ADOPTION CHECKLIST

ADMISSION NO: MBY 5354

CONTRACT NO: MA000036T

- [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 30/01/2025
- [x] Copy of Vaccination Record/ Certificate
- [X] Microchip
- [x] Microchip Registration- chip number 992003000486982

Adoptee INFO:

Name & Surname: M.H. Vermeulen

Contact INFO: 0832365495

Completed by: _____ Date: 07/02/2025

Manager: _____ 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.

Sterfjie.
MBY 5354.

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): M. H. Vermeulen

HOME ADDRESS: M. J. Harrisst 25 Ja Nova Mosselbaai ID NO.: 7205220044088

POSTAL ADDRESS: Soos bo

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

CELL NO: 0832365495 FAX NO: _____

E-MAIL: herdawermeulen@gmail.com

Address where animal will be kept: M. J. Harrisst 25 Ja Nova Mosselbaai

Reason for wanting an animal: _____

Occupation: Huisvrou

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: 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? Boerboel

Can you afford private veterinary fees? Yes Who is your vet? Heidevand diere klinick

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

What are the sexes of your animals? DOGS: Male _____ Female X 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 2 CATS _____ OTHER _____

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

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

Full description of the fencing and gate: Palisade fence + Gate Height: ± 1,9m

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? No

Pre Home Inspection Fee: R100 Receipt No.: 5609

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 MHVermeulen **Date of application** 04/02/2025

Truworths Limited CIPC Reg. no. 1940/013923/06
Truworths is a registered credit provider no. NCRCP45

STATEMENT

TRUWORTHS

MS M VERMEULEN
25 MIKE HARRIS STR
DA NOVA

6506

DATE: 12 January 2025	
YOUR ACCOUNT NUMBER	
10101164165697	
ACCOUNT LIMIT	**YOU CAN BUY FOR**
R 3000.00	R 967.76
ARREARS	**INSTALLMENT**
R 0.00	R 346.97

Your amount due is
R 346.97

Statements are accepted as correct unless queried in 60 days.

YOUR BALANCE BROUGHT FORWARD **R 1266.27**

DATE	TRANSACTIONS		DEBITS/CREDITS
04 January 2025	DO- 286	Payment - Thank You	300.00 CR
		6 MONTH INTEREST FREE	
15 December 2024	1029745	Mossel Bay	460.00
24 December 2024	1037276	Langeberg Mall	599.00
		Closing Plan Balance	2025.27
		ACCOUNT BALANCE PROTECTION - C	
13 January 2025		Insurance Premium	6.97
		Closing Plan Balance	6.97
		BALANCE AS AT 12 JANUARY 2025	**R 2032.24**

PAYMENT DUE DATE: 05 February 2025 **AMOUNT DUE** **R 346.97**

Keep your account up to date
by using any of our online payment channels.
WhatsApp us on 021 - 460 2303 to get up to date
information about your account or chat to an agent.

CONTACT US	HOW TO PAY YOUR ACCOUNT
T: 0861 878 967 (SA) T: +27 21 460 2300 (INTL) E: services@truworths.co.za No.1 Mostert Street, Cape Town, 8001 P.O. Box 4775, Cape Town, 8000	1. In a Truworths store using cash, debit or credit card 2. Debit order – initiated in-store or online, or alternatively call our customer care line. 3. Internet banking (EFT – remember to pay at least 48 hours before the payment due date) 4. At any ATM 5. Pay online with a debit or credit card OR with your cheque, savings or credit account using EFT Secure PAY NOW

The annual service fee is charged at R59 p.a. Installments are rounded up to the next R10.00. Interest at 21.75% p.a. will be charged on all interest bearing plans and overdue accounts.

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO: MBY 5354.
Microchip and or ID Tag	992003000486982		

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): M.H. Vermeulen

HOME ADDRESS: 25 M.J. Harris Str. Da Nova. ID/PASSPORT NO.: 7203220044088

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

CELL NO: 0832365495 FAX NO: _____

E-MAIL: hendavermeulen@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. 5615

VEHICLE REG. No. CBS 50661 VEHICLE MAKE: GWM COLOUR White

SIGNATURE: M Vermeulen WITNESS FOR SOCIETY: _____

DATE: 07/02/2025

PRE HOME NO: MPRE 075

ADMISSION NO: MBY 5354.

MA000036T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030004869 82.

PASSED: YES / NO DATE UNDERTAKEN: 06/02/25 TIME: 12:30.

NAME OF APPLICANT: M.H. Vermeulen

ADDRESS: M.J. Harris straat 25, Oa Noua

HOME TEL No: CELL No: 0832365495

ANIMAL(S) ADOPTING: Dog Riffraff

SEX: Male AGE: ± 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Steel Poles		Suitability of fence (i.e. small pets can't escape): 2½ mehe	
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?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED					
CONDITION		None			
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
great spacious Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

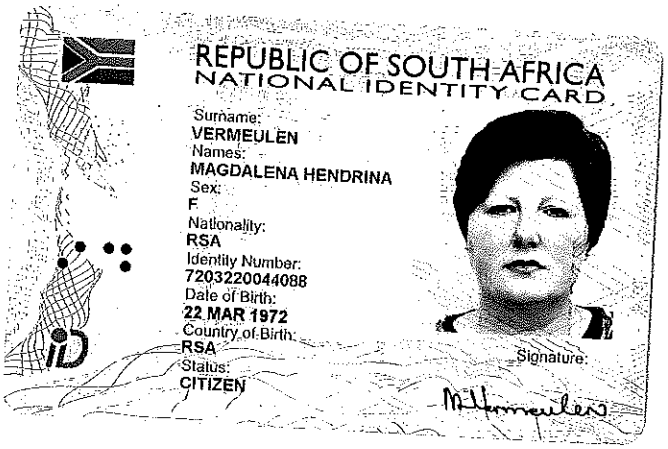
- ☐ **CATS**
- ☐ **SMALL DOGS**
- ☒ **MEDIUM DOGS**
- ☐ **LARGE DOGS**

INSPECTED BY: Lumumo Bzyl **SPCA:** Mossel Bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VERMEULEN
Names:
MAGDALENA HENDRINA
Sex:
F
Nationality:
RSA
Identity Number:
7203220044088
Date of Birth:
22 MAR 1972
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:
03 OCT 2017

105330552

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486982

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. * 0832365495

E-mail * hendavermeulen@gmail.com

Title * MRS Initials * M H Surname * Vermeulen

Street 25 M.J. Harm's str. City

Suburb Area Code OA NOVA.

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 - 25

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

Name of Vet who implanted the Chip KURT REHAS

PET DETAILS

Pet Name ~~KARATING~~ PRINS Date of birth 2024

Species * CANINE Breed * Ridgeback X

Colour 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 _____ Vermeulen

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

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 30/01/2025

DOCTOR'S NAME Dr AS Mallw

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-NON-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

Mariann

ADMISSION, ASSESSMENT AND HISTORY RECORD K 15

DBV SPCA
Garden Route

KENNEL No. 150 11				ADMISSION No. MBY5354		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 28-1-28		none	Time in	18:11	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	none	Microchip or ID Tag number	none

DESCRIPTION & HISTORY

Dog Y	Cat	Other species (Specify)		
Breed Xbreed		Colour and Markings Black		
Condition good		Sex ♂	Age 3 mths	
Temperament friendly		Sterilisation details none	Name Tyson	
Coat Short	Tail long	Teeth Condition good	Ears up	Size small
Area found / collected from Montana			Date 28-1-28	
Reason for surrender injured / Dane Tail				

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	Nicola Marcus			
Residential Address	23 G Tom Street Montana View				
Postal Address					
Tel (H) none	Tel (W) none	Cell 0848224398			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Lucas O

STATEMENT OF SURRENDER

I do hereby certify that ~~I DO / 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: _____