ADOPTION CHECKLIST

ADMISSION NO: Worsie MBY 6438

CONTRACT NO: MA0051

- [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 10/06/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 25/06/25 992003000548239

Adoptee INFO:

Name & Surname Helée Helm

Contact INFO: 0724604466

Completed by: _____ Date: 20/06/2025

Manager: _____ Date: 20/06/2025

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.

WOOLWORTHS FINANCIAL SERVICES

STATEMENT DATE	14 APR 2025
PAYMENT DUE DATE	09 MAY 2025
ACCOUNT NUMBER	6007 8503 7009 9192
INSTALMENT FREQUENCY	Monthly

MS H SMALBERGER
92 21ST AVENUE
MOSSEL BAY
0000
6506

Woolworths Financial Services, PO Box 5553, Cape Town, 8000
1st Floor, Block F, Boulevard Office Park, Searle Street, Woodstock, 7925
Telephone 0861 50 20 20 Fax 021-407 5850 Email: queries@wfs.co.za
Woolworths Financial Services (Pty) Ltd (Reg. no. 2000/009327/07)
A registered credit provider NCRCP49.

STORE CARD STATEMENT

YOUR TRANSACTION DETAILS

DATE	STORE	DESCRIPTION	AMOUNT
		OPENING BALANCE	3756.52
14 MAR 2025	HEAD OFFICE	DEBIT ADJUSTMENT	61.22
CLOSING BALANCE			**3817.74**

Minimum Payment	R1493.25	**Overdue**	R1275.54	**Credit Available**	ON REQUEST
Payment Due Date	09 MAY 2025	**Credit Limit**		**Closing Balance**	R3817.74

Please note: If payment of full balance is not received by payment due date, interest is charged on full balance and on new purchases.

Banking Details:
Bank: ABSA Bank
Account Holder: WFS Instore Cards Direct Deposits
Bank Account Number: 4072263822
Branch Code: 632005
Beneficiary Reference: **6007 8503 7009 9192**
Swift Code: ABSAZAJJ

10770/0110973 M6 T-2/G-00

L BAY
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PALA

MOSSELBAAI
Munisipaliteit
WASEMOSSELBAYI

SMALBERGER GG & H
21STE LAAN 92
MOSSELBAAI

6506

D 5240241

DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/DHA

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

MARRIAGE CERTIFICATE

IDNO. HUSBAND: 760321 5064 08 4

SURNAME: HOLM

FIRST NAMES: ALLAN WENTZEL

DATE OF BIRTH: 1976-03-21

IDNO. WIFE: 800227 0036 08 8

MAIDEN NAME: SMALBERGER

FIRST NAMES: HELÉT

DATE OF BIRTH: 1980-02-27

TYPE OF MARRIAGE: CIVIL

DATE OF MARRIAGE: 2013-02-23

PLACE OF MARRIAGE: MOSSEL BAY

DATE OF ISSUE: 2013-04-25 ISSUED BY: YCF224

DIRECTOR-GENERAL: HOME AFFAIRS

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X6551
GEORGE 6530
2013 -04- 25
GEORGE

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Adele Pinto
   - Contact Number: 082 354 8928
   - Email Address: _____

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? 2016 / 2021
   - Where? Mossel Bay SPCA
   - What animal did you adopt? St Bernard X2 X Breed dogs

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 20 June 2025

www.mosselbay.gov.za
admin@mosselbay.gov.za
044 606 5201
000 000 0000

Mossel Bay
MUNICIPALITY
MOSSEL BAY | HARTENBOS | GREAT BRAK RIVER | HERBERTSDALE

In antwoord verwys na nommer
In reply quote number
Xa Uphendula chaza Le Nombolo
1/2/3/8 M CLAASSEN

20 June 2025

Ms. Helet Holm
E-mail: hsmalberger@gmail.com
Cell. Nr: 072 460 4466

Dear Mrs. Helet Holm

APPLICATION FOR KEEPING MORE THAN TWO DOGS ON THE PREMISES, Three (3), AT 92, 21st AVENUE, LINKSIDE, MOSSELBAY.

Approval is granted to keep more than two dogs on your premises and is limited to the case of 3 (three), dogs until such dogs should die off or diminish and only two dogs per yard will be permissible according to the Municipal By-law regarding the regulation of the keeping of dogs, Pk 6678 dated 20 November 2009, subject to the following conditions, namely: -

1. That the dogs may not interfere with the ordinary comfort, convenience, peace or quiet of neighbours or any other people.

2. That the dogs will not be allowed on a public road or public place except on a leash and under control of a responsible person.

3. That the dogs do not trespass on private property.

4. That the premises where the dogs are kept, is properly and adequately fenced to keep such animals inside.

5. That you must reapply for the permit review no later than 30 June 2027.

The non-compliance with the above conditions may, upon further investigation of a complaint during which corroborating evidence is found and/or a conviction by a Court, result in this consent may be declared null and void.

Yours faithfully

E. NEL
DIRECTOR: COMMUNITY SERVICES

Kha. Worsie.

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 Helet Holm.

HOME ADDRESS: 92-21st Avenue

Mossel Bay. Linkside ID NO.: 8002270036088

POSTAL ADDRESS: As Above.

TEL NO (H): — (B): —

CELL NO: 0724604466 FAX NO: —

EMAIL: hsmalberger@gmail.com.

Address where animal will be kept: As Above address.

Occupation: Realtor & New business owner.

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: Ready for adoption to help animal.

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? Worshond.

Can you afford private fees? Yes. Who is your vet? Dr. B. Stander.

How many animals live on the property? DOGS? 1 CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male 0 Female 1 CATS: Male 0 Female 0.

Are all your animals sterilised? Give details Yes, and previous adoption SPCA

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? 0 OTHER? 0.

Which animals do you still have, and what happened to the others? I have 1 only.

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

Full description of the fencing and gate: Vibracrete & gate Height: 2 meters.

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? Yes.

Pre Home Inspection Fee: R100 Receipt No: 7049

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** 6/6/2025.

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000548239

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. * 0724604466

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

E-mail * hsmalberger@gmail.com

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

Title * MRS Initials * H Surname * HOLM

Street 92 21ST AVENUE City

Suburb LINKSIDE Area Code MOSSELBAY

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 LEO Date of birth

Species * CANINE Breed * DACHSHUND

Colour BROWN Markings

Gender ✓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 options 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

LAPED.

DBV SPCA
Garden Route

KENNEL No. K18(42) T/L				ADMISSION No. MBY6438		
Stray ✓	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 24/5/25			Time in	10:20	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	✓ Yes / No	Lost & Found Date checked	24/5/25
Microchip/Collar or ID tag found	Yes / ✓ No	Date scanned or checked	24/5/25	Microchip or ID Tag number	None		

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	Dachshund x		Colour and Markings	Brown	
Condition	Fair		Sex ♂		Age 12 wks
Temperament	Fair		Sterilisation details	None	Name Jolly up
Coat Short	Tail long	Teeth Condition Fair	Ears floppy grey		Size Small
Area found / collected from	Heidelberg				Date 24/5/2025
Reason for surrender	Stray				

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

Surrendered by / Found by	✓	Name	Linzie de Klerk		
Residential Address	Pepeboom 35 Heidelberg				
Postal Address	—				
Tel (H) —	Tel (W) 021 763 5547	Cell			
Email	Linzie15@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 / 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:_____

post home done as well

MA0051

9920030005482 39 ADMISSION NO MBY 6438

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 12/06/25 TIME: 14:24

NAME OF APPLICANT: Helet Holm

ADDRESS: 92 - 21 St Avenue, Masselbay, Linkside.

HOME TEL No: CELL No: 0724604466

ANIMAL(S) ADOPTING: Daxi + Maltese x

SEX: ♂ + ♀ AGE: ± 7 months + 1 yr.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wood fence 2 mtr		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	Boerboel				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	Female 1yrs	1	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Big property, safe and secured.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☒ SMALL DOGS
- ☒ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: Kelly SPCA: Masselbay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Wenger

MY OWNER

NAME	Heléé Holm
POSTAL ADDRESS	
STREET ADDRESS	92 - 21st Avenue
	Linkside
HOME PHONE	
WORK PHONE	
CELLPHONE	0724604466
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	DACHSHUND
COLOUR	BROWN
SEX	MALE
DATE OF BIRTH	2025
MICROCHIP/TATTO	992003000548239
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
30/05/25	[redacted] SR Trivormd Batch: A240B01 Exp.: 01-2027 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	

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.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook.

facebook.com/BravectoSouthA
facebook.com/MsdPetSo

Society for the Prevention of Cruelty to Animals

Incorporated Association not for gain
NPO No.: 003-629
PBO No.: 130004687

GARDEN ROUTE

Dierebeskermings-vereniging

Ingelyfde Vereniging sonder winsoogmerk

(GEO) 044 878 1990
(GEO) 082 378 7384
Ossie Urban Rd, George, 6529
P.O Box 258, George, 6530
www.grspca.co.za

(M/B) 044 693 0824
(M/B) 072 287 1761
18 Bill Jeffery St, Mossel Bay, 6506
P.O Box 258, George, 6530
www.grspca.co.za

DATE: 12/06/25

ATTENTION: MOSSEL BAY MUNICIPALITY

REGARDING: PERMISSION REQUEST FOR ADDITIONAL DOMESTIC ANIMALS ON A PROPERTY

Name of applicant: Helét Holm
Contact number: 0724604466
Address of premises: 92 - 21st Avenue, Mosselbay, Linkside

To whom it may concern,

We have completed a welfare inspection with the following findings:

Concerns	Yes	No
Water available	✓	
Adequate shelter available	✓	
Adequate space available	✓	
Clean living environment	✓	
Animal/s chained / tethered / caged		✓
Animal/s in good condition	✓	
Veterinary problems / health concerns		✓

Note: *Any concerns noted must be explained below in the Report/Findings.*

Report/Findings:

List animals seen: Boerboel 1Years Sterilised Brown male

SPCA INSPECTOR: [illegible]

SIGNATURE: [signature]

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
HOLM
Names:
HELET
Sex:
F
Nationality:
RSA
Identity Number:
8002270036083
Date of Birth:
27 FEB 1980
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:
08 AUG 2022

RSA

118642995