ADOPTION CHECKLIST

ADMISSION NO: MB15697

CONTRACT NO: MA00071T

- [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 END APRIL
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548245

Adoptee INFO:

Name & Surname Ingelia Kuhn

Contact INFO: 0763097580

Completed by: _____ Date: 18/03/2025

Manager: _____ Date: 18/03/2025

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

WP060

DBV SPCA
Garden Route

KENNEL No. CB3 C3				ADMISSION No. MBY5697		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	05/03/25		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	X Yes / No	Lost & Found Date checked	05/03/25
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	05/03/25	Microchip or ID Tag number	NONE		

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify) Tabby			
Breed	OSH	Colour and Markings Tabby			
Condition	Fair	Sex Female	Age ± 8 weeks		
Temperament	Good	Sterilisation details NO	Name		
Coat Short	Tail Long	Teeth Condition Fair	Ears Up	Size Small	
Area found / collected from Kwanongaba				Date 05/03/25	
Reason for surrender Can not afford to keep.					

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	Elizabeth Pannels			
Residential Address	47 Geotyana Str. Barcelona				
Postal Address	Kwanongaba				
Tel (H) N/A	Tel (W) N/A	Cell 0658459404			
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: 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 MBY 5449	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: _____

5697

MA000717.

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 Ingelin Kuhn

HOME ADDRESS: 8 Tienie Botha Street 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 Street Heiderand

Reason for wanting an animal: Companion

Occupation: Booker

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? No

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

How many animals live on your property DOGS 2 CATS 1 OTHER

What are the sexes of your animals? DOGS: Male Female 2 CATS : Male 1 Female

Are all your animals sterilised? Give details Yes, ~~exet~~ kitten to come back to SPCA under contract.

How many dogs and cats have you owned over the past 3 years? DOGS 2 CATS 1 OTHER

Which animals do you still have, and what happened to the others? 2 Dogs, 1 Cat

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 walls Height: 1.8m

What shelter is provided : OUTDOORS KENNEL OTHER Home

Have you previously had pets from an SPCA? Yes 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** 17/03/25

MA 000071T

PRE HOME NO MPRE 087

ADMISSION NO MBY

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030005482 45

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

NAME OF APPLICANT: Inglin 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.

R(IBHK 12390)

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

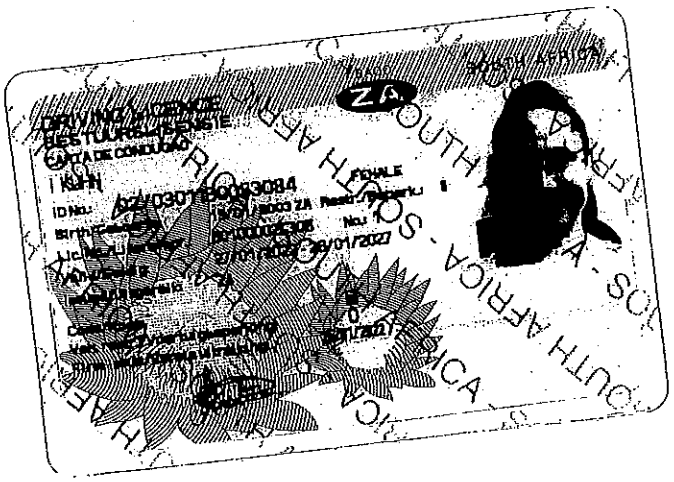
- ☐ **CATS**
- ☑ **SMALL DOGS**
- ☐ **MEDIUM DOGS**
- ☑ **LARGE DOGS**

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


ZA
SOUTH AFRICA
FEMALE

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).

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 dewarming 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

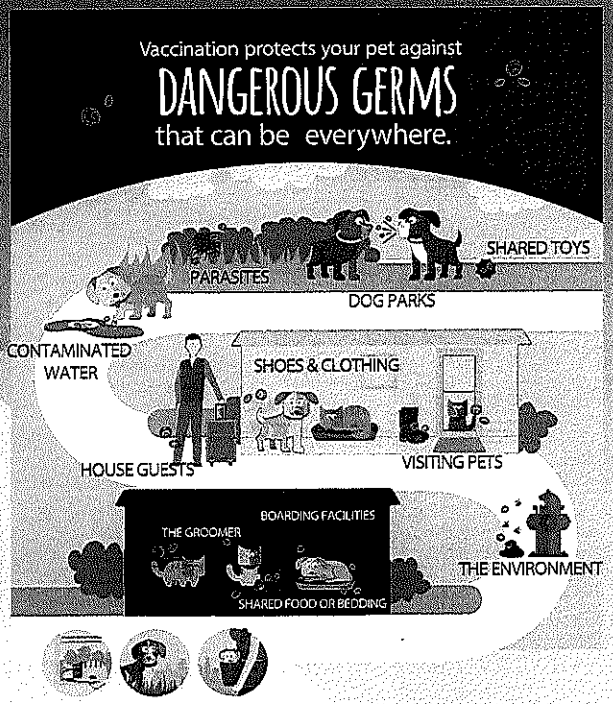
DOCTOR'S NAME

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
992003000548245

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 HEIDERAND 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 * - -

Date of Implant * 18 - 03 - 2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name SKY Date of birth

Species * FELINE Breed * DSH

Colour TABBY/TORTI 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