ADOPTION CHECKLIST

ADMISSION NO: MBY5524

CONTRACT NO: M.M000567

- [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 20/02/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration-chip number 992003000486822

Adoptee INFO:

Name & Surname Eben Pretorius

Contact INFO: 0827819053

Completed by: _____ Date: 21/02/2025

Manager: _____ Date: 21/02/2025

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

Loaded.

DBV SPCA
Garden Route

KENNEL No. ~~GBST~~ CS				ADMISSION No. MBY5524		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 31/01/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	(Yes) / No	Lost & Found Date checked	31/01/25
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	31/01/25	Microchip or ID Tag number	None

DESCRIPTION & HISTORY					
Dog	(Cat)	Other species (Specify)	B/I.		
Breed	DSH	Colour and Markings	Calico		
Condition	fair.	Sex	♀	Age	4 Maande
Temperament	fair.	Sterilisation details	No	Name	
Coat S	Tail L	Teeth Condition fair.	Ears Pricked	Size	M.
Area found / collected from	Ruiterbos			Date	31/01/25
Reason for surrender	Stray				

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	Charmain Leesingh.		
Residential Address	Ruiterbos Plaas.				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 0739986927.			
Email	No email.				
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A	

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 MBY5502	Witness for Society MSF.

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

SPLIT
Moisie.

MA000056T

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): EBEN PRETORIUS

HOME ADDRESS: 4 ST BLAIZE TERRACE, 10 MARSH ST

MOSSEL BAAI ID NO.: 6703215120083

POSTAL ADDRESS: SAME AS HOME

TEL NO (H): (B):

CELL NO: 0827819053 FAX NO:

E-MAIL: ba.eben@gmail.com

Address where animal will be kept: SAME AS HOME

Reason for wanting an animal: COMPANIONSHIP

Occupation: SYSTEMS ENGINEER

Do you own or rent your property: OWN 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? CAMO CAT, WIRE HAIR DOG

Can you afford private veterinary fees? YES Who is your vet? VITALVET

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

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

Are all your animals sterilised? Give details YES, THE CAT IS, DOG IS NOT

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? ONE DOG WAS PUT DOWN, OLD AGE ONE CAT WAS GIVEN TO MY MOM.

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

Full description of the fencing and gate: DEVILS FORK FENCE Height: 6 FT

What shelter is provided : OUTDOORS RAIN SHELTER 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.: 5648.

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** 15 FEB 25

PRE HOME NO: MPRE 083

ADMISSION NO: 5524

MA 000567

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030004868 22

PASSED: YES / NO DATE UNDERTAKEN: 18/02/25 TIME: 11:00

NAME OF APPLICANT: Ebeen PRETORIUS

ADDRESS: 4 Sir Blaize Terrace, 10 Marsh Str, Mosselbaai

HOME TEL No: _____ CELL No: 0827819053

ANIMAL(S) ADOPTING: kitten + puppy

SEX: Both Female AGE: 3 months + 1 year.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Palisades 2m+		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	DSH	Minpin			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	Male 3 yrs	Male 1 yrs	/	/	/
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: Ilze **SPCA:** Mosselbay **SIGNATURE:** _____

POST HOME INSPECTIONS

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

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	58-009437-079-0
DATUM VAN REKENING:	23/08/2024
LAASTE KWITANSIE DATUM:	22/08/2024
VOORAFBETAALDE METERNOMMER:	04289583744

aam:
RETORIUS ES
ggingsadres:
ST BLAIZE TERRACE MOSSELBAAI
ELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1940.00	9437000/004	1600000	8

DATUM		BESONDERHEDE		BEDRAG
		BALANS OORGEBRING		1477.37
21/08/2024	0428958374	ELEKTRISITEIT		338.65 *
		BASIES	294.48	
		VAT/BTW	44.17	
21/08/2024	676008	WATER		273.27 *
21/08/2024	400008	RIOOL		335.43 *
21/08/2024	300008	VULLIS		299.64 *
21/08/2024		BELASTING PAAIEMENT		504.81
		Balans Oorgedra		0.17 -
	BTW OP '*' ITEMS:	162.64	ACB TOT: 0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	1477.37	1751.80	3229.00

BETALINGS MOET OP OF OOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	16/09/2024	3229.00

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
Verwys. Nr.: 580094370790

EasyPay >>>>>915265800943707902

pay@ 11379 580094370790

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.

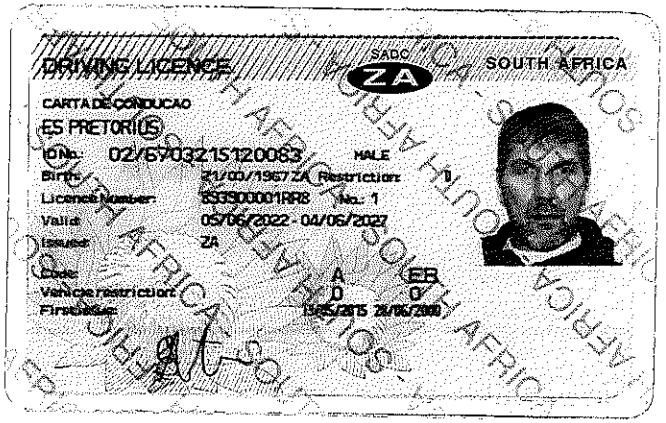
SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

Mossel Bay MUNICIPALITY

PRETORIUS ES
ST BLAIZE TERRACE 4
MOSSEL BAY
6506

580094370790



DRIVING LICENCE

SADC ZA SOUTH AFRICA

CARTA DE CONDUCAO

ES PRETORIUS

ID No. 02/6703215120083 MALE

Birth 21/03/1967 ZA Restrictions 0

Licence Number BS3500001RR8 No. 1

Valid 05/06/2022 - 04/06/2027

Issued ZA

Code A ER

Vehicle restrictions 0 0

First Issue 13/05/2015 28/05/2000

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 20/02/2025

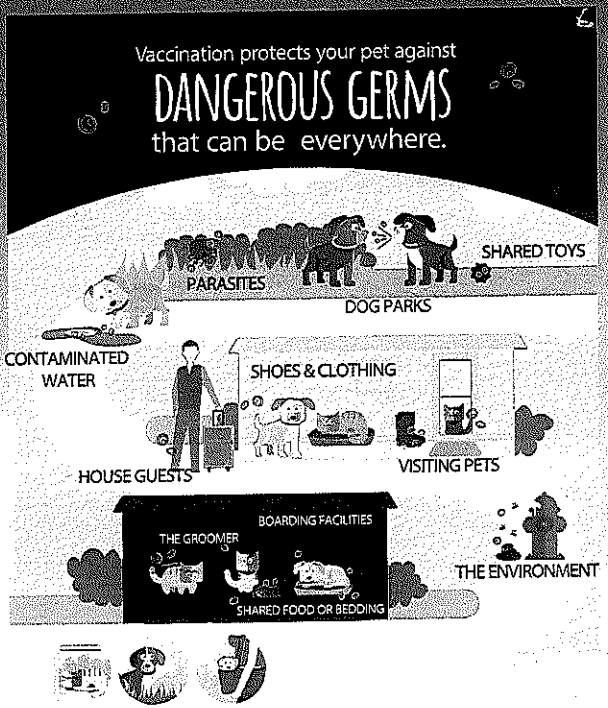
DOCTOR'S NAME Dr S. Maller

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

ADOPTION CONTRACT

DOG/CAT	Breed DSH	Male/Female	ADMISSION NO: MBYSS24
Microchip and or IE	992003000486822		

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): Eben Pretorius

HOME ADDRESS: 4 St Blaize Terrace, 10 Marsh Street ID/PASSPORT NO.: 6703215120083

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

CELL NO: 0827819053 FAX NO: _____

E-MAIL: ba.eben@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. S656

VEHICLE REG. No. BM CBS 202 VEHICLE MAKE: Audi COLOUR Grey

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 21/02/25

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486822

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. * 082 781 9053

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

E-mail * ba.eben@gmail.com

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

Title * MR Initials * E Surname * Pretorius

Street 4 St Blaize Terrace City

Suburb 10 Marsh Street 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 * 21 - 02 - 2025

Date of Implant * 20 - 02 - 2025

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

Name of Vet who implanted the Chip THEMBA MACINGA

PET DETAILS

Pet Name ASTRO.

Species * FELINE

Colour CALICO

Gender Male (Female)

Date of birth

Breed * DSH

Markings

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