ADOPTION CHECKLIST

ADMISSION NO: MBY 5654

CONTRACT NO: MA 000627

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract April
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486634

Adoptee INFO:

Name & Surname Georgia Puschke

Contact INFO: 0625675458

Completed by: [signature] Date: 06/03/2025

Manager: [signature] Date: 06/03/2025

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No. MBY5654		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		Date for release	

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

DESCRIPTION & HISTORY						
Dog	Cat		Other species (Specify)			
Breed			Colour and Markings	Ginger		
Condition	Fair		Sex	♂	Age	Kitten
Temperament	Fair.		Sterilisation details	No	Name	
Coat		Tail	Teeth Condition	Fair	Ears	Pricked	Size	S.
Area found / collected from	Knys				Date	12/04/25
Reason for surrender	Owner cant afford. the cats					

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	Mona Bam.		
Residential Address	45 Gqum St				
	Knys				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 0611300202			
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 / 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 Mona Bam MBY5286	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: _____

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER 992003000486634

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, Botswana and Namibia will be receiving SMS notifications.

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

Cell No. * 0625675458

E-mail * gpuschkelz@gmail.com

Title * MS Initials * G Surname * PUSCHKE

Street 7 D BEACH STREET City

Suburb Area Code MOSSELBAY

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 * 01 - 03 - 2025

Date of implant * 05 - 03 - 2025

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 2025

Species * FELINE Breed * DSH

Colour GINGER + WHITE 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

MY OWNER

NAME	Georgia Puschke
POSTAL ADDRESS	
STREET ADDRESS	7d Beach Street
	Mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	062 5675458
BREEDER DETAILS	

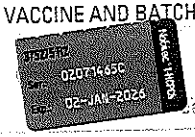
ME

SPECIES	FELINE
BREED	DSH
COLOUR	GINGER
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000486634
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
17/03/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/02/25	 + milpro	BHO SMITH
	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!

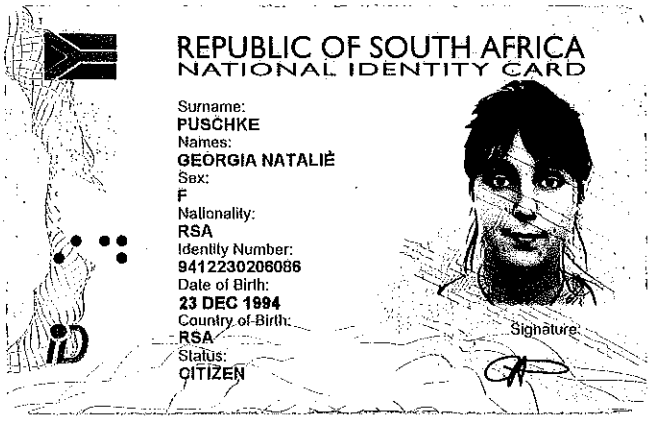
Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947),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

Find us on facebook.

MSD Animal Health

Nobivac PPi Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfr
facebook.com/MsdPetsSa



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
PUSCHKE
Names:
GEORGIA NATALIE
Sex:
F
Nationality:
RSA
Identity Number:
9412230206086
Date of Birth:
23 DEC 1994
Country of Birth:
RSA
Status:
CITIZEN

Signature:

LL2(8)(2005/11) LL2

Republic of South Africa

LEARNER'S LICENCE
(National Road Traffic Act, 1996)

Republiek van Suid-Afrika

LEERLINGLISENSIE
(Nasionale Padverkeerswet, 1996)

PARTICULARS OF LICENCE HOLDER — BESONDERHEDE VAN LISENSIEHOUER

RSA ID document / RSA ID dokument — Type of identification / Soort identifikasie

9412230206086 — Identification number / Identifikasienommer

South Africa / Suid-Afrika — Country of issue / Land van uitreiking

GN PUSCHKE — Initials and Surname / Voorletters en Van

1994-12-23 — Date of birth / Geboortedatum

DRIVING LICENCE DEPT.
PO BOX 25
18 -02- 2025
MOSSEL BAY, 6500
MOSSEL BAY MUNICIPALITY

Address where notices must be served / Adres waar kennisgewings beteken moet word

25 GYS SMALBERG STREET
MOSSEL BAY
6506

Signature of licence holder / Handtekening van lisensiehouer

who is, subject to the provisions of Section 17 of the National Road Traffic Act, 1996 hereby authorised to drive the class(es) of motor vehicle(s) which correspond with the undermentioned code as contemplated in that Section, subject to the limitations mentioned hereunder.

wie, behoudens die bepalings van Artikel 17 van die Nasionale Padverkeerswet, 1996 hierby gemagtig is om die klas(se) motorvoertuig(e) wat ooreenstem met die onderstaande kode soos beoog in daardie Artikel, te bestuur, onderworpe aan die beperkings hieronder genoem.

PARTICULARS OF LEARNER'S LICENCE — BESONDERHEDE VAN LEERLINGLISENSIE

Code of learner's licence Code 1 authorises up to 125cm³ if under the age of 18 years	2	Kode van leerlinglisensie Kode 1 magtig tot en met 125cm³ indien onder die ouderdom van 18 jaar
Control number	60150000C2LF	Beheernommer
Issue number	1	Uitreikingsnommer
Period of validity	2025-02-18 to / tot 2027-02-17	Geldigheidsduur
Limitations on motor vehicle	None / Geen	Beperkings op motorvoertuig
Limitations on driver	None	Beperkings op bestuurder
Date of issue	2025-02-18	Datum van uitreiking
Driving licence testing centre	MOSSEL BAY MUNICIPALITY	Bestuurslisensie-toetssentrum
Infrastructure number of examiner for driving licences	195202M9	Infrastruktuurnommer van toetsbeampte vir bestuurslisensies
Name and signature of examiner for driving licences or authorising official for a duplicate	Shahmain (Name/Naam) — (Signature/Handtekening)	Naam en handtekening van toetsbeampte vir bestuurslisensies of magtigingsbeampte vir 'n duplikaat

2-D BARCODE

RECEIPT/KWITANSIE

Receipt number 60150004RFM3 Kwitansienommer

Total amount received/Totale bedrag ontvang
R33.00

Date 2025-02-18 Datum

Received by/Ontvang deur
JC LE KAY

Left thumb imprint of the person whose particulars are reflected above

Linkerduimafdruk van persoon waarvan besonderhede hierbo verskyn

BY 8298701

6015 2025-02-18 14:26:48 Z 579

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

UITGEREIK SONDER ENIGE VERANDERINGS OF UITKRAPPINGS

9 920030004866 34

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA000627 DATE: 06/03/2025

between MOSSELBAY SPCA

and

Name Georgia Puschke

Address 7d Beach Street Mosselbay

Telephone Numbers (H) (B) 0625675458

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

Animal's Name Sex Male Age ± 8 weeks

Description Ginger + white

On (due date) April Adoption Form No. MA000627

on the understanding that you will arrange to have this done at the Mosselbay SPCA 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: _____

MA0006QT 5654. ~~5645~~ ~~5652~~

992003000486634

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): Ms Georgia Puschke

HOME ADDRESS: 7d Beach Street Mossel Bay

ID NO.: 9412230206086

POSTAL ADDRESS: 7d Beach Street

TEL NO (H): (B):

CELL NO: 0625676458 FAX NO:

E-MAIL: gpuschkeiz@gmail.com

Address where animal will be kept: 7d Beach St

Reason for wanting an animal: To keep company/play

Occupation: SAHM

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: Play + keep company

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? Any

Can you afford private veterinary fees? yes Who is your vet? Mbay Animal Hosp

How many animals live on your property DOGS ____ CATS 1 OTHER ____

What are the sexes of your animals? DOGS: Male ~~✓~~ Female ____ CATS : Male ✓ Female ____

Are all your animals sterilised? Give details yes (ODIN)

How many dogs and cats have you owned over the past 3 years? DOGS ____ CATS 1 OTHER ____

Which animals do you still have, and what happened to the others? 1 cat

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

Full description of the fencing and gate: regular wall + gate Height: +/- 1m

What shelter is provided : OUTDOORS ____ KENNEL ____ OTHER indoor

Have you previously had pets from an SPCA? yes Are there children under the 10 years in your household? yes

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** 03/03/25

PRE HOME NO: MPRE 093

ADMISSION NO: MBY5654

MA000627

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000486634

PASSED: (YES) / NO DATE UNDERTAKEN: 4/03/25 TIME: 10:59

NAME OF APPLICANT: Georgia Puschke

ADDRESS: 7d Beach Street, Mosselbay

HOME TEL No: CELL No: 0625675458

ANIMAL(S) ADOPTING: 2 kittens

SEX: Ginger ♂ + Calico ♀ AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1.6 Brick fence		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?	
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	DSH				
CONDITION	FAIR				
WELFARE (good?)	Fair				
SEX & AGE	♂ / 1YEAR	/	/	/	/
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: Wally Wagenaar **SPCA:** MBay SPCA **SIGNATURE:**

POST HOME INSPECTIONS

DATE	**RESULT**	**REMARK**	**BY WHOM**

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MA000627

ADOPTION CONTRACT

DOG/CAT	Breed DSH	Male/Female	ADMISSION NO: MBY 5654
Microchip and or ID Tag	992003000486634		

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): Ms G.N Puschke

HOME ADDRESS: 7d Beach St ID/PASSPORT NO.: 9412230206086

TEL NO (H): (B):

CELL NO: 0625675458 FAX NO:

E-MAIL: gpuschke12@gmail

ADOPTION FEE: cash / card/ eft DONATION: RECEIPT No.

VEHICLE REG. No. VEHICLE MAKE: fortuner COLOUR silver/grey

SIGNATURE: WITNESS FOR SOCIETY:

DATE: