ADOPTION CHECKLIST

ADMISSION NO: MBY 5899

CONTRACT NO: MA 0048

- [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 05/06/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 12/06/25 992003000548382

Adoptee INFO:

Name & Surname Mr + Mrs Lawrence

Contact INFO: 0842655468
0673645085

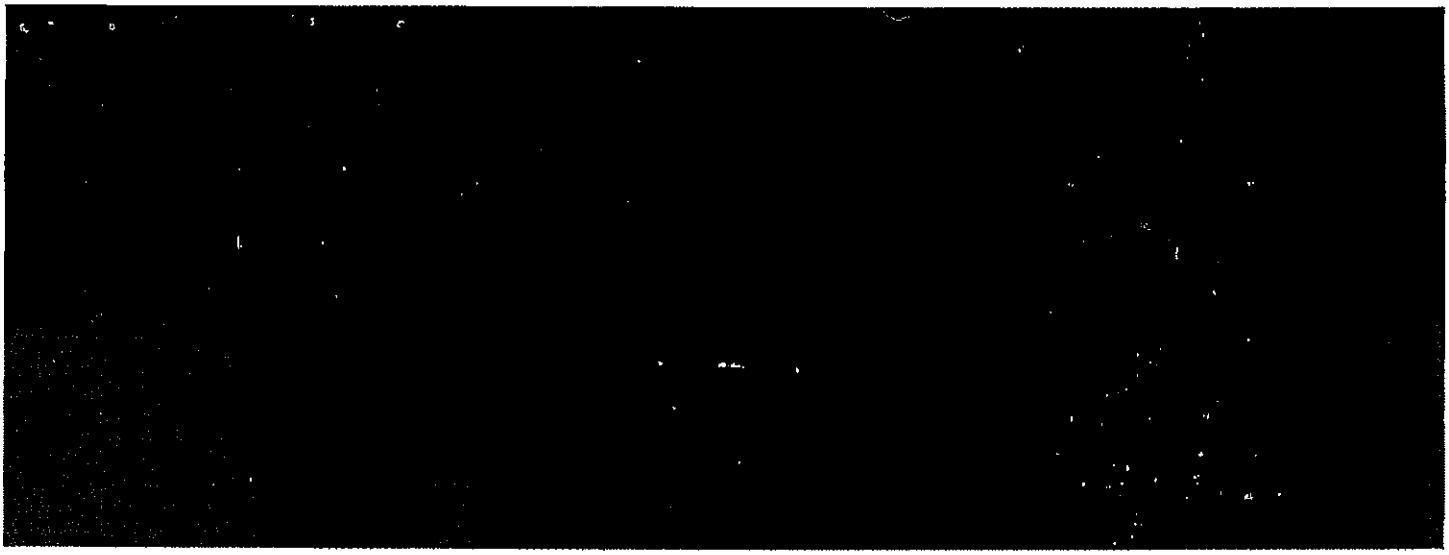
Completed by: _____ Date: 06/06/2025

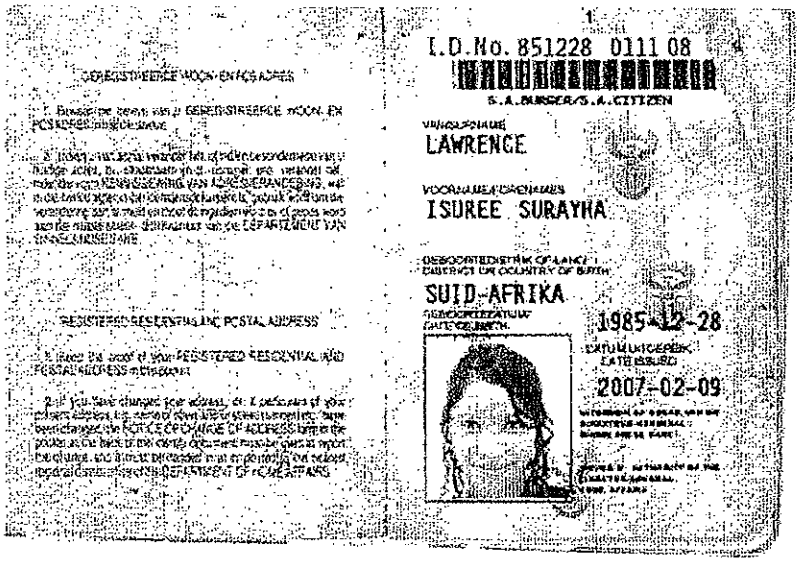
Manager: _____ Date: 06/06/2025

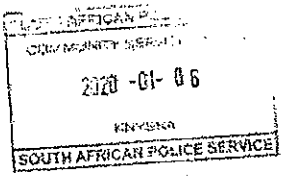
FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

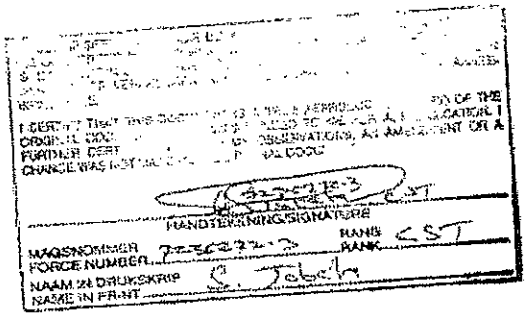
This checklist must be completed and attached to the front of every adoption that has been processes.

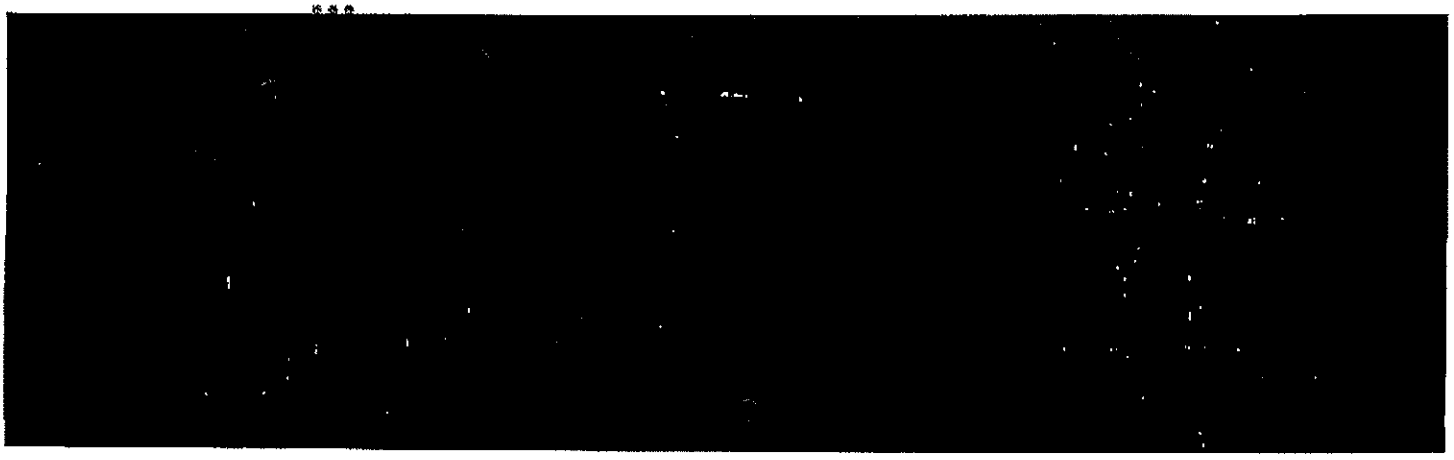
All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.




I.D.No. 851228 0111 08
S.A. BURGER/S.A. CITIZEN
VOORNAME
LAWRENCE
VOORNAAM EERSTENAMES
ISUREE SURAYHA
GEBOORTELAND OF LAND VAN BURGERSKAP
SUID-AFRIKA
1985-12-28
2007-02-09


2020 -01- 06
KENSINGTON
SOUTH AFRICAN POLICE SERVICE


HANDTEKENING/SIGNATURE
RANG
RANK
FORCE NUMBER
NAAM IN DRUKSKRIF
NAME IN PRINT



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): Mr J. Lawrence + Mrs Isuree Lawrence

HOME ADDRESS: 11 Jan Hupke Crescent, Loerie Park, George

ID NO.: 8512228011085

POSTAL ADDRESS: AS ABOVE

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

CELL NO: 0842655468 / 0673645085 FAX NO: N/A

EMAIL: Isureelaw@gmail.com / jllawrence@george.gov.za

Address where animal will be kept: AS ABOVE

Occupation: Senior distribution manager George municipality / Housewife

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

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

Reason for wanting animal: Both teenage boys love animals, we were raised with dogs and would love to give one a home. We also have a 4 year old daughter who we'd love to experience the love a pet can bring.

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? Jack Russel

Can you afford private fees? Yes Who is your vet? George Vet

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Have none

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 0 OTHER? 0

Which animals do you still have, and what happened to the others? NONE

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

Full description of the fencing and gate: Fully fenced Height: 1.8 M

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? YES

Pre Home Inspection Fee: R100 Receipt No:

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 Jlawrence. **Date of application** 02/05/2025

SOUTH AFRICAN P...
COMMUNITY SERVICE
2020 -01- 06
ENYSNA
SOUTH AFRICAN POLICE SERVICE

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION OF THE ORIGINAL DOCUMENT WHICH WAS USED TO RE-PUBLICATION. FURTHER CERTIFY THAT THERE ARE NO OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL.

HANDTEKENING/SIGNATURE

MAGSNOMMER FORCE NUMBER RANG RANK CST

NAAM IN DRUKSKRIP NAME IN PRINT S. Jabulani

2/4

...NICIPAL
...nvoice

JAN

MY OWNER

NAME	Mr + Mrs Lawrence
POSTAL ADDRESS	
STREET ADDRESS	11 Jan Hupke Cres.
	Loerie Park, George
HOME PHONE	
WORK PHONE	
CELLPHONE	067364 5085 / 0842655468
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	JACK RUSSEL
COLOUR	BROWN + WHITE
SEX	MALE
DATE OF BIRTH	2025
MICROCHIP/TATTOO	992003000548382
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
4 July 25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
07/05/25	Nobivac DHPPi 02-13181A 04-FEB-2026 + Tri-worm'd	AWA
05/06/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.:	B.S.
06/06/25	F48436 27/04-2026 Nobivac L4 Tricat Trio 02-13181A 04-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	

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 (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.

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000548382

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. * 0673645085 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * lsureelaw@gmail.com — If possible, please provide a personal email, not a company email.

Title * MRS Initials * I Surname * LAWRENCE

Street 11 JAN HUPKE CRESCENT City

Suburb LOERIE PARK Area Code GEORGE

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 * 05-06-2025

Was the Microchip implanted by this veterinary practice? X Yes No

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name Date of birth 2025

Species * CANINE Breed * JACK RUSSEL

Colour WHITE + BROWN Markings

Gender X Male Female Sterilised X 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

call & Admit

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	K-46	36	ADMISSION No.	MBY5899 (loaded)		
Stray	Surrender X	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	05/05/25		Time in	15:20	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	NONE	Microchip or ID Tag number	NONE

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)	SAM
Breed	JRT / R	Colour and Markings	White & BROWN
Condition	Good	Sex ♂	Age ± 6 MONTHS
Temperament	Good	Sterilisation details NONE	Name MAX
Coat SHORT	Tail LONG	Teeth Condition Good	Ears UP	Size SMALL
Area found / collected from	HIGH WAY PARK		Date 05/05/25
Reason for surrender	UNWANTED		

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS:

Surrendered by / Found by X	Name	RIAAN DANIELS			
Residential Address	69 High Way Park				
Postal Address	NONE				
Tel (H) NONE	Tel (W) NONE	Cell NONE			
Email NONE					
Donation R NONE	Cash	Card	EFT	(Receipt No.) NONE	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: ~ Case No: ~ Inspector: BAD

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 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	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: _____