ADOPTION CHECKLIST

ADMISSION NO: MBY 5532

CONTRACT NO: MA000049T

- [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
- [ ] Microchip
- [ ] Microchip Registration- chip number 992003000486821

Adoptee INFO:

Name & Surname Aroeshka Goosen

Contact INFO: 0646559468

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

Appointed.

DBV SPCA
Garden Route

KENNEL No.	K14. K# K33			ADMISSION No.	MBY5532	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	03/02/25		Time in	13 : 00	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	03/02/25	Microchip or ID Tag number			

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)			
Breed	X Breed.		Colour and Markings	Brown - black back	
Condition	Fair		Sex	♀	Age + - 2 months
Temperament	Good		Sterilisation details	NO	Name
Coat Thick	Tail Short	Teeth Condition Fair	Ears	Down	Size Small
Area found / collected from	D' Almeida				Date 03/12/25.
Reason for surrender	Can not afford				

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	Johanna Labon			
Residential Address	717 Van Zyl str. D'Almeida				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell N/A			
Email	N/A				
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: 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 5607	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: _____

Fudge S602 S532

MA000497T

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): Mrs AC Goosen

HOME ADDRESS: 3 Churchill Street Dormhelsdrift George

ID NO.: 9008150011082

POSTAL ADDRESS: 3 Churchill Street Dormhelsdrift George

TEL NO (H): (B):

CELL NO: 0646559468 FAX NO:

E-MAIL: aroeshkagoosen@yahoo.com

Address where animal will be kept: 3 Churchill Street Dormhelsdrift George

Reason for wanting an animal: to be part of our family and grow and protect us as we will protect him

Occupation: broker development consultant

Do you own or rent your property: rent 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? staffi,german shepard ,labrodar

Can you afford private veterinary fees? yes Who is your vet? eden small animal hospital

How many animals live on your property DOGS 0 CATS 2 OTHER

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

Are all your animals sterilised? Give details yes they are and vaccinated and chipped

How many dogs and cats have you owned over the past 3 years? DOGS CATS 2 OTHER

Which animals do you still have, and what happened to the others? still 2 nothing happend

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

Full description of the fencing and gate: Hedges and gate Height: 1.8

What shelter is provided : OUTDOORS yes KENNEL OTHER indoor

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 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 Goosen **Date of application** 12/02/2025

PRE HOME NO GPRE 097

ADMISSION NO MBY 5007

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

5532.

9920030004868 2|

PASSED: YES / NO DATE UNDERTAKEN: 13 Feb 25 TIME: 12.05

NAME OF APPLICANT: Mrs AC Goosen

ADDRESS: 3 Churchill street, Dormelsdrift George

HOME TEL No: _____ CELL No: 064 655 9468

ANIMAL(S) ADOPTING: X Breed Dog

SEX: Female AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1.6 Metres		Suitability of fence (i.e. small pets can't escape): OK	
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?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	KOSHI	KOSHI			
CONDITION	Good	good			
WELFARE (good?)	Good	good			
SEX & AGE	M / 6mth	M / 7months		/	/
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Very large property fully secure both will be adopted from and in good condition.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

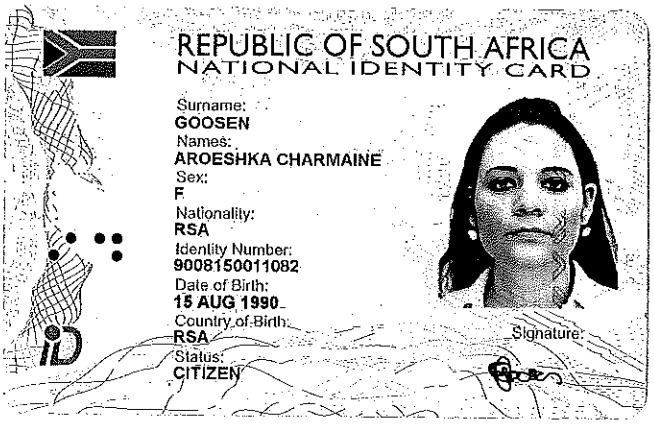
- ☒ CATS
- ☒ SMALL DOGS
- ☒ MEDIUM DOGS
- ☒ LARGE DOGS

INSPECTED BY: Naomé SPCA: George SIGNATURE: [signature]

POST HOME INSPECTIONS Brown,

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
GOOSEN
Names:
AROESHKA CHARMAINE
Sex:
F
Nationality:
RSA
Identity Number:
9008150011082
Date of Birth:
15 AUG 1990
Country of Birth:
RSA
Status:
CITIZEN

Signature:

D I B Solutions

Date: 20 February 2025

To whom it may concern,

DIB Solutions (Pty) Ltd acknowledges your request for confirmation of address for Mrs. Aroeshka Charmaine Goosen, ID: 9008150011082:

INSURED: FJ & AC GOOSEN
2 CHURCHILL STREET
DORMEHLS DRIFT, GEORGE
Western Cape
6529

POLICY NUMBER:	36978171
INSURER:	WESTERN NATIONAL INSURANCE COMPANY LIMITED
RISK ADDRESS:	2 CHURCHILL STREET DORMELHS DRIFT GEORGE 6529
POLICY INCEPTION DATE:	07/09/2021

Do not hesitate to contact us should you require any additional information.

Kind Regards

L van Hirtum
Insurance Specialist
082 683 8865
lezani@dibsolutions.co.za

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

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] (BSc)

DATE 20/02/2025.

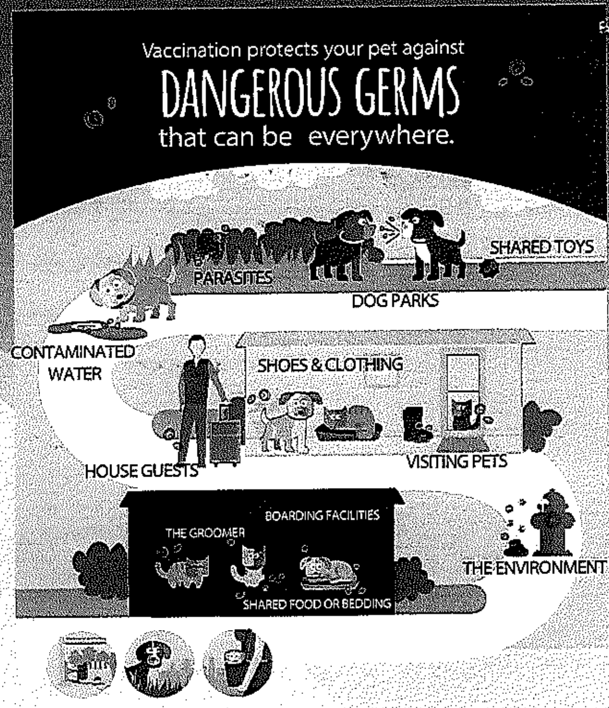
DOCTOR'S NAME Dr S [illegible].

Garden Route SPCA
P.O. Box 258
George,6530
Ph [illegible] 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

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486821

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. * 0646559468

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

E-mail * aroeshkagoosen@yahoo.com

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

Title * MRS Initials * AC Surname * GOOSEN

Street 3 Churchill Street City

Suburb Dormhelsdrift Area Code George

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 Malinga

PET DETAILS

Pet Name FUDGE Date of birth 2025

Species * CANINE Breed * X BREED.

Colour 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
4. By App	Download the Virbac Backhome Africa App

ADOPTION CONTRACT

DOG/CAT	Breed	X Breed	Male/Female	ADMISSION NO:	MB Y 5532.
Microchip and or ID T	992003000486821				

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): Aroeshka Goosen

HOME ADDRESS: 3 Churchill Street, Dawnlands ID/PASSPORT NO.: 9008150011082

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

CELL NO: 0646559468 FAX NO: _____

E-MAIL: aroeshkagoosen@yahoo.com

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. 5654

VEHICLE REG. No. CAW114887 VEHICLE MAKE: Mitsubishi COLOUR White

SIGNATURE: [signature] WITNESS FOR SOCIETY: [signature]

DATE: 21/02/2025