ADOPTION CHECKLIST

ADMISSION NO: MBY 5960

CONTRACT NO: MA000072T

- [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 992003000548243

Adoptee INFO:

Name & Surname Elzabé Liebenberg

Contact INFO: 060 561 6012

Completed by: [signature] Date: 28/03/25

Manager: [signature] Date: 28/03/25

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

Loaded.

DBV SPCA
Garden Route

KENNEL No.	CBTCS			ADMISSION No.	MBY5960	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11/03/25		Time in	11:30	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	Yes / No	Lost & Found Date checked	11/03/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	11/03/25	Microchip or ID Tag number	None.		

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	BLI.	
Breed	DSH.	Colour and Markings	Ginger tail + White	
Condition	Fair.	Sex ♀	Age	
Temperament	Fair	Sterilisation details No	Name	
Coat S.	Tail L	Teeth Condition Fair.	Ears Pricked	Size
Area found / collected from	Heiderand			Date 11/03/25.
Reason for surrender	Owners are moving.			

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	Seara Saaiman.		
Residential Address	4 Rendevauz ville Heiderang				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 0848487050			
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: 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 6853	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: _____

Mossel Bay

Mossel Bay

Permit Mail

LIEBENBERG CF
POSBUS 331
UPPINGTON
8800

UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel Bay, 6500

ADOPTION CONTRACT

DOG / CAT	Breed DSH	Male/Female	ADMISSION NO: MBY 5960
Microchip and or	992003000548243		

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): Elzabé Liebenberg

HOME ADDRESS: 12 Cape Gannet, Mont Christo, Hartenbos ID/PASSPORT NO.: 721118 0042 083

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

CELL NO: 060 561 6012 FAX NO: _____

E-MAIL: elzabelieb18@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. 5744

VEHICLE REG. No. CXF 475 NC VEHICLE MAKE: Toyota fortuner COLOUR Wit

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 28/03/25

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP

992003000548243

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

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

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

Cell No. * 060 561 6012

E-mail * elzabelieb18@gmail.com

Title * MRS Initials * E Surname * LIEBENBERG

Street 12 Cape Gannet City

Suburb MONTE CHRISTO Area Code Hartenbos

Country Province 1

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 OIBE Date of birth 2025

Species * FELINE Breed * DSH

Colour WHITE + 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

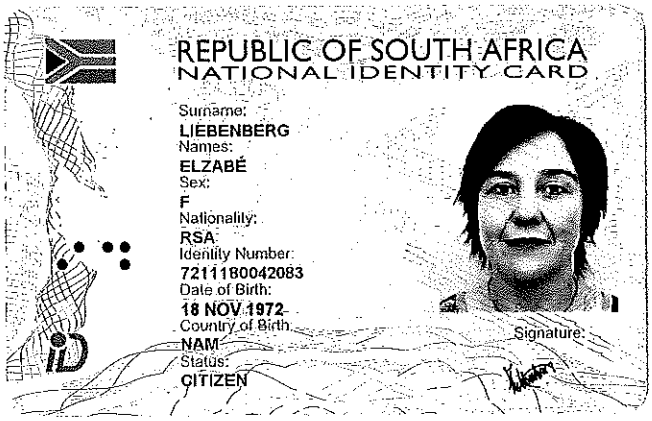
Medical Insurance Phone

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


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
LIEBENBERG
Names:
ELZABÉ
Sex:
F
Nationality:
RSA
Identity Number:
7211180042083
Date of Birth:
18 NOV 1972
Country of Birth:
NAM
Status:
CITIZEN

Signature:

WHITE, ginger tail MBY5960

MA000072T

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): Mev Elzabé Liebenberg

HOME ADDRESS: Cape Gannet 12

Monte Christo Hartenbos ID NO.: 721118 0042 083

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): 054-3324010

CELL NO: 060 561 6012 FAX NO: 054-3321911

E-MAIL: elzabeliebl8@gmail.com

Address where animal will be kept: Cape Gannet 12 Monte Christo Hartenbos

Reason for wanting an animal: Maaitjie vir Beth

Occupation: Selfemployed

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

Are you a student with consent to keep pets? YES/(NO)

Reason for wanting an animal: Maaitjie vir Beth

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? Heiderand Diereklinick

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

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

Are all your animals sterilised? Give details making an appointment

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

Which animals do you still have, and what happened to the others? 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: Wall Height: 2m

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER Indoor

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

Pre Home Inspection Fee: R 100 Receipt No.: 5711

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 Maart 2025

9920030005 48243

Section 4-12a

OC DBV SPCA ADOPTION No MA 000072T ADMISSIC MA 000072T

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO DATE UNDERTAKEN: 25/03/25 TIME: 09 h 7140

NAME OF APPLICANT: Elzabé Liebenberg

ADDRESS: Cape Garnet 12, Monte Christo

HOME TEL No: _____ CELL No: 060 561 6012

ANIMAL(S) ADOPTING: Cat

SEX: Female AGE: ± 8 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Mesh		Height of fence: 16 feet	
Any sign of Kennel/Shelter?	YES ☐ / NO ☑	Any sign of Chain/Runner?	YES ☐ / NO ☑
Is the front yard separated from the back?	YES ☑ / NO ☐	If yes, what partitioning?	Gate.
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?	/

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	DHC				
SEX	F				
AGE	± 6M.				
STERILIZED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Good Home. have other cat
Companion

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ **SMALL DOGS**
- ☐ **MEDIUM DOGS**
- ☐ **LARGE DOGS**
- ☐ **CATS**
- ☐ **EQUINE**
- ☐ **OTHER (specify)** _____

INSPECTED BY: T. Henke **SPCA:** [illegible] **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

MY OWNER

NAME	Elzabé Liebenberg
POSTAL ADDRESS	
STREET ADDRESS	12 Cape Gannet Str,
	Monte Christo, Hartenbos
HOME PHONE	
WORK PHONE	
CELLPHONE	060 561 6012
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	DSH
COLOUR	WHITE, GINGER TAIL
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTO	992003000548243
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
09/04/25		
27/03/26		

MSD Animal Health

Nobivac

Quantel

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12/03/25	MSD Animal Health + Milpro	AWA Wally
27/03/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: F48436 27-04-2026 MSD Animal Health	AWA BKO
	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. G2504 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 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 144 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.

Exitel Plus

Exitel Plus XL

BRAVECTO 12 WEEK TICK & FLEA PROTECTION

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