

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 10/06/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number

ADMISSION NO: worsie
MBY 6438

CONTRACT NO: MA0051

Adoptee INFO:
Name & Surname Helén Holm

Contact INFO: 0724604466

Completed by: [Signature]

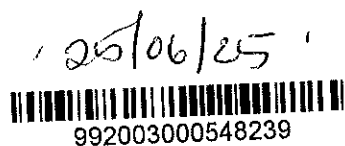
Date: 20/06/2025

Manager: [Signature]

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.



MS H SMALBERGER
92 21ST AVENUE
MOSSEL BAY
0000
6506

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

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 IReg. no. 2000/009327/071
A registered credit provider NCRCP49.

STORE CARD STATEMENT

YOUR TRANSACTION DETAILS

Page 1

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

CLOSING BALANCE

3817.74

Minimum Payment

Overdue

Credit Available

Payment Due Date

Credit Limit

Closing Balance

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:

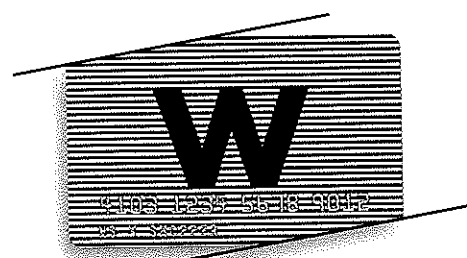
Bank: ABSA Bank
Account Holder: WFS Instore Cords Direct Deposits

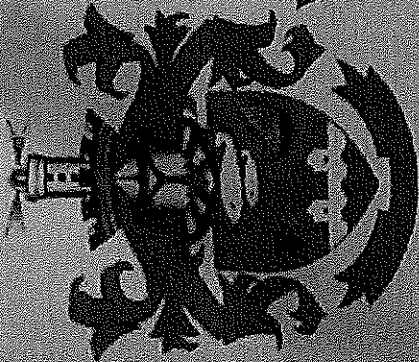
Bank Account Number: 4072263822
Branch Code: 632005

Beneficiary Reference: **6007 8503 7009 9192**
Swift Code: ABSAZAJJ

GET MORE FROM YOUR WOOLIES STORE CARD

FROM FOOD TO FASHION, HOMEWARE TO BEAUTY,
GET IT ALL ON YOUR WOOLIES STORE CARD





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 (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

(42)

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- o Full Name: _____
- o Contact Number: _____
- o Email Address: _____

2. Additional Family Member/Friend Details

- o Full Name: Adele Pinto
- o Contact Number: 082 354 8928
- o Email Address: _____

3. Previous SPCA Adoption

- o Have you previously adopted SPCA? (Yes/No) (Yes)
- o If yes, when? 2016 / 2021
- o Where? Mossel Bay SPCA
- o 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



Mossel Bay
M U N I C I P A L I T Y
MOSSSEL BAY | HARTENBOS | GREAT BRAK RIVER | HERBERTSDALE



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

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

MOSSSEL BAY | HARTENBOS | GREAT BRAK RIVER | HERBERTSDALE

101 Marshstraat Street Sitalato 101
Privaatsak Private Bag Ingxowa Yeposi Ngu X29
Mosselbaai Mossel Bay Bayi 6500

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 Helen Holm.

HOME ADDRESS: 92-21st Avenue

Marcel 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. Stender.

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 [Signature] Date of application 6/6/2025.

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000548239

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0724604466

E-mail * hsmalberger@gmail.com

Title * MRS Initials * H

Street 92 21st AVENUE

Suburb LINKSIDE

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 * HOLM

City

Area Code MOSSELBAY

Province

Phone - Night time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

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

Species * CANINE

Colour BROWN

Gender Male Female

Date of birth

Breed * DACHSHUND

Markings

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 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 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

LOAPED.



Garden Route

KENNEL No. <u>K18(42)VI</u>				ADMISSION No. <u>MBY6438</u>		
Stray ☒	Surrender ☐	Abandoned ☐	Returned ☐	Impounded ☐	Confiscated ☐	Request for euthanasia ☐
Date in <u>24/5/25</u>			Time in <u>10:20</u>	Date for release		

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

DESCRIPTION & HISTORY	Dog ☒	Cat ☐	Other species (Specify)			
	Breed <u>Doberman</u>	Colour and Markings <u>Brown</u>				
	Condition <u>Fair</u>	Sex <u>♂</u>	Age <u>12 wks</u>			
	Temperament <u>Fair</u>	Sterilisation details <u>None</u>	Name <u>Jelly</u>			
	Coat <u>Short</u>	Tail <u>Long</u>	Teeth Condition <u>Fair</u>	Ears <u>Hanging</u>	Size <u>Small</u>	
	Area found / collected from <u>Hardwood</u>	Date <u>24/5/2025</u>				
	Reason for surrender <u>Stray</u>					

ASSESSMENT		Surrendered by <u>Linzie de Klerk</u>	
GOOD WITH: Yes ☐ No ☐	Children ☐	Found by ☒ Name <u>Linzie de Klerk</u>	
Cats ☐	Other Dogs ☐	Residential Address <u>Pepeboom 35</u>	
Livestock/Other ☐	DO THEY: Yes ☐ No ☐	Postal Address <u>Hardwood</u>	
Jump Fences ☐	Run Away ☐	Tel (H) <u>067 143554</u>	Tel (W) <u>Cell</u>
COMMENTS: <u>Stray</u>		Email <u>LINZIE15@gmail.com</u>	
		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 uitdrukk 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
------------------------------	--

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

992003000548239 ADMISSION NO

MBY 6438



PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES ☒ / NO ☐

DATE UNDERTAKEN: 12/06/20

TIME: 14:21

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 2m	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	Beetzel				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	reliable yes	1	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Big property, safe and secure.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS

☒ SMALL DOGS

☒ MEDIUM DOGS

☐ LARGE DOGS

INSPECTED BY: Keri

SPCA: Masselbay

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Beetzel

MY OWNER

NAME Hel  t Holm

POSTAL ADDRESS

STREET ADDRESS 92 - 21st Avenue

Linkside

HOME PHONE

WORK PHONE

CELLPHONE 0724604466

BREEDER DETAILS

ME

SPECIES CANINE

BREED DA CHSHUND

COLOUR BROWN

SEX MALE

DATE OF BIRTH 2025

MICROCHIP/TATTOO

992003000548239

FEATURES/MARKS

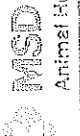
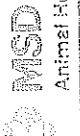
NEXT VACCINATION DUE

DATE

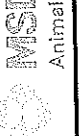
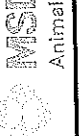
DATE

DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
30/05/25	 SPRINT Batch: A240801 Exp: 01-2027 Animal Health	 SPRINT 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	 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
	 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 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. G3880 Act 36/1947), **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 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.



facebook.com/BravectoSouthAfrica



MSD Animal Health

Quantel Plus

Exitel Plus

Exitel Plus XL

Bravecto

Society for the Prevention of Cruelty to Animals



Dierebeskermings- vereniging

Incorporated Association not for gain

NPO No.: 003-629

PBO No.: 130004687

GARDEN ROUTE

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: Heléé 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:

Buerbael 14 years fertilised Brown male

SPCA INSPECTOR: Kukr

SIGNATURE: [Signature]

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
HOLM
Names:
HELET
Sex:
F
Nationality:
RSA
Identity Number:
8002270036088
Date of Birth:
27 FEB 1980
Country of Birth:
RSA
Status:
CITIZEN


Signature:




Conditions: Date of Issue:
08 AUG 2022

**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 66 11 90

 **RSA**
118642995