ADOPTION CHECKLIST

ADMISSION NO: MBY SS11

CONTRACT NO: MA000043T

- [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 13/02/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486826

Adoptee INFO:

Name & Surname: Magdelene Barnard

Contact INFO: 0722737868

Completed by: _____ Date: 14/02/25

Manager: _____ Date: 14/02/25

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.

DBV SPCA
Garden Route

KENNEL No. K 2526 2529				ADMISSION No. MBY5511		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 26/01/25			Time in		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	26/01/25	Microchip or ID Tag number	None	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) P/I	
Breed X Breed		Colour and Markings Brown, white, white tip on tail, black face.	
Condition Fair		Sex ♂	Age
Temperament Fair		Sterilisation details No	Name
Coat S	Tail L	Teeth Condition fair	Ears hang	Size S
Area found / collected from Tarka			Date 27/01/25
Reason for surrender Too many dogs			

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	My Society mom.
Residential Address	Tarka	
Postal Address	No postal	
Tel (H) No num	Tel (W) No num	Cell No num
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/M

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 uitdrukliik 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 MBY 5269	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 5511
K29

MA000 43T

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 Magdelene Barnard

HOME ADDRESS: 2 van der Riet Street, Da Nova, Mossel Bay, 6500

ID NO.: 8909100019086

POSTAL ADDRESS: Same as above

TEL NO (H): N/A (B): 0446018700

CELL NO: 0722737862 FAX NO:

E-MAIL: magdelenebarnard@gmail.com / magdelene@holaw.co.za

Address where animal will be kept: 2 van der Riet Street, Da Nova, Mossel Bay, 6500

Reason for wanting an animal: Love animals

Occupation: Attorney

Do you own or rent your property: No - purchased a new property, sale to go through end of April Do you have consent from owner / Body Corporate? Yes

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

Reason for wanting an animal: Love animals

Is the animal for yourself? Yes YES/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/NONO

What breed of dog or cat are you interested in? DOG - small to medium breed no preferences

Can you afford private veterinary fees? Yes Who is your vet? Danabaai Veearts

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

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

Are all your animals sterilised? Give details No - very young, not necessary as there is only one animal

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? Only one dog, others passed due to old age

Is your property fenced and has a proper gate? Yes Will you chain/cage an animal? Never

Full description of the fencing and gate: Concrete wall and fencing Height: Higher than 1m

What shelter is provided : OUTDOORS Yes KENNEL Yes 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: _____ Receipt No.: _____

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** 10/02/2022

PRE HOME NO MPRE 078

ADMISSION NO MBY5511

MA000437.

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030004 86826

PASSED: (YES) / NO DATE UNDERTAKEN: 14-2-25 TIME: 8.45.

NAME OF APPLICANT: Magdelene Barnard

ADDRESS: 2 van der Riet Street, De Nova

HOME TEL No: _____ CELL No: 0722737862

ANIMAL(S) ADOPTING: X Breed - Medium.

SEX: Male AGE: 2-3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Pole Steel Poles with wire		Suitability of fence (i.e. small pets can't escape): 2m	
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?	

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

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☐ **SMALL DOGS**

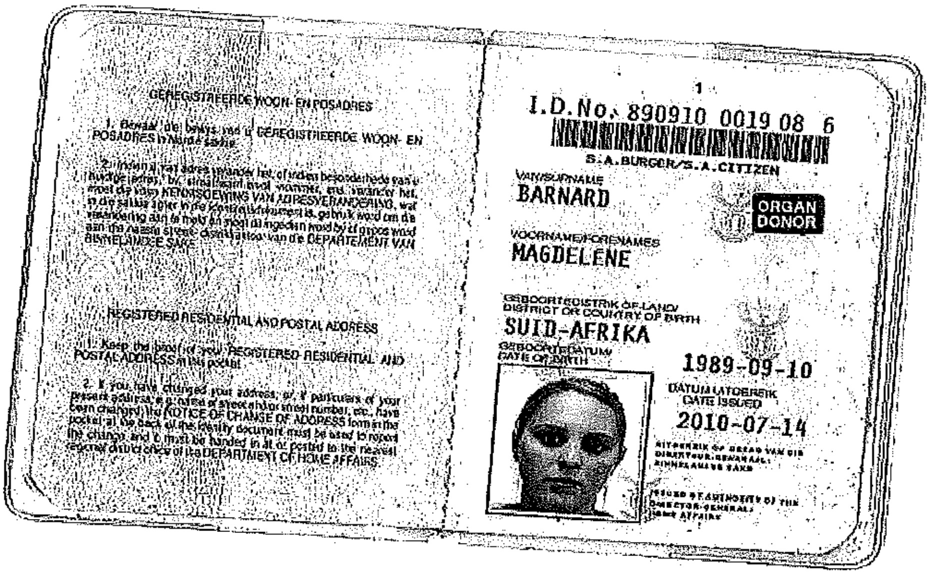
☒ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Luciano Bruyi **SPCA:** Mossel Bay **SIGNATURE:** _____

POST HOME INSPECTIONS

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

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek- distrikskantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional [illegible] office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 890910 0019 08 6

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
BARNARD

ORGAN DONOR

VOORNAME/FORENAMES
MAGDELENE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1989-09-10

DATUM UITGEREIK
DATE ISSUED
2010-07-14

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

HERBERT OOSTHUIZEN
Montaguestraat 71 Montagu Street
Mosselbaai / Bay
Kommissaris van Ede / Commissioner of Oaths
Praktiserende Prokureur / Practising Attorney
R.S.A.

CERTIFIED TRUE COPY
OF THE ORIGINAL

....
PRACTISING ATTORNEY

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	67-003771-003-6
DATUM VAN REKENING:	23/12/2024
LAASTE KWITANSIE DATUM:	22/12/2024
VOORAFBETAALDE METERNOMMER:	01079627905

BTW REG. NO.
Naam:
BARNARD CE
Liggingsadres:
2 VAN DER RIETSTRAAT DA NOVA
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
900.00	3771000	0	8

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		693.03
21/12/2024 0107962790	ELEKTRISITEIT		225.76 *
	BASIES	196.32	
	VAT/BTW	29.44	
21/12/2024 CEUB499	WATER 01/11/2024-03/12/2024		273.27 *
	1279 - 1282 (3 Kl 32 Dae)		
	BASIES	237.63	
	07/24 3.00 @ 0.000 =	0.00	
	VAT/BTW	35.64	
21/12/2024 300008	VULLIS		299.64 *
	KWITANSIES		800.00-
	Balans Oorgedra		0.70-
	BTW OP '*' ITEMS: 104.16 ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	691.70	691.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/01/2025	691.00

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. 670037710036

EasyPay >>>>>>9152667003771003 69

pay@ 11379 670037710036

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

BARNARD CE
NONE

67-003771-003-6

Fold and tear on perforation.

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) (SPC)

DATE 13/02/2025

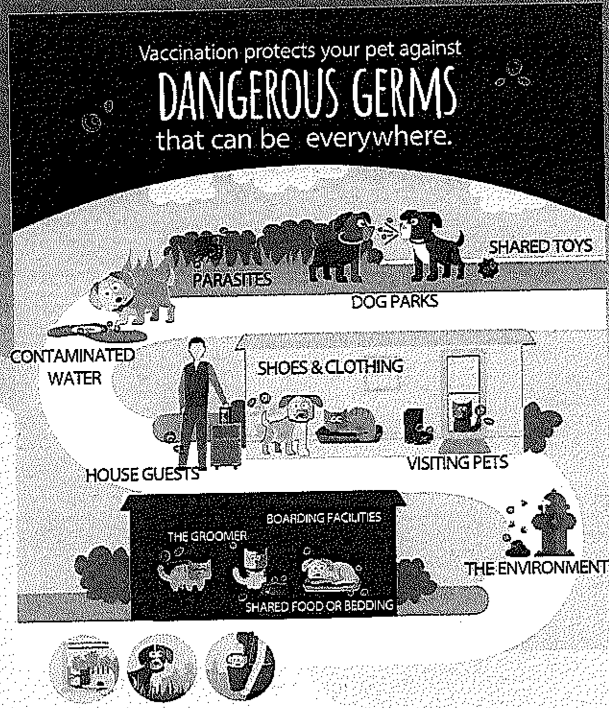
DOCTOR'S NAME Dr. A.S. [illegible]

Garden Route SPCA
P.O. Box 2?3
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

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO: MBY 5511
Microchip and or ID Tag Number: 992003000486826			

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): Magdelene Barnard

HOME ADDRESS: 2 Van der Riet Str, Da Nova ID/PASSPORT NO.: 8909100019086.

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

CELL NO: 0722787862 FAX NO: N/A.

E-MAIL: magdelene@holaw.co.za

ADOPTION FEE: R550 cash / card/ eft DONATION: _____ RECEIPT No. _____

VEHICLE REG. No. CBS66199. VEHICLE MAKE: Fiat 24 COLOUR white

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 04/7/25.

MY OWNER

NAME	Magdelene Barnard
POSTAL ADDRESS	
STREET ADDRESS	2 van der Riet Street
	Da Nova
HOME PHONE	
WORK PHONE	
CELLPHONE	0722737862
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	x Breed
COLOUR	Brown/White
SEX	Muk
DATE OF BIRTH	2025
MICROCHIP/TATTOO	992003000486826
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
24/02/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
27/01/25	[redacted] Batch: A230802 Exp: 01-2026	Bho Smith

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet.

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947), **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoquinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

MSD Animal Health

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook.

facebook.com/BravectoSouthAfrica
facebook.com/MadPetsDo

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486826

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. * 0722737862

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

E-mail * magdelene@holaw.co.za

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

Title * MS Initials * M Surname * BARNARD

Street 2 van der Riet City

Suburb Area Code 0A 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 * 14 - 02 - 2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name Junior. Date of birth 2025

Species * CANINE Breed * X Breed.

Colour BROWN + 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