

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 10/04/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☐ Microchip Registration- chip number

ADMISSION NO:

MBY6075

CONTRACT NO:

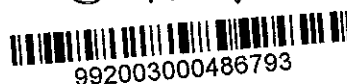
MA0010

Adoptee INFO:

Name & Surname E.B. Jaftha

Contact INFO: 0780829460

09/05/25



Completed by:

[Signature]

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.

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000486793

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 07 80829460

E-mail * edwinabjaftha@gmail.com

Title * MRS

Initials * E. B.

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

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.

Surname * JAFTHA

City

Area Code ISLAND VIEW

Province

Phone - Night time

Street 5 ZONNEZICHT

Suburb VISAGIE STREET

Country

Phone - Day 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

Species * CANINE

Colour BLACK + BROWN.

Gender Male ☒ Female

Date of birth

Breed * YORKIE X

Markings

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 hereafter consents to its personal information being used by 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 1988
Country of Birth:
RSA
Status:
CITIZEN


Signature:




Conditions: Date of Issue: **27 AUG 2024**

**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 90 11 90

 **125514948**






ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NODATE UNDERTAKEN: 7/04/25 TIME: 12:40NAME OF APPLICANT: Mrs. E.B. JortheADDRESS: 5 Zamezichte, Vierge Str,
Island Wau, M. BayHOME TEL No: _____ CELL No: 078082460ANIMAL(S) ADOPTING: YorkieSEX: Female AGE: ± 1 year

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: <u>1.6m fence</u>	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?	<u>Walls</u>
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? <u>0</u>	

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	<u>None</u>				
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 DOGSINSPECTED 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

Warden



Garden Route

KENNEL No. <u>K13 12 2931</u>				ADMISSION No. <u>MBY6075</u>		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>28/3/25</u>		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes	Lost & Found Date checked
			No		
Microchip/Collar or ID tag found	Yes	Date scanned or checked	<u>N/A</u>	Microchip or ID Tag number	<u>N/A</u>
No					

DESCRIPTION & HISTORY	Dog ☒	Cat	Other species (Specify)		
	Breed	<u>Yorkie / Beanie</u>		Colour and Markings	
	Condition	<u>Good</u>		Sex	<u>Female</u>
	Temperament	<u>Good</u>		Sterilisation details	<u>no</u>
	Coat	<u>Good</u>	Tail	<u>Long</u>	Teeth Condition
		<u>Good</u>	Ears	<u>UP</u>	Size
	Area found / collected from	<u>Heiderland</u>			Date
		<u>28/3/25</u>			
Reason for surrender <u>Can't afford to keep</u>					

ASSESSMENT		Surrendered by		Name	
GOOD WITH:		Found by		<u>Gust' Claassen</u>	
Children	☒	Residential Address		<u>50 De Bosse</u>	
Cats	☒			<u>Heiderland</u>	
Other Dogs	☒	Postal Address		<u>11</u>	
Livestock/Other	☐	Tel (H)		Tel (W)	
DO THEY:	Yes	Cell		<u>0616605457</u>	
Jump Fences	☒	Email			
Run Away	☒	Donation R		Cash	Card
COMMENTS:				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 uitdruklik 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	<u>[Signature]</u>	Witness for Society	<u>[Signature]</u>
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

FEATURES/MARKS



992003000486793

NEXT VACCINATION DUE

DATE

10/04/26

DATE

DATE

I WAS VACCINATED ON

DATE

31/03/25

10/04/26

VACCINE AND BATCH NO.



RABISIN R

924507

Lot/Batch: F48436

27/04/2026

31th

VET SIGNATURE

Awa

Awa

B7D

DATE

VACCINE AND BATCH NO.

VET SIGNATURE



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



Animal Health



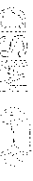
Animal Health



Animal Health



Animal Health



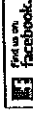
Animal Health

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.

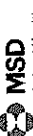
My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.

Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), 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 (benzimidazole) 500 mg/tablet. Exitel Plus (Reg. No. G4226 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



Animal Health

Quantel Plus

Exitel Plus XL

Bravecto XL

facebook.com/BayerSouthAfrica



RESIDENSIELE HUUROOREENKOMS

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1. SKEDULE

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

Beskrywing van Perseel

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

Kostes waarvoor die Huurder verantwoordelik is

1.8	Die Huur	<u>R11 000 (ELF DU(SEND RAND)</u>	
	Metode van betaling	<u>SLEGS EFT</u>	
1.9	Die Deposito	<u>R16 500</u>	Gehou deur die: <u>AGENT</u>
	Rente op die Deposito toevalling:	<u>HUURDER</u>	
	Deposito moet betaal word voor Huurooreenkoms geldig is	<u>JA</u>	
1.10	Parkeerings fooie	<u>N.V.T.</u>	
1.11	Die Kontrakfooi	<u>R800 (eenmalig met aansoek, en jaarlikse kontrak/fooi betaalbaar met hernuwing van kontrak/addendum)</u>	
1.11.1	Admin fooi maandeliks	<u>R75 per maand</u>	
1.12	Die Kredietfooi	<u>R150</u>	
1.13	Huur eskalasie	<u>10% JAARLIKS MAKSIMUM</u>	
1.14	Uittrek Inspeksie fooi	<u>R500</u>	
1.15	Die Huurders se genomineerde bankrekening		
	Naam van rekening houër	X	<u>CARLA JAFTHA</u>
	Bank	X	<u>CARTEC</u>
	Takkode	X	<u>470010</u>
	Rekeningnommer	X	<u>1590624201</u>



1.16 Die AGENT se genomineerde bankrekening VIR HUURBETALINGS

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

1.17 Die Verhuurder se kontakbesonderhede

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

1.18 Die Huurder se kontak besonderhede

Fisiese adres	<u>Zonnezicht no 5, Visagiestraat, ISLAND VIEW, MOSSELBAAI, 6525</u>
Selfoonnommer	<u>079 905 3821 (Neil) / 067 8724 497 (Carla)</u>
E-pos adres	<u>CarlaJaftha98@gmail.com / neilbjaftha@gmail.com</u>

1.19 The Agent se kontak besonderhede

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

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	<u>12 (TWAALF)</u>	Maande
1.22	Die Huurooreenkoms effektiewe datum	<u>1 FEBRUARIE 2025</u>	
1.23	Die Huurooreenkoms beëindigingsdatum	<u>31 JANUARIE 2026</u>	
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:	<u>N.V.T.</u>	
1.25	Sleutel terugbesorg datum en tyd	<u>31 JANUARIE 2026 indien nie hernu nie</u>	

1.26 Maksimum Okkupeerders en Permanente Voertuie

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

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: S ZONNEZICHT VISAGIE STREET ISLAND

Vien Mossel Bay 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: 1.8m

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 [Signature] Date of application 05.04.2025