

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-Home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☐ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract End April
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

ADMISSION NO:

MBY 5653

CONTRACT NO:

MA00061T

C3 - Calico + Ginger + white

Adoptee INFO:

Name & Surname Georgia Puschte

Contact INFO: 062.56754 58

Completed by: _____

Date: 06/03/2025

Manager: _____

Date: 06/03/2025



992003000486635

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.



Garden Route

KENNEL No. <u>CD3.03</u>				ADMISSION No. <u>MBY5653</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>12/02/25</u>		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>12/02/25</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>12/02/25</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify) <u>B/I</u>			
	Breed	<u>DSH</u>	Colour and Markings <u>Calico</u>			
	Condition	<u>fair</u>	Sex	<u>♀</u>	Age <u>Kitten</u>	
	Temperament	<u>fair</u>	Sterilisation details	<u>no</u>	Name	
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition <u>fair</u>	Ears <u>Pricked</u>	Size <u>1.5</u>	
	Area found / collected from <u>Kwa</u>					Date <u>12/02/25</u>
	Reason for surrender <u>Can't afford the Cat food.</u>					

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

Surrendered by	Name	<u>Gloria Barn</u>
Found by		
Residential Address	<u>1456 Rung St</u>	
	<u>Kwa</u>	
Postal Address	<u>No postal</u>	
Tel (H) <u>No num</u>	Tel (W) <u>No num</u>	Cell <u>0611130102</u>
Email	<u>No email</u>	
Donation R <u>None</u>	Cash	Card EFT (Receipt No.) <u>None</u>

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 uitdrukk 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 <u>Refer to MBY5286</u>	Witness for Society <u>1.38</u>
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FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
Details of third Applicant	

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

MA00061T
SLS
SLS**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 PuschkeHOME ADDRESS: 7d Beach Street Mossel BayID NO.: 9412230206086POSTAL ADDRESS: 7d Beach Street

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

CELL NO: 0625675458 FAX NO: _____E-MAIL: gpuschke12@gmail.comAddress where animal will be kept: 7d Beach StReason for wanting an animal: To keep company/playOccupation: SAHMDo 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? AnyCan you afford private veterinary fees? yes Who is your vet? Mbay Animal HospHow many animals live on your property DOGS _____ CATS 1 OTHER _____What are the sexes of your animals? DOGS: Male 1 Female _____ CATS: Male 1 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 catIs your property fenced and has a proper gate? yes Will you chain/cage an animal? NOFull description of the fencing and gate: regular wall + gate Height: +/- 1mWhat shelter is provided: OUTDOORS _____ KENNEL _____ OTHER indoorHave you previously had pets from an SPCA? yes Are there children under the 10 years in your household? yesPre 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

MBY 5653

MA 00061T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS



992003000486635

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		
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Suitability of fence (i.e. small pets can't escape):	
Is the front yard separated from the back?	YES ☐ / NO ☒	Any sign of Chain/Runner?	YES ☐ / NO ☒
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	If yes, what partitioning?	
Does applicant live at the address?	YES ☒ / NO ☐	Specify:	
		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	♂ / 1 YEAR	/	/	/	/
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



MA00061T
ADOPTION CONTRACT

DOG/CAT ☒ Breed	Male/Female ☒	ADMISSION NO: MBY 5653
Microchip and or ID Tag Num	 992003000486635	

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.: 9412230706086

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

CELL NO: 0625675458 FAX NO: _____

E-MAIL: gpuschke12@gmail

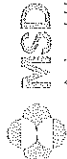
ADOPTION FEE: _____ cash / card/ eft DONATION: _____ RECEIPT No. _____

VEHICLE REG. No. _____ VEHICLE MAKE: fortuneer COLOUR silver/grey

SIGNATURE: [Signature] WITNESS FOR SOCIETY: [Signature]

DATE: _____

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/02/25	 MSD Animal Health + milpro 0271455C 02-JAN-2026 18020	
	 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	

FEATURES/MARKS

NEXT VACCINATION DUE

Nobivac® DHPPI (Reg. No. G2377 Ac36/1947), Nobivac® KC (Reg. No. G2604 Ac36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Ac36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Ac36/1947), Nobivac® Tricat Trio (Reg. No. G3712 Ac36/1947), Nobivac® Rabies (Reg. No. G2207 Ac36/1947), Quantar® Tablets (Reg. No. G2717 (Ac36/1947) Contains Praziquantel (isoquinoline) 30 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus (Reg. No. G4226 Ac36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 504 mg pyrantel embonate) and 144 mg pyrantel embonate) and Fevental® 150 mg, Exitel Plus XL (Reg. No. G4227 Ac36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and 144 mg pyrantel embonate) and Fevental® 225 mg, Bravecto® (Reg. No. G4083 Ac36/1947) each chew contains 25 mg Fluralaner per kg body weight.



MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP



992003000486635

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 062 567 5458

E-mail * gpuschkel2@gmail.com

Title * MS Initials * G

Street 7d Beach Street

Suburb

Country

Phone - Day time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

CHIP DETAILS

Registration Date *

Date of Implant * 05 - 06 - 2025

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name

Species * FELINE

Colour CALICO

Gender Male ☒ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

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 its 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
2. By fax
3. By e-mail
4. By App

Log onto www.backhome.co.za. Complete the registration process.

Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364

Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za

Download the Virbac Backhome Africa App

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

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.

Surname * PUSCHKE

City

Area Code MOSSELBAY

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth 2025

Breed * DSH

Markings

Sterilised Yes ☐ No ☒

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
PUSCHKE
Names:
GEORGIA NATALIE
Sex:
F
Nationality:
RSA
Identity Number:
9412230206088
Date of Birth:
23 DEC 1994
Country of Birth:
RSA
Status:
CITIZEN



Republic of South Africa



Republiek van Suid-Afrika

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

LEERLINGLISENSIE
(Nasionale Padverkeerswet, 1996)

PARTICULARS OF LICENCE HOLDER

BESONDERHEDE VAN LISENSIEHOUER



RSA ID document / RSA ID dokument

9412230206086

South Africa / Suid-Afrika

GN PUSCHKE

1994-12-23

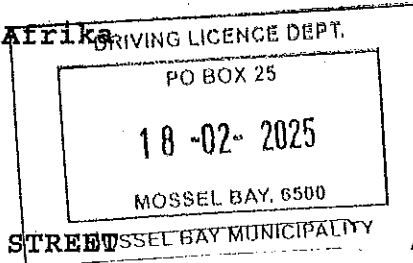
Type of identification
Soort identifikasie

Identification number
Identifikasienommer

Country of issue
Land van uitreiking

Initials and Surname
Voorletters en Van

Date of birth
Geboortedatum



Address where notices
must be served

25 GYS SMALBERG STREET

Adres waar kennisgewings
beteken moet word

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 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-
toetsentrum

Infrastructure number of
examiner for driving licences

195202M9

Infrastruktuurnommer van
toetsbeampie vir bestuurslisensies

Name and signature of examiner
for driving licences or authorising
official for a duplicate

Shahman

Name/Naam

Shahman

Signature/Handtekening

Naam en handtekening van
toetsbeampie vir bestuurslisensies
of magtigingsbeampie vir 'n duplikaat

2-D BARCODE

RECEIPT/KWITANSIE



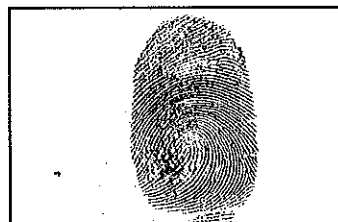
Receipt number 60150004RFM3 Kwitansienommer

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

6015

2025-02-18 14:26:48

Z 579

BY 8298701

ISSUED WITHOUT ANY ALTERATIONS OR ERASURES

UITGEREIK SONDER ENIGE VERANDERING OF UITKRAPPING



992 0030 00486635

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 00061T

DATE: 06/03/2025

between Mosselbay SPCA

and

Name Georgia Puschke

Address 7d Beach Street Mosselbay

Telephone Number (H) (B) 062567 5458

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

Animal's Name Calico Sex Female Age 8 weeks

Description Calico

On (due date) April Adoption Form No. MA 00061T

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: [Signature] For SPCA: [Signature]

CONFIRMATION OF STERILISATION:	
Vet: _____	Signed: _____
Date: _____	