ADOPTION CHECKLIST

ADMISSION NO: MBYS670

CONTRACT NO: MA000064T

- [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 13/03/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548247

Adoptee INFO:

Name & Surname André Prinsloo

Contact INFO: 0713529864

Completed by: [signature] Date: 15/03/2025

Manager: [signature] Date: 15/03/2025

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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

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. * 0713529864

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

E-mail * andréprinsloo8@gmail.com

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

Title * MR Initials * A Surname * PRINSLOO

Street PLAAS QUINEZIGHT 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 * - -

Date of Implant * 13 - 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 FIN. 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

ADOPTION CONTRACT

DOG/CAT	Breed COLLIE	Male/Female	ADMISSION NO: MBY 5670

MI 992003000548247

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): André Prinsloo

HOME ADDRESS: Plaas Duinezight, MBAY ID/PASSPORT NO.: 6809275275087

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

CELL NO: 0713529864 FAX NO: _____

E-MAIL: andreprinsloo8@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. 5765

VEHICLE REG. No. CBS23435 VEHICLE MAKE: Nissan Navara COLOUR White

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 15/03/2025

ADMISSION, ASSESSMENT AND HISTORY RECORD Iso. 11

DBV SPCA
Garden Route

KENNEL No. 29				ADMISSION No. MBY5670		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 20/02/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked	Yes / No	Lost & Found Date checked	20/02/25			
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	20/02/25	Microchip or ID Tag number	None	

DESCRIPTION & HISTORY						
Dog	Cat	Other species (Specify) B/I.				
Breed	Collie		Colour and Markings	Black & White		
Condition	Fair.		Sex	♂	Age	3 month
Temperament	Fair		Sterilisation details	no	Name	
Coat SC	Tail L	Teeth Condition Fair	Ears	Hang	Size	M.
Area found / collected from	Vleesbaai				Date	20/03/25
Reason for surrender	To much dog.					

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	Wynand Flores			
Residential Address	Middelpunt Johnsons Pad				
	Poobus 27, 6504 Mosselbaai				
Postal Address					
Tel (H) No num	Tel (W) No num	Cell 0652759909			
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

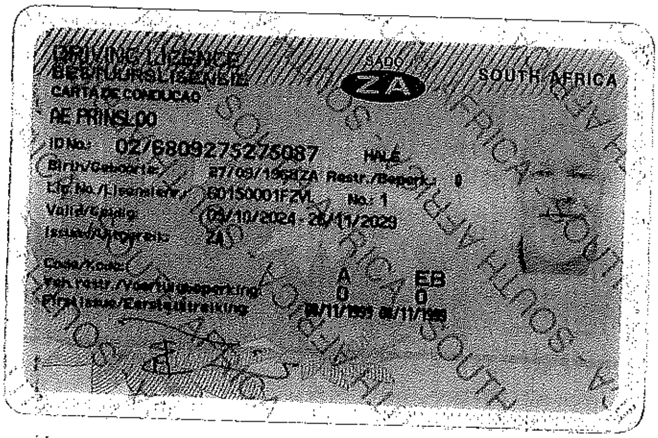
I do hereby certify that **I DO / DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and **I DO / DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion 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 Refer to MBY 4655.	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: _____


DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
SADC
ZA
SOUTH AFRICA
AE PRINSLOO
ID No.: 02/6809275275087 MALE
Birth/Geboorte: 27/09/1968 ZA Restr./Beperk.: 0
Lic. No./Lisensienr.: 60150001FZVL No.: 1
Valid/Geldig: 05/10/2024 - 20/11/2029
Issued/Uitgereik: ZA
Code/Kode: A EB
Veh. restr./Voertuigbeperking: 0 0
First issue/Eerste uitreiking: 08/11/1999 08/11/1999


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
PrDP CATEGORIES
P Passengers
G Goods
D Dangerous goods
VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted
A1 ≤ 125 cc
A ≤ 3500 kg
GVM ≤ 750 kg
B
GVM ≤ 16000 kg
C1
GVM > 16000 kg
C
EB
EC1
EC
EC

One of the Global One money management products or services

Proof of Account Details

CAPITEC

Capitec Bank

15/03/2025
Branch: 470010
Device:
4180SSERV02

SkyQR

Validate this document using SkyQR

To Whom it May Concern

We hereby confirm that Izelle Prinsloo has the following account(s) at Capitec Bank Limited on 15/03/2025

Client Details

Name:	Izelle Prinsloo
ID/Passport Number:	7302170053089
Residential Address:	FARM 301, DUINZICHT, MOSSEL BAY, MOSSEL BAY, 6506
Postal Address:	POSTNET SUITE 24, PRIVATE BAG X5, MOSSEL BAY, MOSSEL BAY, 6506

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	1278564096
Branch Code:	470010
Date Opened:	2011-08-29

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.

Fin.

~~5669~~ 5670

MA000643

992003000548247

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): A·E· Prinsloo

HOME ADDRESS: Plaas Duinzicht Mosselbaai

ID NO.: 6809275075087

POSTAL ADDRESS: Suite 24 Pbak x5 Post Net Mosselbaai

TEL NO (H): 0713529864 (B):

CELL NO: FAX NO:

E-MAIL: andreprinsloo8@gmail.com

Address where animal will be kept: Duinzicht

Reason for wanting an animal: Company

Occupation: boer

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?

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

How many animals live on your property DOGS 1 CATS 2 OTHER

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

Are all your animals sterilised? Give details yes

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

Which animals do you still have, and what happened to the others? 1 dog 2 cats

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

Full description of the fencing and gate: Game Fence Height: 1,8 m

What shelter is provided : OUTDOORS ✓ KENNEL Indoors OTHER

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

Pre Home Inspection Fee: R100. Receipt No.: 5688

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** 07/03/2025

PRE HOME NO: MPRE 095

ADMISSION NO: MBY ~~5669~~ 5670

MA000647

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000548247

PASSED: YES / NO DATE UNDERTAKEN: 18/03/25 TIME: 15:00

NAME OF APPLICANT: Andre Prinsloo

ADDRESS: Plaas Duinzight, Mosselbaai

HOME TEL No: _____ CELL No: 0713529864

ANIMAL(S) ADOPTING: Collie

SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wire fence Junior		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	Collie				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	female 1 year	1	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS	Big property / Safe and secure

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ **CATS** ☒ **SMALL DOGS**

☑ **MEDIUM DOGS** ☒ **LARGE DOGS**

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

POST HOME INSPECTIONS

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

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus DEWORMING FOR HAPPIER HEALTHIER DOGS

Exitel Plus XL

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 13/03/2025

DOCTOR'S NAME Dr AS Miller

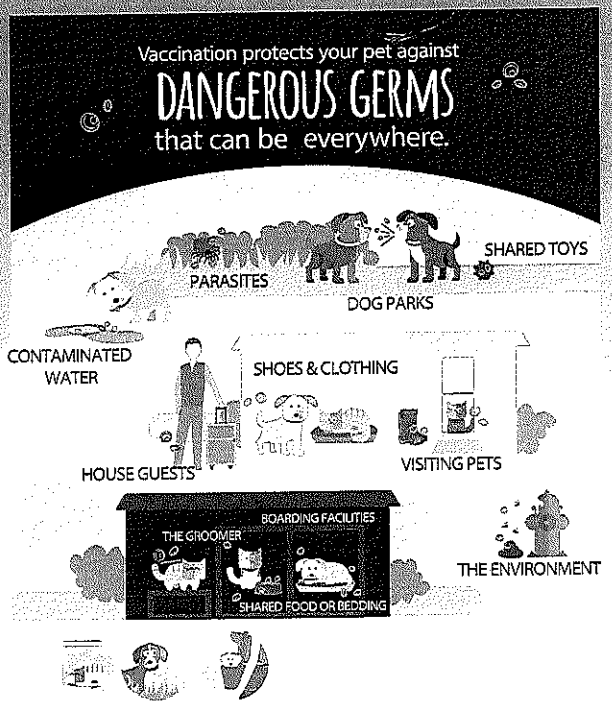
Garden Route SPCA
P.O. Box 2530
George, 6530
Ph (044) 893 - 0824

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

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