ADOPTION CHECKLIST

ADMISSION NO: MBY 4655

CONTRACT NO: MA000058T

- [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 None 06/03/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486631

Adoptee INFO:

Name & Surname Inge Grové

Contact INFO: 0606104215

Completed by: _____ Date: 14/03/2025

Manager: _____ Date: 14/03/2025.

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

DBV SPCA
Garden Route

KENNEL No. 25 29				ADMISSION No. MBY4655		
Stray	Surrender X	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	20/02/24		Time in	19:15	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	

DESCRIPTION & HISTORY

Dog X Cat	Cat	Other species (Specify)		
Breed	Skaapherd	Colour and Markings	White & Black	
Condition	Fair	Sex ~~Male~~ F		Age 3 Months
Temperament	Fair	Sterilisation details	NO	Name
Coat	Tail	Teeth Condition	Ears	Size Small
Area found / collected from				Date 20/02/24
Reason for surrender				

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	LOVINAND FLORES			
Residential Address	MEADOW PLANT JOHNSONSPOS				
PO SEALS 27 6504 MOSSELBAAI					
Postal Address					
Tel (H)	Tel (W)	Cell 065 275 9960			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No:_____ Case No:_____ Inspector:_____

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 W. Flores	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:_____

MBY 4655
F Collie
MA000588T

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): INGE GROVE

HOME ADDRESS: nr. 28 Koraal crescent Tergniet ID NO.: 8209150012085

POSTAL ADDRESS: same as physical

TEL NO (H): (B):

CELL NO: 0606104215 FAX NO: —

E-MAIL: inge.harris@gmail.com

Address where animal will be kept: nr. 28 Koraal crescent

Reason for wanting an animal: As a family pet

Occupation: Admin

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:

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? sheepdog

Can you afford private veterinary fees? yes Who is your vet? Strandloper

How many animals live on your property DOGS 2 CATS 2 OTHER

What are the sexes of your animals? DOGS: Male Female 2 CATS : Male 1 Female 1

Are all your animals sterilised? Give details yes

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

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

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

Full description of the fencing and gate: walls Height: 2 m

What shelter is provided : OUTDOORS KENNEL OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No.: 5670

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 Ingrid **Date of application** 28/02/25

PRE HOME NO: MPRE 091

ADMISSION NO: MBY 466

MA000058T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000486631

PASSED: (YES) / NO DATE UNDERTAKEN: 3/3/25 TIME: 10:39

NAME OF APPLICANT: Inge Grové

ADDRESS: 28 Koraal Crescent, Tergniet

HOME TEL No: _____ CELL No: 0606104215

ANIMAL(S) ADOPTING: Collie

SEX: Female AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1.8 Bricks		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?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Staff / Pug	Collie / LAB			
CONDITION	Fair	Fair			
WELFARE (good?)	Fair	Fair			
SEX & AGE	♀ 1 S/UM	♀ 1 S/UM	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS	Property has lots of grass and play grounds

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ **CATS** ☒ **SMALL DOGS**

☒ **MEDIUM DOGS** ☒ **LARGE DOGS**

INSPECTED BY: Willy Wagenaar **SPCA:** Mbay SPCA **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Lab died on 11/03/2025, Mrs Grové let me know on 13/03/2025. Currently only one dog left on property.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 06/03/2025.

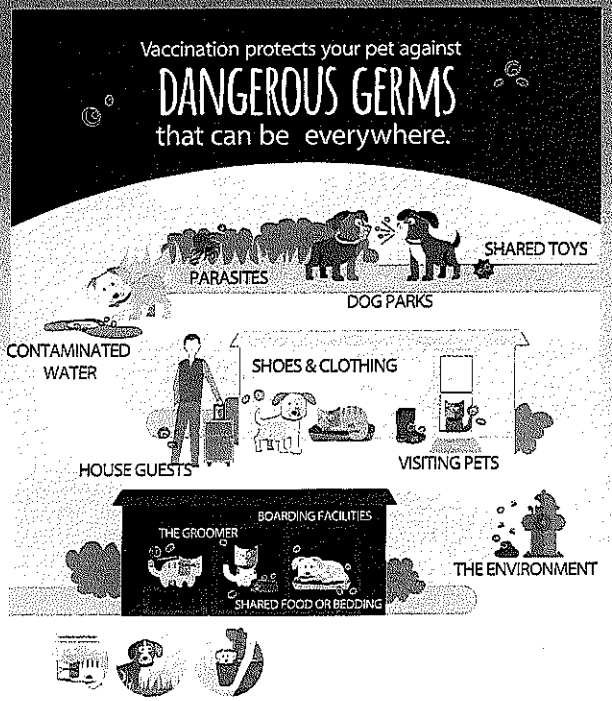
DOCTOR'S NAME Dr AJ Muller.

Garden Route SPCA
P.O. Box 258
George,6530
Ph (044) 693 - 0824
PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00

AGREEMENT OF LEASE

Between the Landlord:	Stephanus Marthinus Venter & Zitah Venter
Identity Number:	730205 5137 080 & 750125 0049 087
and the Tenant:	Lodewyk Fourie Grove & Inge Grove
Identity Number:	841111 5010 085 & 820915 0012 085
Email Address:	ludwig@uniontiles.co.za
The Premises:	28 Koraal Street, Tergniet, Mossel Bay

1. INTERPRETATIONS AND DEFINITIONS

1.1 The headnotes to the clauses of this Agreement are inserted for reference purposes only and shall in no way govern or affect the interpretation hereof.

1.2 Unless inconsistent with the context, any expression herein contained, including any expression and any definition thereof in clause 1.3, which denotes;

1.2.1 any gender, includes the other genders;

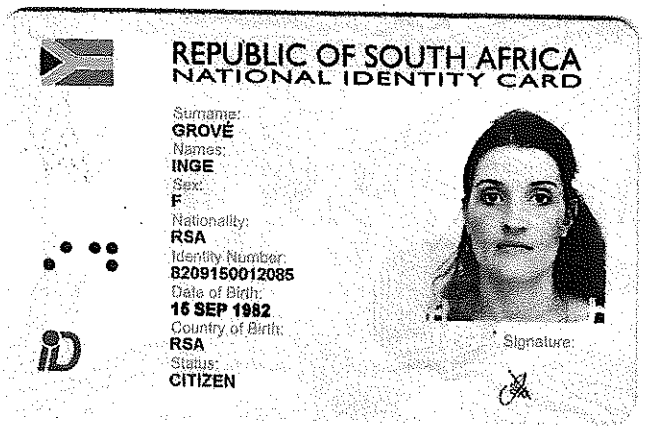
1.2.2 a natural person, includes an artificial person and vice versa;

1.2.3 the singular, includes the plural and vice versa.

1.3 Unless inconsistent with the context, the expressions set forth below shall bear the following meanings:

"Agent"	Property Connect Danabaai (Pty) Ltd; trading as **DANA BAY PROPERTY**
"Agent's Fees"	The Agent shall be entitled to charge an **administration fee of R1,050.00;** being in respect of preparing and holding receipts, postage, petties and incidental attendance in relation thereto. This fee shall not include the cost of the incoming and Outgoing Inspections referred to in Clauses 13 and 26 of the Agreement in addition to the afore going, the Agent shall be entitled to charge additional Agent's fees for attendances necessary to ensure the due fulfilment of the terms of the Agreement. This is payable by the tenant. The Agent's Fees owing to the Agent for the Lease Period shall be payable by the Tenant on signature of this Agreement. Any additional Agent's Fees which may become due and payable from time to time shall be payable by the Tenant to Agent on due notice to the tenant.
"Agent's Premises"	OK Center, Flora Road, Dana Bay, MOSSEL BAY.

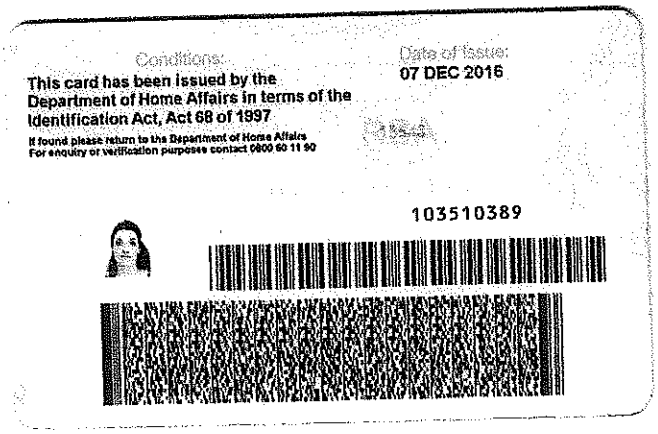
Initial:



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
GROVÉ
Names:
INGE
Sex:
F
Nationality:
RSA
Identity Number:
8209150012085
Date of Birth:
15 SEP 1982
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:
07 DEC 2016

103510389

ADOPTION CONTRACT

DOG / CAT	Breed	Male/Female	ADMISSION NO:
DOG	COLLIE	Female	MBY 4655

Microchip and 992003000486631

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): Inge Grové

HOME ADDRESS: 28 Koraal Crescent, Tergniet ID/PASSPORT NO.: 8209150012085

TEL NO (H): (B):

CELL NO: 0606104215 FAX NO:

E-MAIL: inge.harris@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: RECEIPT No. 5699

VEHICLE REG. No: CBS 84217 VEHICLE MAKE: Mithubishi COLOUR GREY

SIGNATURE: WITNESS FOR SOCIETY:

DATE: 14/03/25

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486631

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. * 0606104215

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

E-mail * inge.harris@gmail.com

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

Title * MRS

Initials * I

Surname * ELFGROVE

Street 28 KORAAL CRESCENT

City

Suburb

Area Code TERGNIET

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 * 14 - 03 - 2025

Date of Implant * 06 - 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

Species * CANINE

Breed * COLLIE

Colour BLACK + 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