ADOPTION CHECKLIST

ADMISSION NO: MBY 6072

CONTRACT NO: MA0005

- [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 Came in already done.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486795 18/05/25

Adoptee INFO:

Name & Surname Sarette Kriel

Contact INFO: 082 852 5083

Completed by: _____ Date: 03/04/2025

Manager: _____ Date: 03/04/2025

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.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
KRIEL
Names:
SANETTA HENRIETTA
Sex:
F
Nationality:
RSA
Identity Number:
7205120186083
Date of Birth:
12 MAY 1972
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:
05 DEC 2018

RSA

109341792

MY OWNER

NAME	Sarette Kriel
POSTAL ADDRESS	
STREET ADDRESS	Plaas Buffelsfontein
	Vleesbaai
HOME PHONE	
WORK PHONE	
CELLPHONE	082 8525083
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	PINCHER
COLOUR	BLACK AND BROWN
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TAT	992003000486795
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
28/04/2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
31/03/25	3521 I RG Sn: 021318124 Exp: 04-FEB-2026 Nobivac Health + Milpro; Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F72195 Ut. av./Exp.: 13/07-2026	M.W.
	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!

ADMISSION, ASSESSMENT AND HISTORY RECORD CB2

LOADED

DBV SPCA
Garden Route

KENNEL No.	K16 12			ADMISSION No.	MBY6072	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	28-3-25		Time in	14:07	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	NA
Microchip/Collar or ID tag found (Yes / No)	Date scanned or checked	NA	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)			
Breed	Pinscher	Colour and Markings	Black/Tan		
Condition	Very good.	Sex	M	Age	2 years
Temperament	Fair	Sterilisation details	No	Name	Chico
Coat: Short	Tail: long	Teeth Condition: Fair	Ears: Pricked	Size	Small
Area found / collected from				Date	28/3/2025
Reason for surrender	Moving to Prieska -				

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	H. Odendaal.		
Residential Address	Susan Pardew St. Hersham.			
	Grootbrak rivier. Mor Ane Park 23.			
Postal Address	Same as above			
Tel (H)	Tel (W)	Cell 080 9099263		
Email	lewies125@gmail.com.			
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 / 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 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: H Odendaal	Witness for Society: [signature]

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: 28/3/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486795

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. * 082 852 5083

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

E-mail * Sarette.kriel@lifehealthcare.co.za

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

Title * MRS Initials * S Surname * KRIEL

Street PLAAS BUFFELSFONTEIN City

Suburb VLEESBAAI Area Code VLEESBAAI

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 * 10 - 05 - 2025

Date of Implant * 03 - 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 * DOBERMAN PINCHER

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

WOOLWORTHS FINANCIAL SERVICES

DATUM VAN STAAT	14 MAR 2025
BETAALDATUM	08 APR 2025
REKENINGNOMMER	6007 8501 3274 7708
PAAIEMENT GEREELDHEID	Maandeliks

MEV S KRIEL
BUFFELSFONTEIN PLAAS
DISTRIK VAN VLEESBAAI
MOSSELBAAI
6506

Woolworths Financial Services, Posbus 5553, Kaapstad, 8000
1ste Vloer, Blok F, Boulevard Kantoorpark, Searlestraat, Woodstock, 7925
Telefoon 0861 50 20 20 Faks 021-407 5850 e-pos: queries@wfs.co.za
Woolworths Financial Services (Edms) Bpk (Reg. no. 2000/009327/07)
'n Geregistreerde kredietverskaffer NCRCP49.

WINKELKAARTSTAAT

BESONDERHEDE VAN TRANSAKSIES

DATUM	WINKEL	BESKRYWING	BEDRAG
		OPENINGSALDO	R105.99
25 FEB 2025	STREEKKANTOOR	KREDIET REGSTELLING	[illegible]
15 MAR 2025	MOSSEL BAY	MAANDELIKE REKENING FOOI	
15 MAR 2025	STREEKKANTOOR	RENTE BEREKEN @ 21.00%	

SLUITINGSALDO [illegible]

BESTUUR JOU WOOLIES-KAART MET DIE WOOLIES-APP. VRIES OF BLOK SELF JOU KAART TYDELIK - TIK OP 'MY ACCOUNTS' IN DIE APP.
DIE RENTEKOERS OP JOU WINKELKAART, EFFEKTIEF SOOS OP 31/01/2025 WORD HIERBO AANGEDUI.

Minimum Betaling	[illegible]	**Agterstallig**		**Krediet Beskikbaar**	[illegible]
Betaaldatum	08 APR 2025	**Kredietperk**	[illegible]	**Sluitingsaldo**	[illegible]

Let wel: As betaling van die volle balans nie ontvang is teen die betaaldatum nie, sal rente op die volle balans en nuwe aankope gehef word.

Bank Besonderhede:

Bank: ABSA Bank	Bankrekeningnommer: 4072263822	Begunstigde Verwysing: **6007 8501 3274 7708**
Rekeninghouer: WFS Instore Cards Direct Deposits	Tak Kode: 632005	Swift Kode: ABSAZAJJ

ADMISSION NO MBY 6072

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 02/04/25 TIME: 12H09

NAME OF APPLICANT: Sarette Kriel

ADDRESS: Plaas Buffelsfontein Vleesbeen

HOME TEL No: _____ CELL No: 082 852 5083

ANIMAL(S) ADOPTING: Doberman Pincher

SEX: Male AGE: 2 Years

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of 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?	
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?	

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	DMC	Husky x	Mix x		
CONDITION	Good	Good	Good		
WELFARE (good?)	Good	Good	Good		
SEX & AGE	F / 1	F /	F /	/	/
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: Member SPCA: Mbay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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): Sarette Kriel

HOME ADDRESS: Plaas Buffelsfontein, Vleesbaai

ID NO.: 720512 0186 083

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): 044 6913718

CELL NO: 082 852 5083 FAX NO: N/A

EMAIL: sarette.kriel@lifehealthcare.co.za

Address where animal will be kept: As Above

Occupation: Pharmacist Assistant

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: My pincher died 2024

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? Dob. Pincher

Can you afford private fees? Yes Who is your vet? Dr. S. Kok Dr S. Lauwers

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

What are the sexes of your animals? DOGS: Male _____ Female 2 CATS: Male 1 Female _____

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 3 CATS? 1 OTHER? –

Which animals do you still have, and what happened to the others? 2 dogs, 1 cat, my other dog died of old age

Is your property fenced and has a proper gate? Yes Will you chain/ an animal? Never

Full description of the fencing and gate: Wood gate Height: 1,5M

What shelter is provided: OUTDOORS – KENNEL – OTHER Indoors

Have you previously had pets from an SPCA? Yes, 30 years ago Are there children under 10 in your household? NO

Pre Home Inspection Fee: R100 Receipt No: 6908

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** 02/04/2025

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:		SARETTE	
Pet Registered Name:			
Date of Birth:		01 Jan 1970	
Species:	Canine	Breed:	Doberman Pinscher
Gender:	Male	Sterilised:	Yes
Colour:	BLACK AND BROWN		
Markings:			

Microchip Information

Microchip Number:	992003000486795
Dates: Registered:	10 May 2025
Implanted:	03 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:	SARETTE KRIEL
Email:	sarette.kriel@lifehealthcare.co.za
Work Phone:	
Home Phone:	
Mobile:	+27 828525083

Address

Address:	PLAAS BUFFELFONTEIN
Suburb:	VLEESBAAI
Town/City:	MOSSELBAAI
Province:	Western Cape
Country:	South Africa
Area Code:	

Other Contacts