ADOPTION CHECKLIST

ADMISSION NO: MBY 4646

CONTRACT NO: MA 00038T

- [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 30/01/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486988

Adoptee INFO:

Name & Surname M. F. Williams

Contact INFO: 083 95 94187

Completed by: _____ Date: 03/02/2025

Manager: _____ Date: 03/02/2025.

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.

MA00038T

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO:
Microchip and or	992003000486988		

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 the 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 the form of a microchip or a collar and tag – only **elasticised 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 the 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 within 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.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (including initials): M. F. Williams

HOME ADDRESS: 35 Steenbras Str, Mossel Bay ID/PASSPORT NO.: 6506275043081

TEL NO (H): _____ (B): _____

CELL NO: 0839594187 FAX NO: _____

E-MAIL: williamsmarcell@yahoo.com

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. 5608

VEHICLE REG. No: CL 680 GP VEHICLE MAKE: KIA COLOUR wit.

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 03/02/2025

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486988

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. * 0839594187

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

E-mail * ~~[illegible]~~ williamsmarcell@yahoo.com

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

Title * MR Initials * MF Surname * WILLIAMS

Street

City

Suburb

Area Code

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 * 30 - 01 - 2025

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

Name of Vet who implanted the Chip BHG SMITH

PET DETAILS

Pet Name SPOTTY.

Date of birth 2024

Species * CANINE

Breed * JACK RUSSEL

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 Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

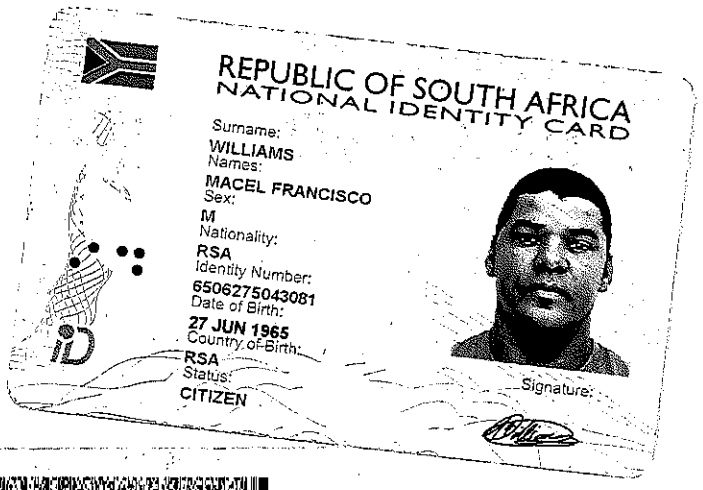
Medical Insurance Phone

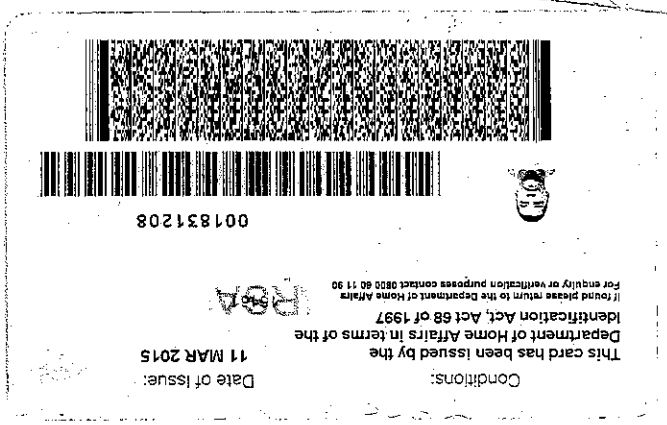
PROTECTION OF PERSONAL INFORMATION LAW

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


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
WILLIAMS
Names:
MACEL FRANCISCO
Sex:
M
Nationality:
RSA
Identity Number:
6506275043081
Date of Birth:
27 JUN 1965
Country of Birth:
RSA
Status:
CITIZEN
Signature:


00183120B
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:
11 MAR 2015

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K24				ADMISSION No. MBY4646 (loaded)		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 17-1-25	none		Time in	8:15	Date for release	24-1-25

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	Yes / No	Lost & Found Date checked	17-1-25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	17-1-25	Microchip or ID Tag number	none		

DESCRIPTION & HISTORY					
Dog X	Cat	Other species (Specify)			
Breed	Jack Russel	Colour and Markings	brown and white		
Condition	good	Sex ♂		Age 18 months	
Temperament	friendly	Sterilisation details	none	Name	
Coat Short	Tail long	Teeth Condition good	Ears up	Size small	
Area found / collected from	Santos Beach			Date 17-1-25	
Reason for surrender	Stray				

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	Luciano Bay
Residential Address	6 Bill Jeffrey Mossel Bay.	
Postal Address		
Tel (H) none	Tel (W) 0446930824	Cell 0722871761
Email		
Donation R none	Cash	Card	EFT	(Receipt No.) none

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Luciano

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 Luciano	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: _____

Jack russel. (P) T

MA000038T

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): M.F. WILLIAMS

HOME ADDRESS: 35 STEENBRAS STREET MOSSEL BAY 6500

ID NO.: 6506275041087

POSTAL ADDRESS: SAME AS ABOVE

TEL NO (H): — (B): —

CELL NO: 0839594187 FAX NO: —

E-MAIL: —

Address where animal will be kept: AS ABOVE

Reason for wanting an animal: Animal lover.

Occupation: Project Supervisor

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

Are you a student with consent to keep pets? YES/NO

Reason for wanting an animal: —

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 veterinary fees? YES Who is your vet? MOSSEL BAY

How many animals live on your property DOGS — CATS — OTHER —

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

Are all your animals sterilised? Give details —

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

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

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

Full description of the fencing and gate: MESH GATE Height: 1,8

What shelter is provided : OUTDOORS — KENNEL — OTHER —

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

Pre Home Inspection Fee: 100.00 Receipt No.: MBY 5577.

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 [signature] **Date of application** 24/01/25.

PRE HOME NO: MPRE 070

ADMISSION NO: MBY 4646

MA000038T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992 003000486988

PASSED: YES / NO DATE UNDERTAKEN: 27/01/24 TIME: 13H10

NAME OF APPLICANT: M. F. Williams

ADDRESS: 35 Steenbras Str, Mosselbay

HOME TEL No: CELL No: 0839594187

ANIMAL(S) ADOPTING: Male Jack russel

SEX: Male AGE: 7 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: ~~6 Feet~~ Wall.		Suitability of fence (i.e. small pets can't escape): Yes.	
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?	0

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	Clean big yard.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ **CATS** ☑ **SMALL DOGS**

☑ **MEDIUM DOGS** ☑ **LARGE DOGS**

INSPECTED BY: Thembe **SPCA:** Mosselbay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	M. F. Williams
POSTAL ADDRESS	
STREET ADDRESS	35 Steenbras str.
	Mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	0839594187
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	JACK RUSSEL
COLOUR	WHITE + BROWN
SEX	MALE
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000486988
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
24/02/25		
30/01/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
27/01/25	For Animal Use Only VANGUARD® PLUS 5 Reg. No. G2238 (Act 36/1947) Namibia only: V97/24.1/925 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose zoetis Ser. 728559A Exp. 30 SEP 25 + milpro	A.H.T
30/01/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48436 Ut. av/Exp.: 27/04-2026	[illegible]
	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!

One of the Global One money management products or services

Proof of Account Details

CAPITEC

Capitec Bank

03/02/2025
Branch: 470010
Device:

SkyQR App Store Google Play AppGallery
Validate this document using SkyQR

To Whom it May Concern

We hereby confirm that Mr Macel Williams has the following account(s) at Capitec Bank Limited on 03/02/2025

Client Details

Name:	Macel F Williams
ID/Passport Number:	6506275043081
Residential Address:	35 Steenbras St, Ext 26, Mossel Bay, 6506
Postal Address:	35 Steenbras St, Ext 26, Mossel Bay, 6506

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	1534337588
Branch Code:	470010
Date Opened:	2017-07-04

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.