ADOPTION CHECKLIST

ADMISSION NO: Dachshund. MBY 5098

CONTRACT NO: MA00031T

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [ ] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract: Already done.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number: 03102125 992003000486986

Adoptee INFO:

Name & Surname: Hein Kleyn

Contact INFO: 0722547158

Completed by: _____ Date: 31/01/25

Manager: _____ Date: 31/01/25

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, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	K 22 30			ADMISSION No.	MBY5098	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	3/6/25		Time in	11:34	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	03/06/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	03/06/25	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)	B/T	
Breed	[illegible]	Colour and Markings	[illegible]	
Condition	Good	Sex [illegible]		Age Adult
Temperament	Friendly	Sterilisation details	Yes	Name
Coat S	Tail ↓	Teeth Condition	Ears Up	Size Adult
Area found / collected from	[illegible] Donaldson.			Date 3/6/25
Reason for surrender	Stray			

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

Surrendered by / Found by	Name	[illegible]			
Residential Address	[illegible]				
Postal Address	[illegible]				
Tel (H) No num	Tel (W) No num	Cell 0833660929.			
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/M

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	[illegible]	Witness for Society	[illegible]

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

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

Maya + Vlekkie_
MA000317

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): MR HEIN. K LEYN.

HOME ADDRESS: 107 GEELHOUT LAAN HARTENBOS.

ID NO.: 8010065092083

POSTAL ADDRESS: 107 GEELHOUT LAAN HARTENBOS

TEL NO (H): 0722547158 (B): "

CELL NO: " FAX NO: /

E-MAIL: KLEYN.HEIN@GMAIL.COM.

Address where animal will be kept: 107 GEELHOUT LAAN, HARTENBOS.

Reason for wanting an animal: LOVE DOGS

Occupation: BOUER KONSTRUKSIE.

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

Are you a student with consent to keep pets? N/A 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?

Can you afford private veterinary fees? / Who is your vet? Hartenbos

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 0 CATS 0 OTHER 0

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

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

Full description of the fencing and gate: BRICK WALLS Height: 1,8

What shelter is provided : OUTDOORS KENNEL KENNEL _____ OTHER X

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

Pre Home Inspection Fee: R100.00 Receipt No.: MBY.

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** 24/01/2025.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	43-002090-007-7
DATUM VAN REKENING:	22/01/2025
LAASTE KWITANSIE DATUM:	21/01/2025
VOORAFBETAALDE METERNOMMER:	01082240803

BTW REG. NO.
Naam:
KLEYN H & MJE
Liggingsadres:
107 GEELHOUTLAAN HARTENBOSHEUWELS
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	860.00	ERF NOMMER:	2090000	TOTALE WAARDASIE:	2200000	WYK No:	7

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				2225.47
20/01/2025	0108224080 ELEKTRISITEIT				451.54 *
	BASIES			392.65	
	VAT/BTW			58.89	
20/01/2025	CNUC696 WATER 18/11/2024-18/12/2024				548.29 *
	5320 - 5348 (28 Kl 30 Dae)				
	BASIES			237.63	
	07/24	5.92 @	0.000 =	0.00	
	.	13.81 @	9.737 =	134.47	
	.	8.27 @	12.658 =	104.68	
	VAT/BTW			71.51	
20/01/2025	300007 VULLIS				299.64 *
20/01/2025	400007 RIOOL				335.43 *
20/01/2025	BELASTING PAAIEMENT				710.16
	KWITANSIES				2225.47-
	Balans Oorgedra				0.06-

BTW OP '*' ITEMS: 213.23 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	2345.06	2345.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	17/02/2025	2345.00

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details /Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 430020900077

EasyPay >>>>>>9152643002090000770

pay@
11379 430020900077

Message /Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

KLEYN H & MJE
GEELHOUTLAAN 107
HARTENBOS HEUWELS
6520

43-002090-007-7

Fold and tear on perforation.

DBV SPCA

PRE HOME NO: MPRE 068

ADMISSION NO: MBY 5029

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030004 86986

MA00031T

PASSED: YES / NO DATE UNDERTAKEN: 29-1-25 TIME: 18:15

NAME OF APPLICANT: Hein Kleyn

ADDRESS: 107 Geelhout Laan Hartenbos

HOME TEL No: _____ CELL No: 0722547158

ANIMAL(S) ADOPTING: XBreed + Worsie

SEX: ♀ + ♂ AGE: 3 months, 1 yr

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Low		Suitability of fence (i.e. small pets can't escape): Wall	
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?	garage gate
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify: Pool is there but covered	
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	None				
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Greate and Spacious Home.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ **CATS**
- ☐ **SMALL DOGS**
- ☒ **MEDIUM DOGS**
- ☐ **LARGE DOGS**

INSPECTED BY: Lucinda **SPCA:** Mossel Bay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Hein Kleyn
POSTAL ADDRESS	
STREET ADDRESS	107 Geelhout Laan
	Hartenbos
HOME PHONE	
WORK PHONE	
CELLPHONE	072 254 7158
BREEDER DETAILS	

ME

SPECIES	Dachshund CANINE
BREED	Dachshund
COLOUR	Brown + white Dapple
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000486986
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
14/02/2025		

I WAS VACCINATED ON

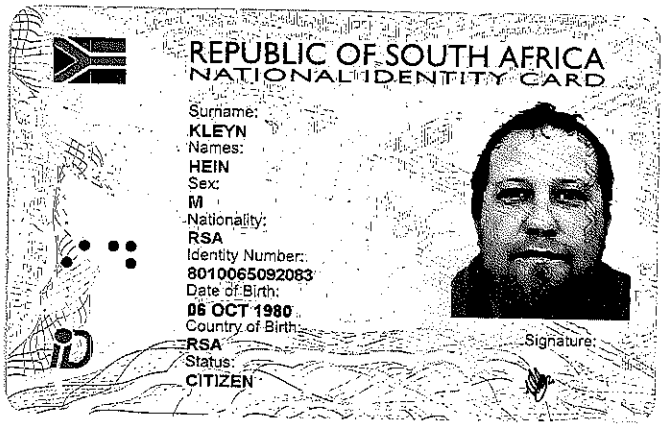
DATE	VACCINE AND BATCH NO.	VET SIGNATURE
15/02/25	For Animal Use Only VANGUARD® PLUS 5 Reg. No. G2228 (Act 36/1947) Namibia only: V37/24.1/025 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose zoetis Ser: 728559A Exp: 30 SEP 25	A.H.T
	+ rabies + antezole 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!

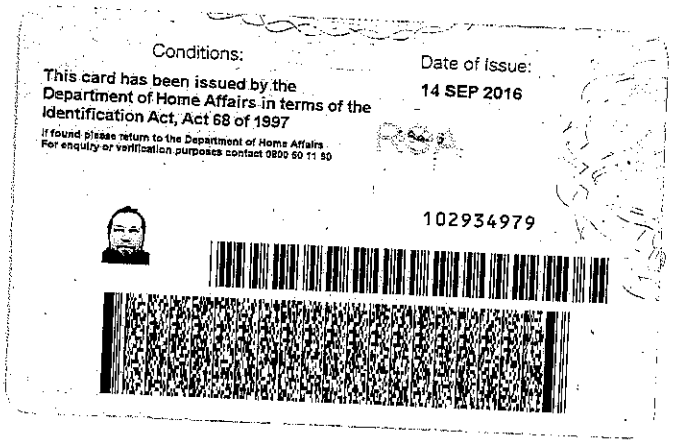
Nobivac® DHPPi (Reg. No. G2377 Act36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act36/1947), Nobivac® Tricat Trio (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quantel® Tablets (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (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.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
KLEYN
Names:
HEIN
Sex:
M
Nationality:
RSA
Identity Number:
8010065092083
Date of Birth:
06 OCT 1980
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:

14 SEP 2016

102934979

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO:
Microchip and c	992003000486986		

This animal has been given to you in the firm and [illegible] 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): Hein Kleyn
HOME ADDRESS: 107 Geelhout laan, Hartenbos ID/PASSPORT NO.: 8010065092083
TEL NO (H): (B):
CELL NO: 0722547158 FAX NO:
E-MAIL: kleyn.hein@gmail.com
ADOPTION FEE: R850. cash / card/ eft DONATION: RECEIPT No. 5596
VEHICLE REG. No. CBB 65661 VEHICLE MAKE: ISUZU COLOUR SILVER
SIGNATURE: WITNESS FOR SOCIETY:
DATE: 31/01/2025

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486986

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 * FR14 113019.

Vet Practice Name * SPCA VETROOM MOSSELBAY

Vet Practice Phone - Daytime * 044 6930824

PET OWNER INFORMATION

Cell No. * 0722547158

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

E-mail * klegn.hein@gmail.com

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

Title * MR | Initials * H | Surname * KLEYN

Street 107 GEELHOUT LAAN | City

Suburb | Area Code HARTENBOS

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 * 03 - 02 - 25.

Date of Implant * 31 - 01 - 25.

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

Name of Vet who implanted the Chip Bno Smith.

PET DETAILS

Pet Name Viekkie | Date of birth

Species * CANINE | Breed * DACHSHUND

Colour Brown + white dapple. | 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