ADOPTION CHECKLIST

ADMISSION NO: MBY 5422

CONTRACT NO: MA000657

- [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 27/02/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486636

Adoptee INFO:

Name & Surname Ingelin Kuhn

Contact INFO: 076 309 7580

Completed by: _____ Date: 28/02/2025

Manager: _____ Date: 05/02/2025

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.

Already paid home inspection in George. Josephine

NSPCA Operations Manual 2020 992003000486636 Section 4-5D: Page 1

MA000055T

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): Miss I Kuhn Ingelin

HOME ADDRESS: 8 Tienie Botha Str Heiderand

ID NO.: 0301190053084

POSTAL ADDRESS: Same

TEL NO (H): (B):

CELL NO: 076 309 7580 FAX NO:

E-MAIL: ingelinkie1@gmail.com

Address where animal will be kept: 8 Tienie Botha Str Heiderand

Reason for wanting an animal: Companion

Occupation: Broker

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

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?

Can you afford private veterinary fees? Yes Who is your vet? Hartenbos Animal Vet

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

Which animals do you still have, and what happened to the others? 1 Dog

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 & Wall Height: 1.8 m

What shelter is provided : OUTDOORS X KENNEL OTHER Home

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

Pre Home Inspection Fee: R100.00 Receipt No.: MBY 6650. POI.

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** 20/02/~~200~~2025

PRE HOME NO: MPRE 087

ADMISSION NO: MBY 5422

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030004866 36.

PASSED: YES / NO DATE UNDERTAKEN: 19/5/25 TIME: 12:30

NAME OF APPLICANT: Ingelin Kuhn

ADDRESS: 8 Tinie Botha Str, Heidelrand

HOME TEL No: _____ CELL No: 0763097580

ANIMAL(S) ADOPTING: Rottie X - M.

SEX: Female AGE: ± 9 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibracrete 1.8m		Suitability of fence (i.e. small pets can't escape): Good	
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?	N/A
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☑	Specify: N/A	
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	XBreed				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	8yr / Fem	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
No Welfare concerns found.

(IBHK 123912)

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ CATS
- ☑ SMALL DOGS
- ☑ MEDIUM DOGS
- ☑ LARGE DOGS

INSPECTED BY: M Wentzel SPCA: M Bay SIGNATURE: M Wentzel

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 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 27/02/2025.

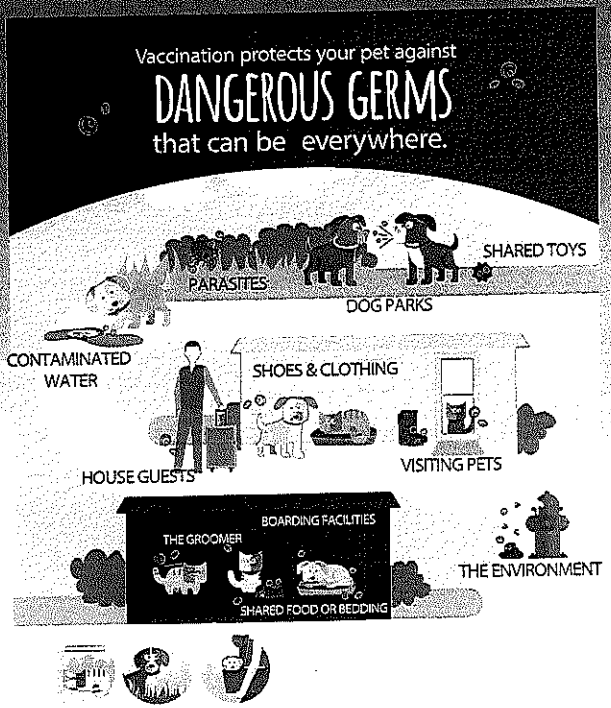
DOCTOR'S NAME Dr A.S. Muller.

Garden Route SPCA
P.O. Box [illegible]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 x Breed	Male/Female	ADMISSION NO: MBY 5422
Microc.	992003000486636		

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): Ingelin Kuhn

HOME ADDRESS: 8 Tienie Botha, Heidevand ID/PASSPORT NO.: 0301190053084

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

CELL NO: 076 309 7580 FAX NO: _____

E-MAIL: ingelinkie1@gmail.com

ADOPTION FEE: R750 cash / card/ eft DONATION: _____ RECEIPT No. 5668

VEHICLE REG. No. CBS 79204 VEHICLE MAKE: Toyota Etios COLOUR Orange

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 28/02/2025

Fee is R750 BECAUSE → she paid for the pre home inspection twice by mistake.


SOUTH AFRICA
ZA
DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUÇÃO
I KUHN
FEMALE
ID No.:
Birth/Geboorte:
Lic.No./Lisensie:
Restr./Beperk.:
No.: 1
26/01/2027
SOUTH AFRICA

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486636

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. * 076 309 7580

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

E-mail * ingelinkie1@gmail.com

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

Title * MRS Initials * I Surname * KUHN

Street 8 Tienie Botha City

Suburb Area Code Heiderand.

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 * 28 - 02 - 2025

Date of Implant * 27 - 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 LAYLA Date of birth

Species * CANINE Breed * X BREED

Colour BLACK + BROWN 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

LOADED

KENNEL No. K- 25 17				ADMISSION No. MBY5422		
Stray	Surrender X	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 07/2/25			Time in	15:30	Date for release	

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		Yes	Lost & Found Date checked				
		No					
Microchip/Collar or ID tag found		Yes	Date scanned or checked	07/2/25	Microchip or ID Tag number	NONE	
	X	No					

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)		
Breed	X BREED	Colour and Markings	BLACK & BROWN	
Condition	GOOD	Sex ♀	Age 1 - 2 MONTHS	
Temperament	GOOD	Sterilisation details NONE	Name NONE	
Coat SHORT	Tail LONG	Teeth Condition GOOD	Ears DOWN	Size SMALL
Area found / collected from	KWANONQABA		Date 07/2/25	
Reason for surrender	UNWANTED			

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by / Found by	X	Name	THOZAMA MRWASHULA		
Residential Address	11 MPOSA STR, KWA,				
Postal Address	NONE				
Tel (H) NONE	Tel (W) NONE	Cell 063 000 4903			
Email NONE					
Donation R NONE	Cash	Card	EFT	(Receipt No.) NONE	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: BHJ

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: _____

Policy Schedule

Branch

Branch	FFG Western Cape (Pty) Ltd	Address:	P O Box 277
Agency Number			Paarl
Broker Reference			7620
Telephone	021 872 9862		
E-mail	amend@ffg.co.za		
FSP Number	17279		

Client Details

Client	Ms Ingelin Kuhn	Address:	8 Tienie Botha Street
Client Reference Number			Heiderand
Telephone Number			Mossel Bay
E-mail Address	ingelinkie1@outlook.com		6506
Mobile Number	0763097580		Western Cape
Occupation	Administrative		

Policy Details

Insurer	Old Mutual Insure
Product Name	Personal Group Schemes
Policy Number	MER42205OLD
Original Inception Date	19 Feb 2025
Inception Date	19 Feb 2025
Renewal Date	01 Feb 2026
Period of Insurance	From (19 Feb 2025) to (28 Feb 2025) and any subsequent period for which the insurer agrees to renew this policy or any section thereof.
Payment Method	Debit Order
Debit Date	01
Payment Frequency	Monthly
FSP Number	12

Authorised Signatory

Signed At :

Date Printed : 19-02-2025

(on behalf of the company)

Underwritten by Old Mutual Insured Limited. Authorised Financial Services Provider (FSP no. 12).