Klerksdorp

ADOPTION CHECKLIST

ADMISSION NO: MBV 2148

CONTRACT NO: MBV 0082

- [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
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000418788

Adoptee INFO:

Name & Surname: Gabrielle Grassler

Contact INFO: 0 67 64 82 716

Completed by: Kay Leers Date: 06/03/24

Manager: Date: 06/03/24

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.

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): Ms Gabrielle Grassler

HOME ADDRESS: 11 Barwell street Klein-Brakrivier

Mossel Bay ID NO.: 0401270174089

POSTAL ADDRESS:

TEL NO (H): 0790431538. (B):

CELL NO: 067 648 2716 FAX NO:

EMAIL: gabriellegrassler

Address where animal will be kept: 11 Barwell street Klein-Brakrivie

Occupation: Candidate Property practitioner

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: Big animal lover

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? DLH

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

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male 0 Female 0 DOGS: Male Female 0

Are all your animals sterilised? Give details na

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

Which animals do you still have, and what happened to the others? Moved from JHB - stayed behin gave 2 fri

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

Full description of the fencing and gate: Brick wall Height: 1.6

What shelter is provided: OUTDOORS KENNEL OTHER Indoor

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: 1668

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** 29/02/24

MY OWNER

NAME	Gabrielle Grassler
POSTAL ADDRESS	
STREET ADDRESS	11 Barwell street Kleinbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	0676482716
BREEDER DETAILS	

ME

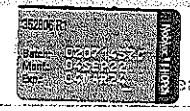
SPECIES	Feline
BREED	DLH
COLOUR	Black
SEX	Male
DATE OF BIRTH	
MICROCHIP	992003000418788
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
22/3/24		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
23/2/24		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	

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.

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0082 DATE: 06/03/24

between Mosselbay SPCA

and

Name Gabrielle Grassler

Address 11 Barwell Street, Kleinbrak

Telephone Numbers (H) 0676482716 (B)

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name BEAR Sex Male Age 2 months

Description DLH

On (due date) Adoption Form No. MBY 0082

on the understanding that you will arrange to have this done at the Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED   MBY/0082

DBV SPCA Garden Route

KENNEL No.	C1			ADMISSION No.	MBY2148	
Stray	Surrender (circled)	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	21/02/24		Time in	10:00	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes (circled) / No	Lost & Found Date checked	21/02/24
Microchip/Collar or ID tag found	Yes / No (circled)	Date scanned or checked 21/02/24		Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog	Cat (circled) x 1	Other species (Specify)	B/I Black (circled)		
Breed	DSH	Colour and Markings	Swift, white, torti		
Condition	fair	Sex	♂	Age ± 16-weke 1 year	
Temperament	friendly	Sterilisation details	No	Name	Jack
Coat	Tail	Teeth Condition	Ears Pricked	Size	S
Area found / collected from	Danabaai			Date	21/02/24
Reason for surrender	Surrender				

ASSESSMENT

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

COMMENTS:

Surrendered by X / Found by	Name	Etienne Leteger			
Residential Address	10 Econico, Dana Baai				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 0725775824			
Email	No email				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

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 /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 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 [signature]	Witness for Society [signature]
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ ______ On Date: ______

Property Connect

Connecting Dreams With Reality

05 March 2024

TO WHOM IT MAY CONCERN

Re: Confirmation of Residential Address

Hereby we, Property Connect George confirm that **(Gabrielle Simone Grassler),** Identity number: **(0401270174089)** is renting **(11 Barwell Kleinbrak – The Flat).**
Occupancy has been in effect as of **(1 March 2024).**

If there are any queries, please contact our offices at 044 050 3649.

Regards

MBester

Michelle Bester
Rental Agent
michelle@property-connect.co.za

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MURRAY
Names:
DILLON
Sex:
M
Nationality:
RSA
Identity Number:
0406245246086
Date of Birth:
24 JUN 2004
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
04 MAR 2021

3 1 5 2

114959690

D&V SPCA

ADOPTION No: MBY0082

ADMISSION: MBY2148

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 04/03/24 TIME: 14:26

NAME OF APPLICANT: Gabrielle Grassler

ADDRESS: 11 Barwell street, Kleinbrak.

HOME TEL No: _____ CELL No: 0676482716/0790431538.

ANIMAL(S) ADOPTING: Cat

SEX: Male AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Hood / Mbrigate		Height of fence: 2-3 meters	
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?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Property is fully fenced
No animals currently regale

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: KMC SPCA: Nasselby SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

BackHome®

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP

992003000418788

Third copy

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

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

Cell No * 067 648 2716

E-mail * gabriellegrassler@gmail.com

Title * MS Initials * G. Surname * Grassler

Street 11 Barwell Street City MOSSEL BAY

Suburb Klein Brak River Area Code Kleinbrak

Country MOSSEL BAY Province

Phone - Day time 0 Phone - Night time

OTHER CONTACTS

Title * Initials * Dillon Surname * Murray

E-mail * murrayDillon7@gmail.com

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

CHIP DETAILS

Registration Date * 01 - 10 - 2024

Date of Implant * 05 - 03 - 2024

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

Name of Person who implanted the Chip NOYEBO NGQELE.

PET DETAILS

Pet Name Bear Year of Birth 2023

Species * DLH - FELINE Breed * DLH

Colour BLACK 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.

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