ADOPTION CHECKLIST

ADMISSION NO: MBY 5986

CONTRACT NO: MA 0008

- [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 15/04/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 09/05/25
- [x] Microchip Registration- chip number 992003000548408

Adoptee INFO:

Name & Surname Marlene Streebel

Contact INFO: 0833021072

Completed by: _____ Date: 17/04/2025

Manager: _____ Date: 17/04/2025

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:	MARLI		
Pet Registered Name:			
Date of Birth:	01 Jan 1970		
Species:	Canine	Breed:	Collie Cross
Gender:	Female	Sterilised:	Yes
Colour:	BLACK WHITE BROWN		
Markings:			

KUSA

KUSA registered?	No
KUSA Number:	

Microchip Information

Microchip Number:	992003000548408
Dates: Registered:	09 May 2025
Implanted:	09 May 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:	MARLENE STROEBEL
Email:	marlenestroebel@icloud.com
Work Phone:	
Home Phone:	
Mobile:	+27 833021072

Address

Address:	28 BAKBOS STR
Suburb:	HARTENBOS
Town/City:	MOSSELBAY
Province:	Western Cape
Country:	South Africa
Area Code:	

Other Contacts

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K200 B37				ADMISSION No. MBY5986		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 31/03/25			Time in	09:35	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	Yes / No	Lost & Found Date checked	31/03/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	31/03/25	Microchip or ID Tag number			

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Collie X	Colour and Markings	Black, white, brown	
Condition	Fair	Sex	Female	Age ± 3 months
Temperament	Fair	Sterilisation details	NO	Name
Coat Short	Tail long / Teeth Condition Fair	Ears	Down	Size Small
Area found / collected from	Mountain View			Date 31/03/25
Reason for surrender	Chasing people in the Street.			

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	Magrieta Amsterdam
Residential Address	1 H Fern Cresent Mountain View	
Postal Address	Mosselbay	
Tel (H) N/A	Tel (W) N/A	Cell 0844617259
Email	N/A	
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A

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 / I 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 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 Refer to MBY 6076	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

992003000548408

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. * 0833021072

E-mail * marlenestroebel@icloud.com

Title * MRS Initials * M Surname * STROEBEL

Street 28 BAKBOS STR / C/O TAMARAK + City

Suburb BAKBOS Area Code HARTLAND LIFESTYLE ESTATE

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 * - -

Date of Implant * - - -

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name

Species * CANINE Date of birth 2025

Colour BLACK/WHITE/BROWN Breed * ~~BER~~ COLLIE X

Gender Male (Female) 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 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

9920030000548408 ADMISSION NO MBY 5986

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: _____ TIME: _____

NAME OF APPLICANT: Marlene Stroebel

ADDRESS: 28 Bakbos STR, c/o TAMARAK + BAKBOS, Hartland Lifestyle

HOME TEL No: _____ CELL No: 0833021072

ANIMAL(S) ADOPTING: Collie X

SEX: Female AGE: ± 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1.6m+ Walls		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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	B.Collie				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	F / 8m	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Nb concerns

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: M. Wentzel SPCA: M. Bay SIGNATURE: Wentzel

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME: Marlene Stroebel

POSTAL ADDRESS:

STREET ADDRESS: 28 Bakbos Str,

c/o Tamarak + Bakbos, Hartland

HOME PHONE:

WORK PHONE:

CELLPHONE: 0833021072

BREEDER DETAILS:

ME

SPECIES: Canine

BREED: Collie x

COLOUR: Calico

SEX: Female

DATE OF BIRTH:

MICROCHIP: 992003000548408

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
15/04/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
15/04/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48436 Ut. av./Exp.: 27/04-2026 th	AWA BHO
31/03/25	Batch: A240B01 Exp.: 01-2027 + Milpro	AWA BHO.
	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	

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 (isoqinoline) 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.

Find us on facebook.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfr
facebook.com/MsdPetsSa

APPLICATION TO ADOPT AN ANIMAL

ALICE S986

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): MARLENE STROEBEL

HOME ADDRESS: 28 BARBOS ST, C/O TAMARAK & BARBOS

HARTLAND WESTVILLE ID NO.: 5004290123089

POSTAL ADDRESS: _____

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

CELL NO: 0833021072 FAX NO: _____

EMAIL: marleneSroebel@icloud.com

Address where animal will be kept: AS ABOVE

Occupation: NURSE

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

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

Reason for wanting animal: FRIEND TO EXISTING BORDER COLLIE

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? X BREED

Can you afford private fees? YES Who is your vet? CROFT HOSPITAL C/BEAU

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

What are the sexes of your animals? DOGS: Male _____ Female V 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? 5 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? ALL DIED, I NOW

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

Full description of the fencing and gate: CLOSE VIEW Height: 1.2m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER V/ROOMS

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: 6912

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 Stroebel **Date of application** 3/04/2025

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	40-007616-001-1
DATE OF ACCOUNT:	25/11/2024
LAST RECEIPT DATE:	24/11/2024
PREPAID METER NUMBER:	

Name:
STROEBEL FP
Street Address:
KERSKOUTSINGEL HARTENBOS
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
1160.00	7616000	725000	4

DATE	DETAILS	AMOUNT
	B/F BALANCE	3224.20
04/11/2024 DP-COST	ADMIN FEE	98.80 *
20/11/2024 751054	ELECTRICITY AVAILABILITY	586.99 *
20/11/2024 755004	SEWERAGE AVAILABILITY	436.05 *
20/11/2024 757054	WATER AVAILABILITY	355.24 *
20/11/2024 757054	MUNICIPAL JOURNAL	68.81-*
20/11/2024	RATES INSTALLMENT	322.62
	RECEIPTS	1612.00-
	Balance Carried Forward	0.09-
VAT ON *** ITEMS: 181.07 ACB TOT: 0.00		

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	1612.09	1711.00	3323.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	17/12/2024	3323.00

page 1 of 1

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. 400076160011

EasyPay >>>>>9152640007616001 12

Pay@ 11379 400076160011

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
Pd010395

Vou en skeur af.

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

Mossel Bay MUNICIPALITY

STROEBEL FP
129 MURRAY STREET
BROOKLYN
0181

40-007616-001-1

Fold and tear on perforation.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
STROEBEL
Names:
MARLENE JEANNETTE
Sex:
F
Nationality:
RSA
Identity Number:
5004290123089
Date of Birth:
29 APR 1950
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 JAN 2016

RSA

101189716