ADOPTION CHECKLIST

ADMISSION NO: MBY6075

CONTRACT NO: MA0010

- [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 10/04/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [ ] Microchip Registration- chip number 09/05/25 992003000486793

Adoptee INFO:

Name & Surname E.B. Jaftha

Contact INFO: 0780829460

Completed by: _____ Date: 15/04/2025

Manager: _____ Date: 15/04/2025

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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486793

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. * 07 80829460

E-mail * edwinabjaftha@gmail.com

Title * MRS Initials * E. B. Surname * JAFTHA

Street 5 ZONNEZICHT City

Suburb VISAGIE STREET Area Code ISLAND VIEW

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 * 10 - 04 - 2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * YORKIE X

Colour BLACK + 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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
JAFTHA
Names:
EDWINA BARBARA
Sex:
F
Nationality:
RSA
Identity Number:
6804230164088
Date of Birth:
23 APR 1968
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
27 AUG 2024

125514948

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 7/04/25 TIME: 12:40

NAME OF APPLICANT: Mrs. E.B. Jartha

ADDRESS: 5 Bamezicht, Vierge Str, Island View, M.Bay

HOME TEL No: CELL No: 0786829460

ANIMAL(S) ADOPTING: Yorkie

SEX: Female AGE: ± 1year.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1.6m Fence.		Suitability of fence (i.e. small pets can't escape):	
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?	Walls
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?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED		None			
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Not suitable for large breed dogs

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.	KB. 12 2931			ADMISSION No.	MBY6075	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	28/3/25		Time in		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	N/A	Microchip or ID Tag number	N/A	

DESCRIPTION & HISTORY					
Dog ✓	Cat	Other species (Specify)			
Breed	Yorkie x Bokke		Colour and Markings		
Condition	Good		Sex Fem	Age 1-2 mth.	
Temperament	Good		Sterilisation details No	Name Mia	
Coat Groomed	Tail Long	Teeth Condition Good.	Ears Up	Size Small	
Area found / collected from	Heidelberg.			Date 28/3/25	
Reason for surrender	Can't 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	Guste' Claassen
Residential Address	52 De Bosse Heidelberg		
Postal Address			
Tel (H)	Tel (W)	Cell	0616205457
Email			
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 **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:

MY OWNER

NAME	E. B. JAFTHA
POSTAL ADDRESS	
STREET ADDRESS	5 ZONNEZICHT
	VISAGIE STR, ISLAND VIEW
HOME PHONE	
WORK PHONE	
CELLPHONE	0780829460
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	YORKIE / PINCHER
COLOUR	BLACK + BROWN
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000486793
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
10/04/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
31/03/25	MSD Animal Health + Milpro.	AWA
10/04/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: F48436 27/04-2026	AWA BTD
	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 (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

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook.

facebook.com/Bravectb SouthAfric

RESIDENSIËLE HUUROOREENKOMS

Natuurlike Persoon Weergawe

Initial

1. SKEDULE

1.1	Die Agent	**PROPERTY MONOPOLY**		
1.2	Die Verhuurder	**GEORGE KLEINHANS**		
	Registrasienommer / identiteitsnommer	**890217 5029 080**		
1.3	Naam van Huurder(s) (maksimum van 3)			
	CARLA JAFTHA			
	Registrasienommer(s) / identiteitsnommer(s)			
	981210 0085 082			

Beskrywing van Perseel

1.4	Eenheid / deurnommer	**5**	Kompleks / gebounaam	**ZONNEZICHT**
	Straatnommer		Straatnaam	**VISAGIESTRAAT**
	Voorstad	**ISLANDVIEW**	Stad	**MOSSELBAAI**
	Provinsie	**WES-KAAP**	Poskode	**6520**
1.5	Parkeerplek nommer(s)	**MOTORHUIS DEEL VAN EENHEID, EN PARKERING DIREK VOOR MOTORHUIS**		
1.6	Rook of nie-rook eenheid	Rook **NEE**		
1.7	Troeteldiere toegelaat	**NEE**		

Kostes waarvoor die Huurder verantwoordelik is

1.8	Die Huur	**R11 000 (ELF DUISEND RAND)**	
	Metode van betaling	**SLEGS EFT**	
1.9	Die Deposito	**R16 500**	Gehou deur die: **AGENT**
	Rente op die Deposito toevalling:		**HUURDER**
	Deposito moet betaal word voor Huurooreenkoms geldig is		**JA**
1.10	Parkeerings fooie	**N.V.T.**	
1.11	Die Kontrakfooi	**R800 (eenmalig met aansoek, en jaarlikse kontrak/fooi betaalbaar met hernuwing van kontrak/addendum)**	
1.11.1	Admin fooi maandeliks	**R75 per maand**	

1.12	Die Kredietfooi	**R150**
1.13	Huur eskalasie	**10% JAARLIKS MAKSIMUM**
1.14	Uittrek Inspeksie fooi	**R500**

1.15 Die Huurders se genomineerde bankrekening

Naam van rekening houer	X	Carla Jaftha
Bank	X	Capitec
Takkode	X	470010
Rekeningnommer	X	1590624201

Initial

1.16 **Die AGENT se genomineerde bankrekening VIR HUURBETALINGS**

Naam van rekening houer	Property Monopoly Sec32(1) Act 112/1976
Bank	ABSA
Takkode	632005
Rekeningnommer	409 968 7645
Verwysing	FTV338

1.17 Die Verhuurder se kontakbesonderhede

Fisiese adres	Unit 40, Sanloo Park, 2A Boundary Street, Arbor Park, Tzaneen, 0850
E-pos adres	george.kleinhans375@gmail.com

1.18 Die Huurder se kontak besonderhede

Fisiese adres	Zonnezicht no 5, Visagiestraat, ISLAND VIEW, MOSSELBAAI, 6525
Selfoonnommer	079 905 3821 (Neil) / 067 8724 497 (Carla)
E-pos adres	Carlajaftha98@gmail.com / neilbjaftha@gmail.com

1.19 The Agent se kontak besonderhede

Fisiese adres	VEGKOP WEG 23, HARTENBOS
Werk telefoonnommer	044 692 0344
Selfoonnommer	082 469 2478
E-pos	tania@propertymonopoly.co.za

1.20 **Rentekoers van 2% (Twee Persent) per maand op agterstallige Huur tot 'n maksimum van 24% (Vier en Twintig persent) per jaar**

1.21	Die Aanvanklike Tydperk is	12 (TWAALF) Maande
1.22	Die Huurooreenkoms effektiewe datum	1 FEBRUARIE 2025
1.23	Die Huurooreenkoms beëindigingsdatum	31 JANUARIE 2026
1.24	In 'n geval waar die Aanvanklike Tydperk 'n termyn van 24 (Vier en Twintig) Maande oorskry is die finansiële voordeel	
	vir die Huurder:	N.V.T.
1.25	Sleutel terugbesorg datum en tyd	31 JANUARIE 2026 Indien nie hernu nie

1.26 Maksimum Okkupeerders en Permanente Voertuie

	Maksimum okkupeerders	3 (DRIE)
	Permanente Voertuie	2 (TWEE)
	Naam van okkupeerder(s)	Carla Jaftha, Edwina Barbara Jaftha, Neil Brian Jaftha
	Identiteitsnommer(s)	981210 0085 082, 680423 0164 088, 711210 5193 086
1.27	Die maksimum kansellasieboete sal nie minder as	2(TWEE) Maand/e en sal nie meer as 2(TWEE) Maand/e se Huur wees nie
1.28	Verkoopskommissie	6%
1.29	**Spesiale voorwaardes**	

Initial

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): MRS. E.B. JAFTHA

HOME ADDRESS: 5 ZONNEZICHT VISAGIE STREET ISLAND VIEW MOSSELBAY ID NO.: 6804230164088

POSTAL ADDRESS: AS ABOVE

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

CELL NO: 0780829460 FAX NO: _____

EMAIL: edwinabjaftha@gmail.com.

Address where animal will be kept: As above.

Occupation: Retired

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 animal: COMPANIAN

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? ANY SMALL BREED

Can you afford private fees? YES Who is your vet? HARTENBOS

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

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

Are all your animals sterilised? Give details -

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

Which animals do you still have, and what happened to the others? -

Is your property fenced and has a proper gate? YES Will you chain/ an animal? NO

Full description of the fencing and gate: FENCING - CLEARVIEW Height: 1.8 m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER INDOORS

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

Pre Home Inspection Fee: R100 Receipt No: 6922

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** 05.04.2025