ADOPTION CHECKLIST

ADMISSION NO: MBY5500

CONTRACT NO: MA000697

- [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 27/03/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548241

Adoptee INFO:

Name & Surname Mariska Nel

Contact INFO: 0797381774
0725662901

Completed by: _____ Date: 28/03/2025

Manager: _____ Date: 28/03/2025

| 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

DBV SPCA
Garden Route

| KENNEL No. K 33 | | | | ADMISSION No. MBY5500 (LOADED) | | |
|---|---|---|---|---|---|---|
| Stray | Surrender | Abandoned | Returned | Impounded | Confiscated | Request for euthanasia |
| Date in 7-3-25 | | Time in | | 10:00 | Date for release | |

| IDENTIFICATION & LOST AND FOUND | | | Lost & Found checked | Yes / No | Lost & Found Date checked | N/A |
|---|---|---|---|---|---|---|
| Microchip/Collar or ID tag found | Yes / No | Date scanned or checked | N/A | Microchip or ID Tag number | None | |

| DESCRIPTION & HISTORY | | | | | |
|---|---|---|---|---|---|
| Dog | Cat | Other species (Specify) | | | |
| Breed | Collie-pup | | Colour and Markings | Black/white | |
| Condition | Fair | | Sex | ♀ | Age 8 wks |
| Temperament | Fair | | Sterilisation details | Not | Name — |
| Coat Normal | Tail Long | Teeth Condition Fair | Ears Hanging | | Size Small |
| Area found / collected from | Albatinia | | | | Date 7-3-25 |
| Reason for surrender | Can't keep pups. Mom to be sterilised | | | | |

| 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 | Chriszelda Heunis |
|---|---|---|
| Residential Address | 1 Ravor Natur Laer 100 Albatinia 9108 | |
| Postal Address | | |
| Tel (H) | Tel (W) | Cell 076 811 7116 |
| Email | popz heunis@gmail.com | |
| Donation R | Cash / Card / EFT | (Receipt No.) |

**PLEASE INSIST ON A RECEIPT**

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

## 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:

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

# MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548241

**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. * 0797381774

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

E-mail * mariska0794@gmail.com

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

Title * MRS Initials * M Surname * NEL

Street 51 Madeliefie Straat City

Suburb Area Code. OENNEOORD, 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 * - -

Date of Implant * 27 - 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 2025

Species * CANINE Breed * COLLIE

Colour BLACK + WHITE 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 |

COLLIE FLUFFY
5500

MA000069T



99200300054824 1

# 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): Mariska Nel

HOME ADDRESS: 51 Madeliefie straat Denneoord George ID NO.: 9004230218086

POSTAL ADDRESS: _____

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

CELL NO: 0797381776 FAX NO: 0725662901

E-MAIL: mariska079@gmail.com

Address where animal will be kept: 51 Madeliefie straat Denneoord

Reason for wanting an animal: To expand our family

Occupation: Admin Manager

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? Collie Puppy

Can you afford private veterinary fees? Yes Who is your vet? Dr Elke

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

What are the sexes of your animals? DOGS: Male 1 Female _____ 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? Same 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: Wall and Fencing Height: 2m

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER ~~2m~~ indoors

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.: 5695

**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** ~~13/10~~ 13/03/2025

# ADOPTION CONTRACT

| DOG/CAT | Breed | Collie | Male/Female | ADMISSION NO: | MBY5500 |
|---|---|---|---|---|---|
| Microchip and c | 992003000548241 | | | | |

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): Mariska Nel

HOME ADDRESS: 51 Madeliefie Str, Dennegard, George ID/PASSPORT NO.: 9004 2302 18086

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

CELL NO: 0797381774 FAX NO: _____

E-MAIL: mariska079@gmail.com

ADOPTION FEE: R 850 cash / card/ eft DONATION: _____ RECEIPT No. _____

VEHICLE REG. No. CNV 064 13 VEHICLE MAKE: Ford Ranger COLOUR Wit

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 28/03/2025

Israel: Information is at the back page

MB

Pending fence.



PRE HOME NO GPRE 100

ADMISSION NO MBY 5500

# PRE HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 21/03/2025 TIME: 12:00pm

NAME OF APPLICANT: Mariska Nel

ADDRESS: 51 Madellefie Straat, Denneoord

HOME TEL No: 0725662901 CELL No: 0797381774

ANIMAL(S) ADOPTING: Canine, Border Collie — Puppy

SEX: Female AGE: 8 Weeks

**PRE- HOME INSPECTION:**

| PROPERTY DESCRIPTION 2,2—3 metres | | | |
|---|---|---|---|
| Type and height of fence: Wall, Mesh Wire | | Suitability of fence (i.e. small pets can't escape): Secure | |
| 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? | 2 gates |
| 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? | 1 |

**DESCRIPTION OF ANIMALS ON PROPERTY**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| BREED | Yorkie | | | | |
| CONDITION | good | | | | |
| WELFARE (good?) | good | | | | |
| SEX & AGE | Male 15 years | / | / | / | / |
| STERILISED | YES ☒ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ |

**OTHER INFORMATION / COMMENTS** Acceptable Living Conditions property big enough for animals

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Israel SPCA: George SIGNATURE:

**POST HOME INSPECTIONS**

| DATE | RESULT | REMARK | BY WHOM |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

## MY OWNER

NAME: Mariska Nel

POSTAL ADDRESS:

STREET ADDRESS: 51 Madeliefie Straat

Denneoord, George

HOME PHONE:

WORK PHONE:

CELLPHONE: 0797381774

BREEDER DETAILS:

## ME

SPECIES: CANINE

BREED: COLLIE

COLOUR: BLACK & WHITE

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP/TATT: 992003000548241

FEATURES/MARKS:

## NEXT VACCINATION DUE

| DATE | DATE | DATE |
|---|---|---|
| 09/04/25 | | |
| 27/3/26 | | |

## I WAS VACCINATED ON

| DATE | VACCINE AND BATCH NO. | VET SIGNATURE |
|---|---|---|
| 12/03/25 | MSD Animal Health Batch: A240801 Exp.: 01 Milpro | AWA Wally |
| 27/03/25 | Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Uit. am./Exp.: F48436 27/04/2026 | AWA BHO |
| | 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 | |

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 (isoqinoline) 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/BravectoSouthAfr

# GEORGE MUNICIPALITY

## Tax invoice

GEORGE
VAT No. 4630193664
P.O.BOX 19, GEORGE, 6530
(044) 801-9111 086 589 6402
EMAIL: accounts@george.gov.za

EMAIL

GRG 1002191882

**MR/MRS HJ&M NEL**
**PO BOX 2072**
**GEORGE**
**6530**

| | |
|---|---|
| STATEMENT DATE | 24/02/2025 |
| TAX INVOICE NO. | 12035138 |
| ACCOUNT NO. | GRG 1002191882 |
| RECEIPTS POSTED TILL | 23/02/2025 |
| GUARANTEE / DEPOSIT | 0 / 850.00- |
| SUBURB | 25 18539 00001 |
| VALUATION | 1750000 |
| SITE ADDRESS: | MADELIEFIE AVENUE 51 |
| DEBTS DUE BY TENANTS | 0.00 |
| CLIENT VAT NO. | |

| SERVICE | OPENING BALANCE | RECEIPTS | CHARGE | INTEREST | ADJUSTMENTS | VAT | CLOSING BALANCE |
|---|---|---|---|---|---|---|---|
| | 379.28 | -379.28 | 329.81 | 0.00 | 0.00 | 49.47 | 379.28 |
| | 563.17 | -563.17 | 653.26 | 0.00 | 0.00 | 97.99 | 751.25 |
| | 360.82 | -360.82 | 313.76 | 0.00 | 0.00 | 47.06 | 360.82 |
| | 361.27 | -361.27 | 314.15 | 0.00 | 0.00 | 47.12 | 361.27 |
| | 784.96 | -784.96 | 784.96 | 0.00 | 0.00 | 0.00 | 784.96 |
| TOTAL | 2,449.50 | -2,449.50 | 2,395.94 | 0.00 | 0.00 | 241.64 | 2,637.58 |

**OFFICE HOURS**

08H00 -15H30 MONDAY - FRIDAY
EXCLUDING PUBLIC HOLIDAYS

**PAY POINTS**

MUNICIPAL OFFICES: GEORGE, UNIONDALE, HAARLEM, POST OFFICES, PICK 'N PAY, SPAR, PEP STORES AND EASYPAY POINTS COUNTRYWIDE.

**MESSAGE**

PLEASE NOTE THAT YOUR ACCOUNT NUMBER, MUST BE PROVIDED AT ALL TIMES, WHEN YOU LODGE ANY ACCOUNT QUERY, OR REQUEST A DUPLICATE ACCOUNT STATEMENT.

| TOTAL VAT | (ARREAR)/ADVANCE | CURRENT | PAYMENT DATE | AMOUNT DUE |
|---|---|---|---|---|
| R241.64 | R0.00 | R2,637.58 | 17/03/2025 | R2637.58 |

| | FUTURE | CURRENT | 30 DAYS | 60 DAYS | 90 DAYS | 90 DAYS + |
|---|---|---|---|---|---|---|
| MONTHLY | 0.00 | 2637.58 | 0.00 | 0.00 | 0.00 | 0.00 |
| ANNUAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL | 0.00 | 2637.58 | 0.00 | 0.00 | 0.00 | 0.00 |

Attention all consumers

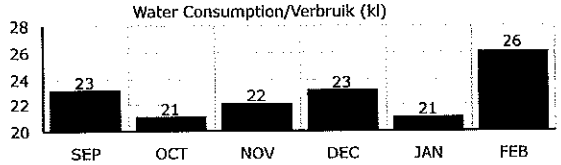
UPDATE YOUR DETAILS HERE

It is the responsibility of each and every consumer to enquire from the municipality if no account is delivered before the due date. Enquiries with regards to accounts can be made with the following options:

1)Email: Accounts@george.gov.za
2) Telephone: (044) 801 9111

Thank you.

| | | | | | | |
|---|---|---|---|---|---|---|
| Water:1401 | Cons/Days New | | 26 | 34.00 | | |
| Water:1401 | Basic New | | 1 | 147.46 | 169.58 | 22.12 |
| Water:1401 | 0-6 New | | 6 | 20.81 | 143.59 | 18.73 |
| Water:1401 | Free New | | 6- | 20.81 | 143.59- | 18.73- |
| Water:1401 | 6-15 New | | 9 | 20.81 | 215.38 | 28.09 |
| Water:1401 | 15-20 New | | 5 | 24.45 | 140.59 | 18.34 |
| Water:1401 | 20-30 New | | 6 | 32.71 | 225.70 | 29.44 |
| Elec Prepaid Basic | Domestic | 04175345141 | 40 | 329.81 | 379.28 | 49.47 |




| Tp. | Meter No. | Previous | New Reading | Factor | Consumption | Period | Daily Aver. |
|---|---|---|---|---|---|---|---|
| W | VDH302 | 6808 | 6834 | | 26.000 | 13/12-16/01 | .76 |

Log & report faults, pay municipal bills, submit self-meter readings and more with the My Smart City App. Become a part of the Improvement Movement with George and My Smart City. Improve your city. Be part of the change. Download the app now!

**PAYMENT DETAILS**

ACCOUNT: GRG 1002191882

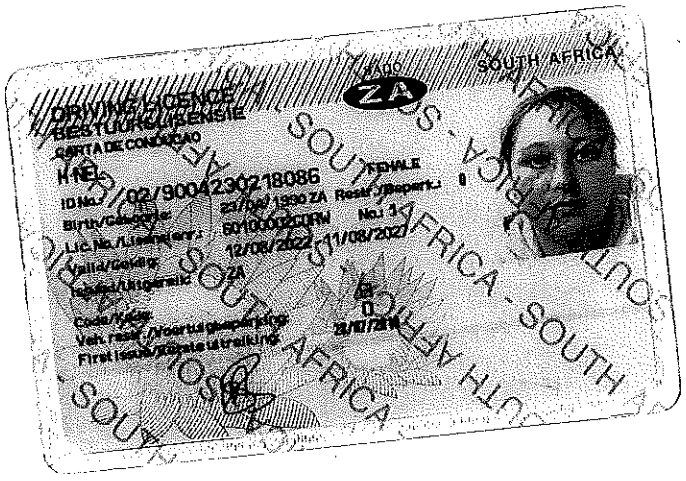
ALLOCATION 0118
ACCOUNT NUMBER 1002191882

Post Office — We deliver, whatever it takes.
BOXER
Pick n Pay
SPAR
ACKERMANS
SHOPRITE
Checkers
Usave
unipay

Smart Water Meter
UniPay
My Smart City

PEP
game
WOOLWORTHS

FNB
BRANCH CODE: 210554
ACCOUNT NUMBER: 62869623150
9153 0000 0100 2191 8820


SOUTH AFRICA
ZA
DRIVING LICENCE
FEMALE
SOUTH AFRICA - SOUTH AFRICA