

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 30/04/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number

ADMISSION NO:

MBY 6276

CONTRACT NO:

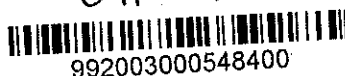
MA0023

Adoptee INFO:

Name & Surname Mrs. C. Jardine

Contact INFO: 073 154 22 22

07/05/25



Completed by: [Signature]

Date: 02/06/2025

Manager: [Signature]

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.



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:

KUSA

KUSA registered? No
KUSA Number:

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

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

MICROCHIPPED ANIMAL REGISTRATION FORM

MIGRO
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. * 073154 22 22

E-mail * joygreen487@gmail.com

Title * Mrs

Initials * JC

Street 97 PERINA WEG

Suburb DANABAAI

Country

Phone - Day time

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 * JARDINE

City

Area Code DANABAAI

Province

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 SHITH

PET DETAILS

Pet Name

Species * CANINE

Colour BLACK + BROWN

Gender ☒ Male ☐ Female

Date of birth 2023

Breed * POMERANIAN

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 its 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
2. By fax
3. By e-mail
4. By App

Log onto www.backhome.co.za. Complete the registration process.

Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364

Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za

Download the Virbac Backhome Africa App

www.backhome.co.za • Tel: 011 852-8120 or 011 027 8837 • Fax: 0800 222 546

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE 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.

1

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

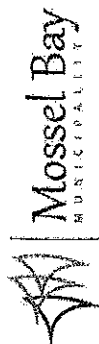
DATUM UITGEREIK
DATE ISSUED

2001-10-24

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS





MOSSSEL BAY MUNICIPALITY
MOSSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSSELBAYI

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
Liggingadres:
97 NERINAVIEG DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DATUM	BESONDERHEDE	TOTALE WAARDE:	WVK Nr:	BEDRAG
22/04/2025	BALANS OORGEERING BALANS 164200ELEKTRISITEIT BASIES VAT/BTW 22/04/2025 AMR1206185WATER 10/03/2025-09/04/2025 1631 - 1652 (21 Kl 30 Dae) BASIES 07/24 VAT/BTW 22/04/2025 300011 22/04/2025 400011 22/04/2025 KWITANSIES Balans Oorgeedra BTW OP 'I' ITEMS:	196.32 29.44 5.92 @ 0.000 = 13.81 @ 9.737 = 1.27 @ 12.658 = 0.00 134.47 16.08 58.22 299.64* 335.43* 539.04 2000.00- 0.18- 0.00	11	1737.91 225.76* 446.40* 299.64* 335.43* 539.04 2000.00- 0.18- 0.00

KREDIET	60 DAE	30 DAE	LOPEND	BEDRAG
0.00	0.00	0.00	1584.18	1584.00
BETAALBAAR OP 15/05/2025				BEDRAG BETAALBAAR 1584.00



VAT No. / BTW Nr. 4830118370

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

Payment Details / Betaalings Besonderhede

PREDEFINED BENEFICIARY:
MOSSSEL BAY MUNICIPALITY
REF NO. 860060370033

Standard Bank

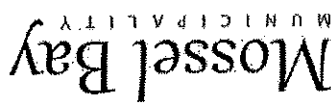
11379 860060370033

Message / Boodskap

Standard Bank is now the Primary banker for the
MOSSSEL BAY MUNICIPALITY.

Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the
MOSSSEL BAY MUNICIPALITY.

The municipality has been added as a predefined
beneficiary on the Bank Directory.



86-006037-003-3

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

Vou en skour af.

Fold and tear on perforation.

MA 0023

992003000548400

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

Dunmabray

HOME TEL No:

CELL No: 073 1542222

ANIMAL(S) ADOPTING: Pomeranian

SEX: Male

AGE: ± 1-2

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence: wood / 1.5m	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

	1	2	3	4	5
BREED	min pin	DSH	DSH	chickens	
CONDITION	good	good	good	good	
WELFARE (good?)	good	good	good	good	
SEX & AGE	female 12 years	female 2 years	female 12 years	female 1 year	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: Mosselbay

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): Mrs. C. Javoline

HOME ADDRESS: 97 Nerina Weg Danabacai.

_____ ID NO.: 5102150073087

POSTAL ADDRESS: _____

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

CELL NO: 073 154 22 22 FAX NO: _____

EMAIL: joygreen487@gmail.com

Address where animal will be kept: 97 Nerina Rd Danabacai

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 Hank 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 S.M. Javoline Date of application 29/04/2025

MY OWNER

NAME	Mrs. C. Jardine
POSTAL ADDRESS	
STREET ADDRESS	97 Nerina Way
	Danbaai
HOME PHONE	
WORK PHONE	
CELLPHONE	073 154 22 22
BREEDER DETAILS	

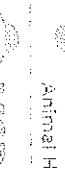
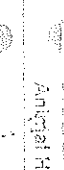
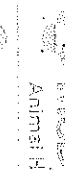
ME

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

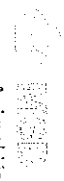
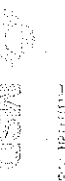
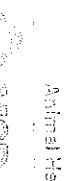
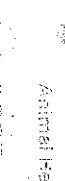
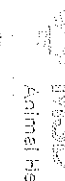
NEXT VACCINATION DUE

DATE	DATE	DATE
27/05		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
29/04/18	 MSD Animal Health	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	
	 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's 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. G2804 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3890 Act 36/1947), Nobivac® Treat 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 (Squidamine) 50 mg/tablet and Fenbendazole (Benzimidazole) 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 Fenbendazole 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 Fenbendazole 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®



facebook.com/BravectoSouthAfrica

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.



Garden Route

KENNEL No. K16				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 Pomeranian		Colour and Markings	Black & Tan
	Condition			Sex	♂
	Temperament	Fair		Sterilisation details	No
	Coat L	Tail L	Teeth Condition Fair	Ears hang	Size M
	Area found / collected from Groot Brakrivier				Date 22/04/24
	Reason for surrender Stray				

ASSESSMENT		Surrendered by		Name JACO Louw	
GOOD WITH:	Yes No	Found by			
Children	☐	Residential Address		AALWYNSTR 100	
Cats	☐			DANABAAI	
Other Dogs	☐	Postal Address		DITTO	
Livestock/Other	☐	Tel (H) No num		Tel (W) No num	Cell 082 468 1295
DO THEY:	Yes No	Email		No email	
Jump Fences	☐	Donation R 500.00		Cash ☐	Card ☐
Run Away	☐	EFT ☐		(Receipt No.) MBY	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: **NA** Case No: **NA** Inspector: **NA**

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 die/die 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 vrijwillig 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 Jaco Louw	Witness for Society hsg
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: _____