ADOPTION CHECKLIST

ADMISSION NO: MBY 6276

CONTRACT NO: MA0023

- [ ] 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 Date 30/04/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 07/05/25 992003000548400

Adoptee INFO:

Name & Surname Mev. C. Jardine

Contact INFO: 073 154 22 22

Completed by: _____ Date: 02/05/2025

Manager: _____ Date: 02/05/25

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.

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:		JOY	
Pet Registered Name:			
Date of Birth:		01 Jan 1970	
Species:	Canine	Breed:	POM CROSS
Gender:	Male	Sterilised:	Yes
Colour:	BLACK AND BROWN		
Markings:			

Microchip Information

Microchip Number:	992003000548400
Dates: Registered:	07 May 2025
Implanted:	30 Apr 2025
Name of Welfare Organisation that implanted Chip :	Garden Route SPCA Mosselbay
Person who implanted chip:	BHO SMITH

KUSA

KUSA registered?	No
KUSA Number:	

Medical

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

Owner Information

Contact Details

Owner Name:	CAROLINE JARDINE
Email:	joygreen487@gmail.com
Work Phone:	
Home Phone:	
Mobile:	+27 731542222

Address

Address:	97 NERINA
Suburb:	DANABAAI
Town/City:	MOSSELBAY
Province:	Western Cape
Country:	South Africa
Area Code:	

Other Contacts

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICRO

992003000548400

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. * 073 154 22 22

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

E-mail * joygreen487@gmail.com

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

Title * MRS Initials * JC Surname * JARDINE

Street 97 NERINA WEG City

Suburb DANABAAI Area Code DANABAAI

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 * 07 - 05 - 2025

Date of Implant * 30 - 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 2023

Species * CANINE Breed * POMERANIAN

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

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 510215 0073 08 7

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
JARDINE

VOORNAME/FORENAMES
CAROLINA MARTHA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1951-02-15

DATUM UITGEREIK
DATE ISSUED
2001-10-24

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	86-006037-003-3
DATUM VAN REKENING:	23/04/2025
LAASTE KWITANSIE DATUM:	22/04/2025
VOORAFBETAALDE METERNOMMER:	07601642007

BTW REG. NO.
Naam:
JARDINE IA & CM
Liggingsadres:
97 NERINAWEG DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1618.00	6037000	1700000	11

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				1737.91
22/04/2025	0760164200ELEKTRISITEIT				225.76 *
	BASIES			196.32	
	VAT/BTW			29.44	
22/04/2025	AMR1206185WATER 10/03/2025-09/04/2025				446.40 *
	1631 - 1652 (21 Kl 30 Dae)				
	BASIES			237.63	
	07/24	5.92 @	0.000 =	0.00	
	.	13.81 @	9.737 =	134.47	
	.	1.27 @	12.658 =	16.08	
	VAT/BTW			58.22	
22/04/2025	300011 VULLIS				299.64 *
22/04/2025	400011 RIOOL				335.43 *
22/04/2025	BELASTING PAAIEMENT				539.04
	KWITANSIES				2000.00-
	Balans Oorgedra				0.18-

BTW OP '*' ITEMS: 170.49 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1584.18	1584.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/05/2025	1584.00

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details /Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 860060370033

EasyPay >>>>>>9152686006037003339

pay@ 11379 860060370033

Message /Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

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

Mossel Bay MUNICIPALITY

JARDINE IA & CM
POSBUS 10557
DANABAAI
6510

86-006037-003-3

Fold and tear on perforation.

MA 0023
9920030005 48400

ADMISSION NO MBY 6276.

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 29.04.2025 TIME: 15:00

NAME OF APPLICANT: C. Jardine

ADDRESS: 97 Nerina Drive
Dennebay

HOME TEL No: _____ CELL No: 073 154 2222

ANIMAL(S) ADOPTING: Pomeranian

SEX: Male AGE: ± 1-2

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: wood / 1.5 meter		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?	
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?	4

DESCRIPTION OF ANIMALS ON PROPERTY					
	mikhiy 1	mie 2 grey	muffin 3	4	5
BREED	Mini pin	DSH	DSH	Chicken	
CONDITION	good	good	good	good	
WELFARE (good?)	good	good	good	good	
SEX & AGE	female / 12 years	female / 2 years	female / 12 years	female / 4 years	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☒	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ **CATS**
- ☐ **SMALL DOGS**
- ☑ **MEDIUM DOGS**
- ☐ **LARGE DOGS**

INSPECTED BY: Ewer **SPCA:** Mossel Bay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

6276 Pomeranian

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): Mev. C. Jardine

HOME ADDRESS: 97 Nerina Weg Danabaai.

ID NO.: 5102 15 0073 087

POSTAL ADDRESS: /

TEL NO (H): (B):

CELL NO: 073 154 2222 FAX NO:

EMAIL: joygreen 487 @ gmail.com

Address where animal will be kept: 97 Nerina Rd Danabay

Occupation: Bookkeeper

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: We only have one elderly dog.

Is the animal for yourself? Yes 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 fees? Yes Who is your vet? Dr Henk Basson

How many animals live on the property? DOGS? 1 CATS? 2 OTHERS

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

Are all your animals sterilised? Give details Yes - Makes it easier

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

Which animals do you still have, and what happened to the others? 3. One dog had to be put down because of epilepsy.

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

Full description of the fencing and gate: Wooden fences and gate Height: 4ft

What shelter is provided: OUTDOORS KENNEL OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 6963

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 C.M. Jardine **Date of application** 29/04/2025

MY OWNER

NAME	Mev. C. Jardine
POSTAL ADDRESS	
STREET ADDRESS	97 Nerina Weg
	Danabaai
HOME PHONE	
WORK PHONE	
CELLPHONE	073 154 22 22
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	POMERANIAN
COLOUR	BROWN + BLACK
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548400
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
27/05		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
29/04/25	Nobivac DHPPi 352B73 Ser: 02-31812A Exp: 02-FEB-2026	AWA
	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	

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA
Garden Route

KENNEL No. C16.				ADMISSION No. MBY6276		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 22/04/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	22/04/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked 22/04/25	Microchip or ID Tag number	None.

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify) B/I.	
Breed	x Breed Boerevaan	Colour and Markings Black & Tan.	
Condition		Sex ♂	Age Adult.
Temperament	Fair.	Sterilisation details No.	Name
Coat L	Tail L / Teeth Condition Fair.	Ears Hang	Size M.
Area found / collected from	Great Brak River.		Date 22/04/24.
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	JACO Louw			
Residential Address	AALWYNSTR 100 DANABAAI				
Postal Address	Ditto.				
Tel (H) No num	Tel (W) No num.	Cell 082 468 1295			
Email	No email.				
Donation R 500.00	Cash	Card	EFT	(Receipt No.) MBY	

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 reverse 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: _____