [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 31/10/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000355882 Done 6/11/24.

Adoptee INFO:

Name & Surname: Jan Hendrik Boshoff

Contact INFO: 0722294554

Completed by: _____ Date: 1/11/24.

Manager: _____ Date: 1/11/24

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.

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: ______ Quantity used: ______ AWA: ______

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) ______

Residential Address: ______

Tel No (h): ______ Tel No (w) ______ Cell No: ______

Postal Address: ______

E-mail Address: ______

Reclaim Charge: ______ Added Donation: ______ Cash/EFT/Card (Receipt No.) ______

ID/Passport No: ______ Copy Attached: Yes ☐ No ☐

Vehicle Model ______ Colour ______ Reg. No: ______

Signature: ______ Witness for Society ______

Microchip / Colla[r] and ID tag given 992003000355882 Date ______

MEDICAL RECORD

Date	Remarks	Treatment	Cost
1/10/24	Triworm + rabies		
	nxt - Oct 2025		
3/10/24	Sterilised. Dissolvable sutures.		
	AS [illegible]		

PTS APPROVAL

NAME	SIGN

GARDEN ROUTE SPCA

ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN

KENNEL	K18	DATE	01/10/24
CARD NR	MBY 3795	BREED	LAB X
COLOUR	BLACK	STRAY/DONATED	SURRENDER.
ANIMAL NAME		MALE/FEMALE	FEMALE
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	1 YR

GENERAL HEALTH

EARS	✓
EYES	✓
TEETH	✓
NOSE	✓
LUNGS	✓
HEART	✓
ABDOMEN	✓
HIP	✓
SKIN & COAT	✓
FIT FOR ADOPTION	Yes
COMMENTS:	

MBY 3798. Maggie
MA000597

992003000355882

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof of residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Jan Hendrik Boshoff

HOME ADDRESS: Bloukransweg 15,

Hartbos ID NO.: 430825 5004 080.

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0722294554 FAX NO:

E-MAIL:

Address where animal will be kept: Bloukransweg 15, Hartbos.

Reason for wanting an animal:

Occupation:

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 an animal: Maat vir hond.

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 veterinary fees? Yes Who is your vet? Dr De Graaff

How many animals live on your property DOGS 1 CATS OTHER

What are the sexes of your animals? DOGS: Male 1 Female CATS : Male Female

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? 1 died of cancer

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

Full description of the fencing and gate: Gate + wall normal, Height: Normal height.

What shelter is provided : OUTDOORS Indoors KENNEL OTHER

Have you previously had pets from an SPCA? Yes Are there children under the 10 years in your household? NO.

Pre Home Inspection Fee: R100 Receipt No.: 4700

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** 28/10/2024

PRE HOME NO: MPRE 014

ADMISSION NO: MBY3798

MA000597

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030003 55882

PASSED: YES / NO DATE UNDERTAKEN: 29/04/24 TIME: 14:30

NAME OF APPLICANT: Jan Hendrik Boshoff

ADDRESS: Blaukransweg 15, Hartenbos

HOME TEL No: _____ CELL No: 07222 94554

ANIMAL(S) ADOPTING: Dog - labrador

SEX: Female AGE: 1 yr

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibracrete		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?	Wall
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	X JB				
CONDITION	Good				
WELFARE (good?)	Yes, concerns				
SEX & AGE	M /	/	/	/	/
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: _____ SPCA: M. Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Duantel Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER, HEALTHIER DOGS.

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming 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 (illegible)

DATE 31/10/2024.

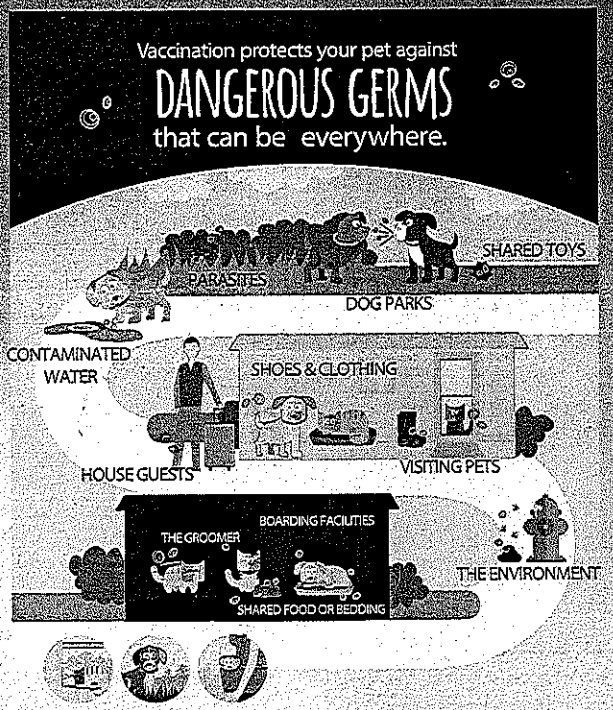
DOCTOR'S NAME Dr A.S. Naidoo.

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

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: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00

ADMISSION No.
TOELATINGSNR. MBY 3798

ADOPTION CONTRACT

MA000597

Garden Route

DOG / CAT	Breed	Male/Female
Microc	992003000355882	

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to return it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will not chain or cage the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only elasticated or quick release collars may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

Garden Route

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig verstuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (including initials)
NAAM - Prof/Dr/Mnr/Mvr/Me] (insluitende voorletters): Jan Hendrik Boshoff

HOME ADDRESS
WOONADRES: 15 Blaukransweg, Harkerbos

ID/PASSPORT No.:
ID/PASPOORT Nr.: 430825 5004 080

TEL No (H):
TELEFOON Nr (H):

(B):
(W):

CELL No:
SELFOON Nr: 072 229 4554

FAX No:
FAKS Nr:

E-MAIL:
E-POS: NONE

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. MBY 4723

* VEHICLE REG No.
VOERTUIG REG Nr. CBS 3635

VEHICLE MAKE:
VOERTUIG MAAK: Venture

COLOUR:
KLEUR: Beige

* SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

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. 430825 5004 08 0

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

BOSHOFF

VOORNAME/FORENAMES

JAN HENDRIK

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1943-08-25

DATUM UITGEREIK
DATE ISSUED

1993-05-27

UITGEREIK OP GESAG VAN DI
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF TH
DIRECTOR-GENERAL:
HOME AFFAIRS

Gee vir Anton

ATKV Sake (RF) Pty Ltd
t/a ATKV Hartenbos

Company registration number: 2011/006620/07
Address: ATKV Hartenbos, Corner of Cape of Good Hope &, Majuba Ave, Hartenbos, 6520
VAT Registration number: 4920271857
Telephone number: (044) 601 7200
Email address: hartenbos@atkv.org.za

Banking Details
Beneficiary Name: ATKV Hartenbos
Bank: ABSA Bank
Branch Code: 632005
Account Number: 2070000078

TAX INVOICE

TO CUSTOMER:
Name: **HB-BOSHOFF JH & CJ (HUUR & MUNISIPALITEIT)**
Address: BLOUKRANSWEG 15
HARTENBOS, 6520
VAT registration number:
Terms: Current

Customer code	Date	Tax invoice number
HB-BOSHOF02/ST	31/08/2024	ARINV0001039_HB

Item Description	Quantity	Price	Amount Excluding Tax	Tax	Amount Including Tax
Munisipale Rekenig Water - Aug 24	1	R249.76	R249.76	R37.46	R287.22
Munisipale Rekening Elektrisiteit Aug 24	1	R1,363.23	R1,363.23	R204.48	R1,567.71
Munisipale Rekening Vullis Aug 24	1	R260.56	R260.56	R39.08	R299.64

Total (Excluding)	R1,873.55
VAT	R281.02
Total (Including)	R2,154.57

Backhome

Virba

* COMPULSORY F
* PRINT INFORMA

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000355882

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. * 072 229 4554

E-mail * NONE

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

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

Title * MR Initials * J H Surname * BOSHOFF

Street 15 BLOUKRANSWEG City

Suburb Area Code REEBOK

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 *

Date of Implant * 31 - 10 - 2024

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name Date of birth 2024

Species * CANINE Breed * LAB

Colour BLACK 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 sa 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 informatic 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 institution 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 informati 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 personal information for marketing purposes and unless expressly stated otherwise he / she consents to its personal information being used by _____ 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