ADOPTION CHECKLIST

ADMISSION NO: MBY 3798

CONTRACT NO: MA000059T

- [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.

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 versuim 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 veeartsenykundige 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 aangeklo 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, Harrenbos

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 VERENIGING: A Joseph

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.CITIZ

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

See sir 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

Species * CANINE Date of birth 2024

Colour BLACK Breed * LAB

Gender Male (Female) Markings

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 hereby 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

~~K18~~ K40

DBV SPCA
Garden Route

Loaded

KENNEL No.	K ~~19~~ ~~18~~ 19			ADMISSION No.	MBY3798	
Stray	Surrender X	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	23/9/24	NA	Time in	4:23	Date for release	NA

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

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify)	tkm
Breed	LAB X	Colour and Markings	Black
Condition	Fair	Sex Female	Age ± 1 YEAR
Temperament	Fair	Sterilisation details None	Name
Coat Short	Tail long / Teeth Condition Fair	Ears UP	Size Med
Area found / collected from	Ekangeni KwaZ		Date 23/9/24
Reason for surrender	Unwanted		

ASSESSMENT

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

COMMENTS:

Surrendered by X / Found by	Name	PHUMLA KASHLANE			
Residential Address	11 NDIBANISO STREET				
	MosselBay				
Postal Address	6500				
Tel (H) None	Tel (W) None	Cell 0632116055			
Email	None				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: WALLY

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	Refer to MBY ~~3797~~ ~~3798~~	Witness for Society	

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

MBY 3798. Maggie
MA000591

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: Bloukranswey 15, Hartenbos ID NO.: 430825 5004 080.

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0722294554 FAX NO:

E-MAIL:

Address where animal will be kept: Bloukranswey 15, Hartenbos.

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

MY OWNER

NAME	Jan Hendrik Boshoff
POSTAL ADDRESS	
STREET ADDRESS	15 Bloukransweg
	Hartenbos
HOME PHONE	
WORK PHONE	072 2294554
CELLPHONE	
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	x Breed - Labrador
COLOUR	Black
SEX	Female
DATE OF BIRTH	2024.
MICROCHIP/TATTOO	992003000355882
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
1/10/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
31/10/24	Boehringer Ingelheim RABISIN R Lot/Batch: 924507 Ut. av./Exp.: F48436 27/04-2026	SPCA AWA
11/10/24	Nobivac Rabies 0212A72E 22-OCT-2026	AWA
	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	
	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 (isoquinoline) 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

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook. facebook.com/BravectoSouthAfrica

DBV SPCA

PRE HOME NO: MPRE 014

MA000597

ADMISSION NO: MB/3798

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000355882

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

NAME OF APPLICANT: Jan Hendrik Boshoff

ADDRESS: Bloukransweg 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 JT B				
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

GARDEN ROUTE SPCA

ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN

KENNEL	K13	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:	