ADOPTION CHECKLIST

ADMISSION NO: CISKA MBY 6621

CONTRACT NO: MA 0052

- [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 26/06/25 992003000548238

Adoptee INFO:

Name & Surname Helèt Holm

Contact INFO: 0724604466

Completed by: _____ Date: 23/06/2025

Manager: _____ Date: 23/06/2025

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

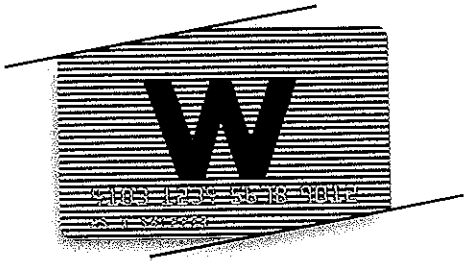
CLOSING BALANCE	**3817.74**

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



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, Masselbay, Linkside

To whom it may concern,

We have completed a welfare inspection with the following findings:

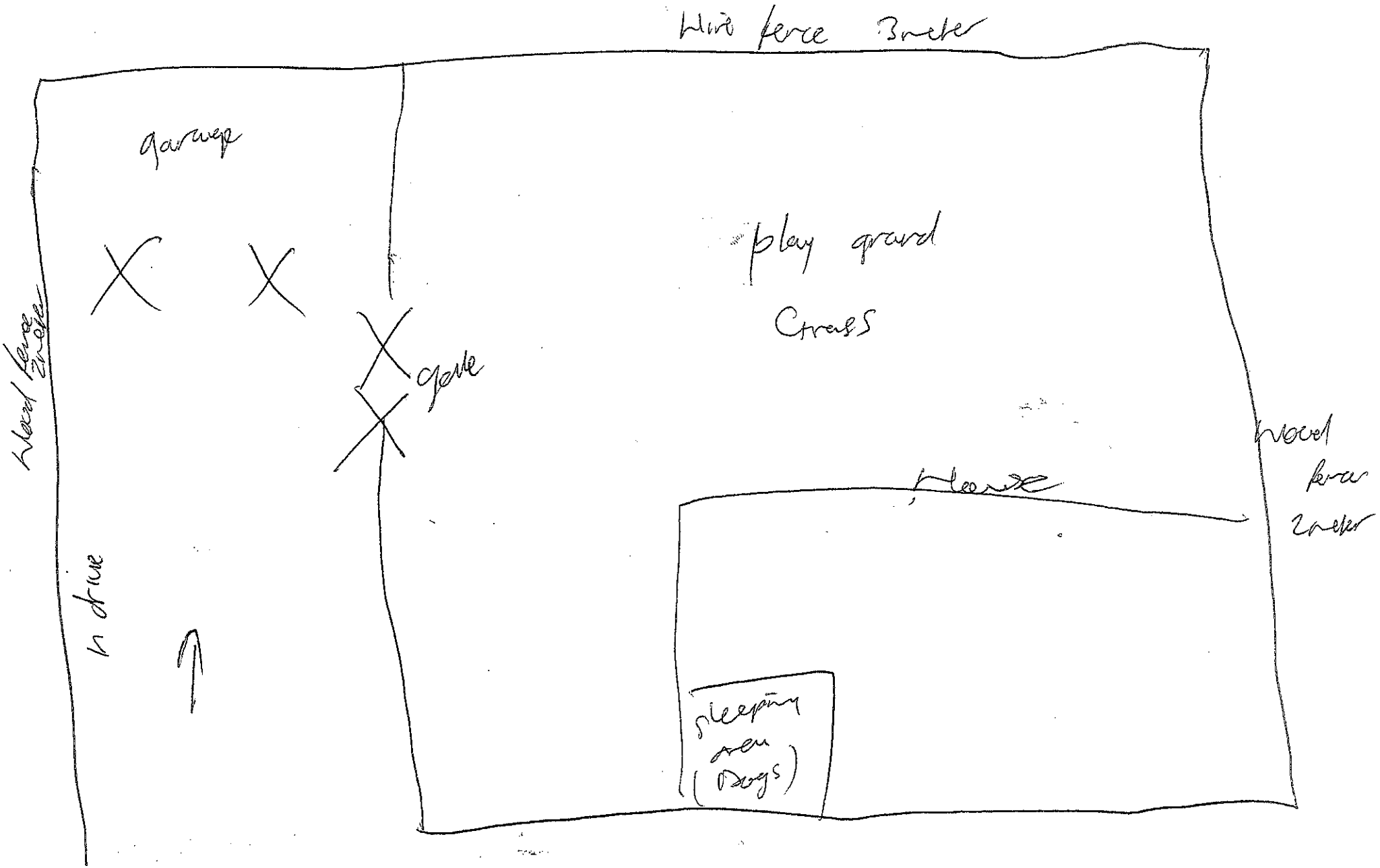
Concerns	Yes	No
Water available	✓	
Adequate shelter available	✓	
Adequate space available	✓	
Clean living environment	✓	
Animal/s chained / tethered / caged		✓
Animal/s in good condition	✓	
Veterinary problems / health concerns		✓

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

Report/Findings:

List animals seen: Boerboel 1yrs Sterilised Brown male

SPCA INSPECTOR: KUKU SIGNATURE:


Wire fence Border
garage
play ground
Grass
gate
Wood fence Border
House
Wood fence Border
in drive
sleeping area (Dogs)

MY OWNER

NAME: Helen Holm

POSTAL ADDRESS:

STREET ADDRESS: 92-21st Avenue
Linkside

HOME PHONE:

WORK PHONE:

CELLPHONE: 0724604466

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: MALTESE X

COLOUR: WHITE + BLACK

SEX: FEMALE

DATE OF BIRTH: 2024

MICROCHIP/TATTOO: 992003000548238

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
20/06/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
23/05/25	[redacted] SD + IV Worm 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 (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.

MSD Animal Health

Find us on facebook.

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfri
facebook.com/MsdPetsSa

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

D 5240241

DEPARTMENT HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

83/DHA -

PARTICULARS FROM THE POPULATION REGISTER J.R.O:

MARRIAGE CERTIFICATE

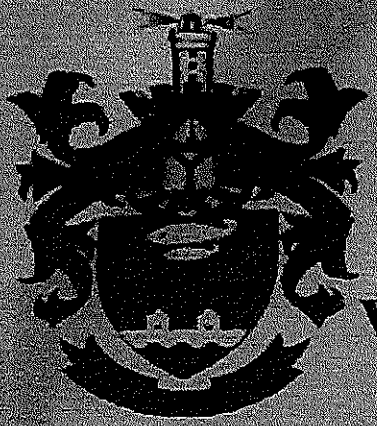
IDNO. HUSBAND	760321 5064 08 4
SURNAME:	HOLM
FIRST NAMES:	ALLAN WENTZEL
DATE OF BIRTH:	1976-03-21
IDNO. WIFE:	800227 0036 08 8
MAIDEN NAME:	SMALBERGER
FIRST NAMES:	HELÉT
DATE OF BIRTH:	1980-02-27
TYPE OF MARRIAGE:	CIVIL
DATE OF MARRIAGE:	2013-02-23
PLACE OF MARRIAGE:	MOSSEL BAY

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

L BAY
pality
PALA



MOSSELBAAI
Munisipaliteit
WASEMOSSELBAYI

SMALBERGER GG & H
21STE LAAN 92
MOSSELBAAI

6506

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): Ms Helét Holm.

HOME ADDRESS: 92-21 st Avenue.

Mossel Bay. Linkside ID NO.: 8002270036088.

POSTAL ADDRESS: 92-21 st Avenue. Mossel Bay.

TEL NO (H): — (B): —

CELL NO: 0724604466 FAX NO: —

EMAIL: hsmalberger@gmail.com.

Address where animal will be kept: At Home — garden is fenced.

Occupation: Realtor.

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: 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? Aska.

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.

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 one dog

Is your property fenced and has a proper gate? Yes 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 Indoor

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? Y

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** 6/6/202

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548238

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 * 10-06-2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name CHARLIE Date of birth

Species * CANINE Breed * MALTESE X

Colour WHITE + BLACK Markings

Gender Male X 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

post home done as well

MA0052

992003000548238 ADMISSION NO MBY6621

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 2mtr		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 11yrs	/	/	/	/
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
- ☒ MEDIUM DOGS
- ☒ SMALL DOGS
- ☐ LARGE DOGS

INSPECTED BY: Kerr SPCA: Masselbay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA
Garden Route

KENNEL No.	KV 42			ADMISSION No.	MBY6621	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	22/05/25	Time in		9:03	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked		(Yes) / No	Lost & Found Date checked	22/05/25.
Microchip/Collar or ID tag found		Yes / (No)	Date scanned or checked	22/05/25	Microchip or ID Tag number	None.		

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)	B/I.		
Breed	~~Maltese~~ Schnauzer		Colour and Markings	Wit & Swart.	
Condition	Fair.		Sex ♀	Age	6 maande
Temperament	Friendly		Sterilisation details	No	Name Sisca.
Coat L	Tail L	Teeth Condition Fair	Ears Hang.		Size M.
Area found / collected from	Tarka.				Date 22/05/25
Reason for surrender					

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	Brandell Prins			
Residential Address	133 Komsitaat				
	Tarka.				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 0761868166			
Email	No email.				
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 / 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	