ADOPTION CHECKLIST

ADMISSION NO: HBY 5410

CONTRACT NO: MA 00034T

- [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 06/02/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486983

Adoptee INFO:

Name & Surname: Susanna Juliana van Oudtshoorn

Contact INFO: 0725226934

Completed by: [signature] Date: 07/02/2025

Manager: [signature] Date: 07/02/2025

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.	K- 29			ADMISSION No.	MBY5410	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	24/01/25		Time in	14:30	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	24/01/25	Microchip or ID Tag number	None		

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify) 12 KM		
Breed	X Breed	Colour and Markings Light Grey Black Dots		
Condition	Fine	Sex ♂	Age 4. 2 months	
Temperament	Good	Sterilisation details None	Name MAX	
Coat Short	Tail long	Teeth Condition Good	Ears Down	Size Small
Area found / collected from	Ext. 8		Date 24/01/25	
Reason for surrender	Too naughty			

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	Glenda Olivier			
Residential Address	524 Handel Str. Ext 8				
Postal Address	None				
Tel (H) None	Tel (W) None	Cell 061 913 3874			
Email	None				
Donation R None	Cash	Card	EFT	(Receipt No.)	None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: ~ Case No: ~ Inspector: BHD

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	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: _____

MA000347 K18

NSPCA Operations Manual 2020

992003000486983

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. Susanna Juliana van Oudtshoorn.

HOME ADDRESS: 10 Rheebok St, Bergsig, Great Brakrivier

ID NO.: 5911100103089

POSTAL ADDRESS: _____

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

CELL NO: 073 533 6934. FAX NO: _____

E-MAIL: susannvo@mweb.co.za.

Address where animal will be kept: 10 Rheebok St, Bergsig, Great Brakrivier.

Reason for wanting an animal: Animal lover.

Occupation: HOD.

Do you own or rent your property: Own. Do you have consent from owner / Body Corporate? —

Are you a student with consent to keep pets? YES/NO

Reason for wanting an animal: Need a companion.

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? Medium - small Dog.

Can you afford private veterinary fees? Yes. Who is your vet? Croft Animal Hospital

How many animals live on your property DOGS 0 CATS 1 OTHER _____

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

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? 1x dog died of old age. 1x cat pancreas problems. 1x dog died after idiopathic epilepsy.

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

Full description of the fencing and gate: Need & Mesh with iron gate Height: 6ft.

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? No.

Pre Home Inspection Fee: R100. Receipt No.: 5578

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** 25/01/2025.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	06-002509-003-5
DATUM VAN REKENING:	22/01/2025
LAASTE KWITANSIE DATUM:	21/01/2025
VOORAFBETAALDE METERNOMMER:	01380158541

BTW REG. NO.
Naam:
VAN OUDTSHOORN SJ
Liggingsadres:
10 RHEEBOKSTRAAT GROOTBRAKRIVIER
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
750.00	2509000	1725000	4

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		1466.98
20/01/2025 0138015854	ELEKTRISITEIT		451.54 *
	BASIES	392.65	
	VAT/BTW	58.89	
20/01/2025 EHB7189	WATER 08/11/2024-10/12/2024		437.77 *
	2078 - 2099 (21 Kl 32 Dae)		
	BASIES	237.63	
	07/24 6.31 @ 0.000 =	0.00	
	. 14.69 @ 9.737 =	143.04	
	VAT/BTW	57.10	
20/01/2025 400004	RIOOL		335.43 *
20/01/2025 300004	VULLIS		299.64 *
20/01/2025	BELASTING PAAIEMENT		547.60
	KWITANSIES		2100.00-
	Balans Oorgedra		0.96-
BTW OP '*' ITEMS:	198.82 ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1438.96	1438.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	17/02/2025	1438.00

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. 60025090035

EasyPay >>>>>9152606002509003 54

pay@ 11379 0600250900 35

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

VAN OUDTSHOORN SJ
RHEEBOKSTRAAT 10
BERGSIG
6525

06-002509-003-5

Fold and tear on perforation.

PRE HOME NO: MPRE 071

ADMISSION NO: MBY 5410

MA000347

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003 0004 86983.

PASSED: YES / NO DATE UNDERTAKEN: 27/01/25 TIME: 12H00

NAME OF APPLICANT: M & Susanna van Oudtshoorn

ADDRESS: 10 Rheebok str, Bergsig, Grootbrak

HOME TEL No: _____ CELL No: 0725226934

ANIMAL(S) ADOPTING: Dog - Medium

SEX: ♂ AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Mesh. wall		Suitability of fence (i.e. small pets can't escape): Yes	
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?	Gate
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?	No O

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	—				
CONDITION	—				
WELFARE (good?)	—				
SEX & AGE	— / —	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Yeah is good & Good people

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☐ **SMALL DOGS**

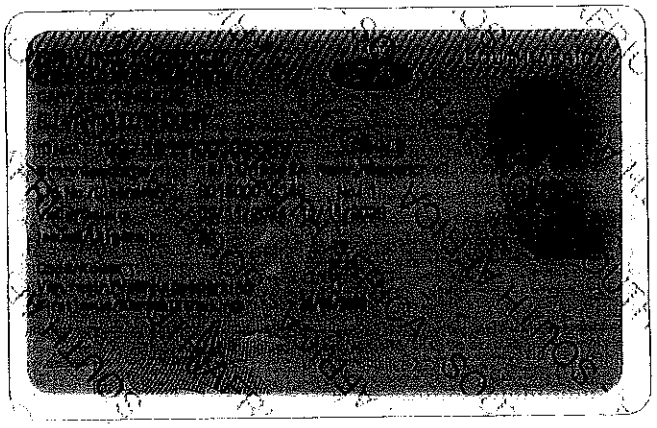
☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

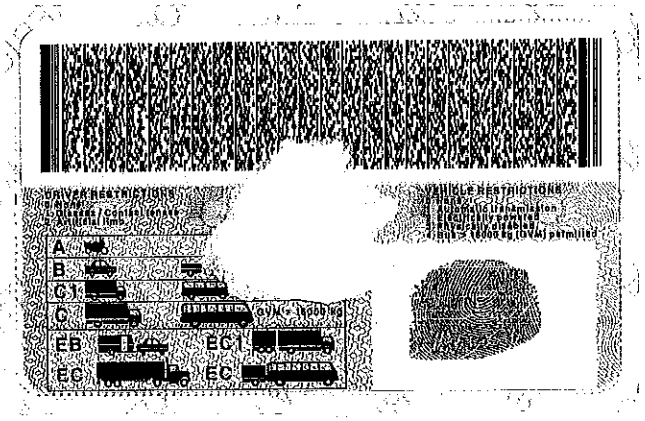
INSPECTED BY: Nemba **SPCA:** Mbay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE




DRIVER RESTRICTIONS
VEHICLE RESTRICTIONS
A
B
C1
C
EB
EC1
EC
EC

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO: MBY 5410
Microchip	992003000486983		

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): Susanna Juliana van Oudtshoorn
HOME ADDRESS: 10 Rhebok Str, Bergsig, Groenbrak ID/PASSPORT NO.: 5911100102089
TEL NO (H): (B):
CELL NO: 072 522 6934 FAX NO:
E-MAIL: susanvo@mweb.co.za
ADOPTION FEE: R850 cash / card/ eft DONATION: RECEIPT No. 5619
VEHICLE REG. No. CRS 528 GP VEHICLE MAKE: Chev Cruz COLOUR Blue
SIGNATURE: WITNESS FOR SOCIETY:
DATE: 7/2/25

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 [signature]

DATE 06/02/2025

DOCTOR'S NAME Dr A.S. [illegible]

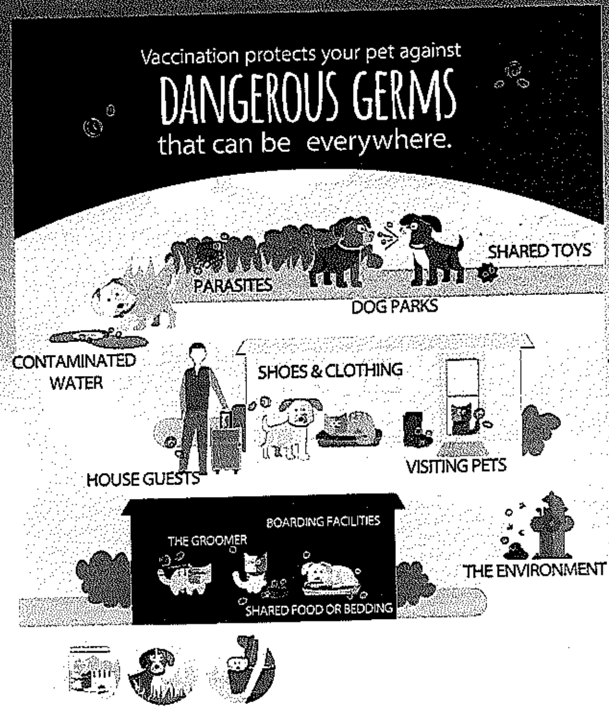
Garden Route SPCA
P.O. Box 258
George,6530
Ph (044) 693 - 0824

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

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486983

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. * 072 522 6934.

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

E-mail * susanvo@mweb.co.za

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

Title * MS Initials * S J Surname * VAN OUDTSHOORN.

Street 10 Rheebok STR. City

Suburb BERGSIG Area Code GROOTBRAK.

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 * 06 - 02 - 2025

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

Name of Vet who implanted the Chip KURT REMAS

PET DETAILS

Pet Name Date of birth 2024

Species * CANINE Breed * X BREED

Colour WHITE + BLACK 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