ADOPTION CHECKLIST

ADMISSION NO: MBY 5657

CONTRACT NO: MA00013

- [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 06/03/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486633

Adoptee INFO:

Name & Surname Anika Swanepoel

Contact INFO: 0677938401

Completed by: _____ Date: 22/04/2025

Manager: _____ Date: 22/04/2025

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.

Virbac BackHome

Pet Certificate

Backhome

Dear Pet Owner,

Thank you for choosing BackHome and welcome to the BackHome family. Please keep your BackHome certificate in a safe place. It contains your details as registered on the BackHome national central database.

Please go to our website or download our app where you can conveniently look up or manage your details and that of your pets. For example you can update temporary addresses if you are going away, you can manage your contact details, and keep track of medical conditions of your pets.

You can login to the website and the app with the same details.
BackHome website (**www.backhome.co.za**) or download the BackHome App (from AppStore or PlayStore).

Alternatively you can contact us
E-mail: backhome@virbac.co.za
Phone: 011 027 8837 (weekdays 8:00 am - 5:00 pm)
Fax: 0800 222 546
Mail: Private Bag X115, Halfway House, 1685

Thank you for being a responsible pet owner in having your pet microchipped. Please keep your details updated – we hope your pet is always safe and never gets lost – but now you have an added security if that should ever happen.

Pet Information

Pet Details

Pet Name:	KAI		
Pet Registered Name:			
Date of Birth:	01 Jan 1970		
Species:	Feline	Breed:	DSH
Gender:	Male	Sterilised:	Yes
Colour:	SIAMESE		
Markings:			

KUSA

KUSA registered?	No
KUSA Number:	

Microchip Information

Microchip Number:	992003000486633
Dates: Registered:	09 May 2025
Implanted:	06 Mar 2025
Name of Welfare Organisation that implanted Chip :	Garden Route SPCA Mosselbay
Person who implanted chip:	BHO SMITH

Medical

Medical Insurance Co:	
Medical Insurance Number:	
Medical Insurance Co Tel:	
Medical Conditions:	

Owner Information

Contact Details

Owner Name:	ANIKA SWANEPOEL
Email:	anikaswanepoel7@gmail.com
Work Phone:	
Home Phone:	
Mobile:	+27 677938401

Address

Address:	7 ESSEY STR
Suburb:	WEYBRIDGE PARK
Town/City:	PORT ELIZABETH
Province:	Western Cape
Country:	South Africa
Area Code:	

Other Contacts

ADMISSION, ASSESSMENT AND HISTORY RECORD loaded.

DBV SPCA
Garden Route

KENNEL No. CB3 G5C2				ADMISSION No. MBY5657		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 13/02/25			Time in	9:20	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	(Yes) / No	Lost & Found Date checked	13/02/25
Microchip/Collar or ID tag found	(Yes) / No	Date scanned or checked	13/02/25	Microchip or ID Tag number	None	

DESCRIPTION & HISTORY

Dog	(Cat)	Other species (Specify)	B/I.		
Breed	DSH		Colour and Markings	Siamese	
Condition	Fair		Sex ♂	Age Kitten	
Temperament	Fair		Sterilisation details No	Name	
Coat S.	Tail L.	Teeth Condition Fair	Ears Pricked	Size S.	
Area found / collected from	Nanaloran			Date 13/02/25	
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	Bettie Baumann			
Residential Address	13 Nanaloran Avenue.				
076 080 3722					
Postal Address	No postal				
Tel (H) No num	Tel (W) No num	Cell 076 080 3722			
Email	No email.				
Donation R R100.00	Cash	Card	EFT	(Receipt No.) MBY 5630	

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	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

9920030004 86633

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. * 0677938401

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

E-mail * anikaswanepoel7@gmail.com

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

Title * MS Initials * A Surname * SWANEPOEL

Street 7 ESSEX STR. City

Suburb WEYBRIDGE PARK Area Code P.E.

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 * 09-05-2025

Date of Implant * 06-03-2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name KAI Date of birth 2025

Species * FELINE Breed * SIAMESE

Colour CREAM + BLACK. 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

Oliver 5851

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): MS AD SWANEPOEL

HOME ADDRESS: 7 ESSEX STR, WEYBRIDGE PARK

ID NO.: 8608270049081

POSTAL ADDRESS: 7 ESSEX STR, WEYBRIDGE PARK

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

CELL NO: 0677938401 FAX NO: _____

EMAIL: anikaswanepoel7@gmail.com.

Address where animal will be kept: SAME ABOVE

Occupation: Hairstylist

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

Are you a student with consent to keep pets: YES/NO

Reason for wanting animal: Complete our FAM

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? CAT SIAMESE BABY

Can you afford private fees? YES Who is your vet? CRAIVE VET

How many animals live on the property? DOGS? 2 CATS? _____ OTHERS CHICKENS

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

Are all your animals sterilised? Give details YES

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? CHICKENS + DOGS

Is your property fenced and has a proper gate? YES Will you chain/ an animal? NEVER

Full description of the fencing and gate: GATE AN WALLS Height: 1.8

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER INDOOR

Have you previously had pets from an SPCA? NO Are there children under 10 in your household? NONE

Pre Home Inspection Fee: R100. Receipt No: 6930

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** 11 April

1

I.D. No. 860527 0049 081

S.A.CITIZEN

SURNAME
SWANEPOEL

FORENAMES
ANIKA DOROTHY

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1986-05-27

DATE ISSUED
2016-03-22

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

MY OWNER

NAME	Mev. A. van Zyl
POSTAL ADDRESS	
STREET ADDRESS	26 Tuin straat
	Albertinia
HOME PHONE	
WORK PHONE	
CELLPHONE	0791108760
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	SIAMESE
COLOUR	GREY + BLACK
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000486633
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
17/03/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/02/25	Nobivac® 1-HCP D2071665C 02-JAN-2025 + milpro	BHO SMITH
19/03/25	D2063918 12-APR-2025 RABIES + milpro	BHO SMITH
08/04/25	D2063016 12-APR-2025 + milpro	BHO SMITH
	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.

MSD Animal Health

Nobivac®

Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO

Find us on facebook.

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

nelson mandela bay
MUNICIPALITY

NELSON MANDELA BAY MUNICIPALITY
PORT ELIZABETH | UITENHAGE | DESPATCH

TAX INVOICE 0331 021088
COMPUTER GENERATED COPY TAX INVOICE

VAT No 4490193473
TEL : 041-506-5555 FAX :041-506-1304
PO Box 834 6000

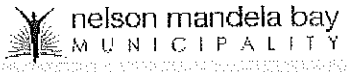
WARD NUMBER
DEPOSIT 700.00

Prof/Dr/Rev/Mr/Mrs/Miss
NEL LAWRENCE-SAVAGE
14 ELLESMERE
MONTMEDY ROAD
LORRAINE

6070 PORT ELIZABETH

Statement Date 20250331
Account Number 600221476606
UniPay Number 910046002214766066

DATE	DETAILS			AMOUNT	
	BROUGHT FORWARD				6 633.70
03/03	137723 THANK YOU FOR YOUR PAYMENT				2 095.10CR
28/03	7 ESSEY STREET				
	READINGS TO 20/03/25	RTE 036801500			
	NEXT METER READING IS SCHEDULED				
	FOR 15/04/25				
	METER	READING	CONS.		
	WATER				
	05A/KTAE8810	2650	8.0	156.80	
	AVAILABILITY CHARGE			64.15	
	VAT @ 15%			33.14	254.09
28/03	SEWERAGE AVAILABILIT	RTE 036801500		64.16	
	VAT @ 15%			9.62	73.78
28/03	SEWERAGE	RTE 036801500		152.39	
	VAT @ 15%			22.86	175.25
31/03	950498 THANK YOU FOR YOUR PAYMENT				6 000.00CR
31/03	24/25 REFUSE CHARGE ERF 36004540000			156.07	
	VAT @ 15%			23.41	179.48
31/03	24/25 REFUSE CHARGE ERF 36001500014			156.07	
	VAT @ 15%			23.41	179.48
31/03	24/25 REFUSE CHARGE ERF 36001760006			156.07	
	VAT @ 15%			23.41	179.48
31/03	24/25 GEN RATES	ERF 36004540000		1561.36	



NELSON MANDELA BAY MUNICIPALITY
PORT ELIZABETH | UITENHAGE | DESPATCH

TAX INVOICE 0331 021088
COMPUTER GENERATED COPY TAX INVOICE

VAT No 4490193473
TEL : 041-506-5555 FAX :041-506-1304
PO Box 834 6000

WARD NUMBER
DEPOSIT 700.00

Prof/Dr/Rev/Mr/Mrs/Miss
NEL LAWRENCE-SAVAGE
14 ELLESMERE
MONTMEDY ROAD
LORRAINE

6070 PORT ELIZABETH

Statement Date 20250331
Account Number 600221476606
UniPay Number 910046002214766066

DATE	DETAILS		AMOUNT
	(MarketValue-Reduction) *RatingFactor/Months (1500000-15000)*0.012617/12		
	VAT @ 0%	0.00	1 561.36
31/03	24/25 GEN RATES ERF 36001500014	898.96	
	(MarketValue-Reduction) *RatingFactor/Months (870000-15000)*0.012617/12		
	VAT @ 0%	0.00	898.96
31/03	24/25 GEN RATES ERF 36001760006	962.05	
	(MarketValue-Reduction) *RatingFactor/Months (930000-15000)*0.012617/12		
	VAT @ 0%	0.00	962.05
31/03	ROUNDING DISCOUNT		0.03CR

ELECTRICITY PREPAID METER NO/S:
04153677333 SITUATED AT:
14 ELLESMERE; MONTMEDY ROAD; LORRAINE; PORT ELIZABETH
04155894043 SITUATED AT:
6 STETHAN PLACE; SEDAN AVENUE; LORRAINE; PORT ELIZABETH
04167493776 SITUATED AT:
7 ESSEY STREET; WOODLANDS; PORT ELIZABETH
IS/ARE LINKED TO THIS ACCOUNT. IF THIS
IS INCORRECT CONTACT 041 506 5555. FAX

nelson mandela bay
MUNICIPALITY

NELSON MANDELA BAY MUNICIPALITY
PORT ELIZABETH | UITENHAGE | DESPATCH

TAX INVOICE 0331 021088
COMPUTER GENERATED COPY TAX INVOICE

VAT No 4490193473
TEL : 041-506-5555 FAX :041-506-1304
PO Box 834 6000

WARD NUMBER
DEPOSIT 700.00

Prof/Dr/Rev/Mr/Mrs/Miss

NEL LAWRENCE-SAVAGE
14 ELLESMERE
MONTMEDY ROAD
LORRAINE

6070 PORT ELIZABETH

Statement Date 20250331
Account Number 600221476606
UniPay Number 910046002214766066

DATE	DETAILS	AMOUNT
	041 506 1304 OR EMAIL	
	customercare@mandelametro.gov.za	
	DEBIT ORDER ON 30/04/2025 FOR 3002.50	
		3 002.50

TOTAL PAYABLE R 3002.50

OVERDUE: R NIL
THANK YOU FOR PAYING PUNCTUALLY.

THIS MONTH: R 3002.50
PAYABLE BEFORE: 2025-04-30