ADOPTION CHECKLIST

ADMISSION NO: MBY 5303

CONTRACT NO: MA000058T

- [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 April 2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486638

Adoptee INFO:

Name & Surname Ingelin Kuhn

Contact INFO: 076 309 7580

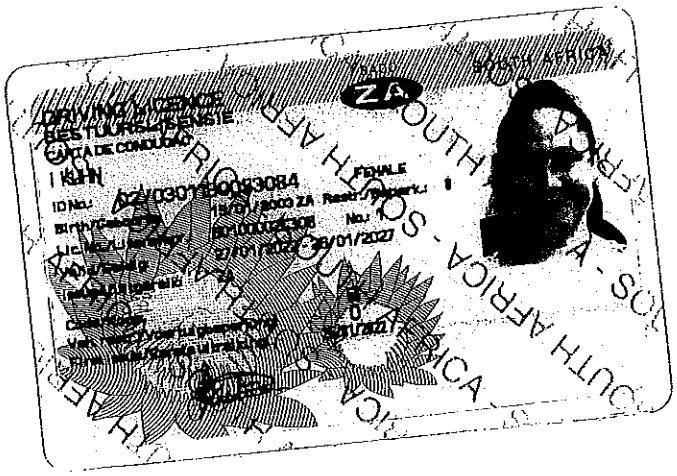
Completed by: [signature] Date: 28/02/2025

Manager: [signature] Date: 28/02/2025

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.


ZA
SOUTH AFRICA
FEMALE

PRE HOME NO MPRE 087

ADMISSION NO MBN ~~S[illegible]~~2

MA000587

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

S303

9920030004866 38

PASSED: YES / NO DATE UNDERTAKEN: 9/5/25 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	1 Breed				
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 103902)

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: M Wenzel **SPCA:** M Bay **SIGNATURE:** M Wenzel

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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).

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA000 58T DATE: 28/02/2025

between Mosselbay SPCA

and

Name Ingelin Kuhn

Address 8 Tierie Botha Heiderand

Telephone Numbers (H) 076 309 7580 (B)

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Sex MALE Age 2 months

Description Ginger DSH

On (due date) April Adoption Form No. MA000 58T

on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society reserves the right to **confiscate** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: Kuhn For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

ADOPTION CONTRACT

DOG/(CAT)	Breed	DSH	(Male)/Female	ADMISSION NO: MB/S303
Microchip and or ID	992003000486638			

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 Str, Heiderand ID/PASSPORT NO.: _____

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

CELL NO: 076 309 7580 FAX NO: _____

E-MAIL: ingelinkic1@gmail.outlook.com

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. 5668

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

SIGNATURE: Kuhn WITNESS FOR SOCIETY: _____

DATE: 28/02/2025.

Loaded.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. CB56-C2				ADMISSION No. MBY5303		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 08/01/25			Time in 9:45	Date for release		

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	(Yes) / No	Lost & Found Date checked	8/01/25
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	08/01/25	Microchip or ID Tag number: None.

DESCRIPTION & HISTORY

Dog	(Cat)	Other species (Specify) 3Km.		
Breed DSH.		Colour and Markings Ginger		
Condition Fair.		Sex ♀	Age 3 weeks	
Temperament Fair.		Sterilisation details No	Name	
Coat S	Tail L	Teeth Condition Fair	Ears Pricked	Size S.
Area found / collected from Highway Park.			Date 8/01/25.	
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	Salone Naidoo.			
Residential Address	56 Learjet Aeslapark.				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 0624678252.			
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: Kurt

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 MBY 5204.	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: _____

5484
Ginger ♂

MA0000587

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

HOME ADDRESS: 8 Tienie Botha Heiderand

ID NO.: _____

POSTAL ADDRESS: Same

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

CELL NO: 076 309 7580 FAX NO: _____

E-MAIL: ingelinkie1@outlook.com

Address where animal will be kept: 8 Tienie Botha 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? Harenkes 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: _____

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: _____ 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** 21/02/25

MY OWNER

NAME	Ingelin Kuhn
POSTAL ADDRESS	
STREET ADDRESS	8 Tienie Botha Str.
	Heiderand
HOME PHONE	
WORK PHONE	
CELLPHONE	076 309 7580
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DSH
COLOUR	GINGER
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000486638
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
12/03/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
19/02/25	Nobivac® 1-HCPCh + Milpro D2071465C 02-JAN-2026	Mariaan Wenrech
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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.

Find us on: facebook.

MSD Animal Health

Nobivac®

Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER
992003000486638

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@outlook.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 PICKLES

Date of birth 2025

Species * FELINE

Breed * DSH

Colour GINGER

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