ADOPTION CHECKLIST

ADMISSION NO: MBY 6783

CONTRACT NO: MA0060

- ☐ 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 03/07/2025
- ☐ Copy of Vaccination Record/ Certificate
- ☐ Microchip
- ☐ Microchip Registration- chip number 23/07/25 992003000548231

Adoptee INFO:

Name & Surname Earllynne Terblanche

Contact INFO: 060 634 8712

Completed by: _____ Date: 15/07/25

Manager: _____ Date: 15/07/25

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Antonio Frans
   - Contact Number: 076 284 2746
   - Email Address: tonzi.frans@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: ~~Antonio Frans~~ Laylah Petersen
   - Contact Number: ~~076 284 2746~~ 084 770 6107
   - Email Address: _____

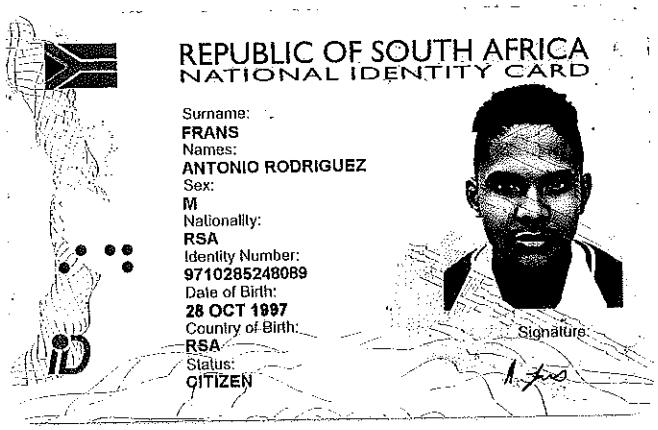
3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? _____
   - Where? _____
   - What animal did you adopt? _____

1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 14-07-2025



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
FRANS
Names:
ANTONIO RODRIGUEZ
Sex:
M
Nationality:
RSA
Identity Number:
9710285248089
Date of Birth:
28 OCT 1997
Country of Birth:
RSA
Status:
CITIZEN

Signature:

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
TERBLANCHE
Names:
EARLLYNNE EURANA
Sex:
F
Nationality:
RSA
Identity Number:
0002220553081
Date of Birth:
22 FEB 2000
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:
13 NOV 2017

105305490

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
TERBLANCHE
Names
EARLLYNNE EURANA
Sex:
F
Nationality
RSA
Identity Number:
0002220553081
Date of Birth
22 FEB 2000
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:
13 NOV 2017

105305490

MY OWNER

NAME	Earllyne Terblanche
POSTAL ADDRESS	
STREET ADDRESS	352 Titus Street
	Extention 8, Mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	0606348712
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	LABRADOR
COLOUR	BLACK
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548231
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
22/07/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
24/06/25	MSD Animal Health Batch: A240A01 Exp.: 12-2026	AWA SPCA
	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
Nobivac
Quantel
Exitel Plus
Exitel Plus XL
BRAVECTO
Find us on facebook.
facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

LOADED

KENNEL No.	2529			ADMISSION No.	MBY6783	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	24/6/25	NA	Time in		Date for release	NA

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

DESCRIPTION & HISTORY

Dog X1	Cat	Other species (Specify) 4KM	
Breed Lab		Colour and Markings Black	
Condition Fair		Sex Male	Age
Temperament Fair		Sterilisation details NONE	Name Blackie
Coat Short	Tail long	Teeth Condition Fair	Ears Nip	Size Med
Area found / collected from Ext 13			Date 24/6/25
Reason for surrender lady old can keep anymore			

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	K. Helmis			
Residential Address	11 Salmon Street				
	Mt. Bay				
Postal Address	6506				
Tel (H) NONE	Tel (W) NONE	Cell 0737242732			
Email NONE					
Donation R NONE	Cash	Card	EFT	(Receipt No.) NONE	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: NONE Case No: NONE Inspector: Wally

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 K.H	Witness for Society

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

Kedo
6183

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): E.E. Terblanche/Antonio Fraus

HOME ADDRESS: 352 Titus Street, Extention 8, Mossel Bay

ID NO.: 0002220553081

POSTAL ADDRESS: * 22 Korraalboom Street; Heidevand

TEL NO (H): _____ (B): _____

CELL NO: 060 634 8712 FAX NO: _____

EMAIL: earllynneterblanche3@gmail.com

Address where animal will be kept: 352 Titus street, Extention 8, Mossel Bay

Occupation: Controller, Nestlé

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: Dog lover

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? Lab

Can you afford private fees? Yes Who is your vet? Heidevand

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

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? 1 Dog

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

Full description of the fencing and gate: WALL Height: 2 meters

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? Y

Pre Home Inspection Fee: R100 Receipt No: 7101

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** 30/06/2025

GARDEN ROUTE SPCA MOSSELBAY			
DATE	24/06/2025.	ANIMAL NAME	Blackie
KENNEL NUMBER	K26	BREED	LAB
CARD NUMBER	MBY 6783	STERILIZED	NO
COLOUR	Black	MALE/FEMALE	MALE
VACCINATED	Yes	AGE	± 9 Months
PROOF OF VACC	Check yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

WEIGHT	NAD	31.1 kg.	
TEMPERATURE	NAD	38.6	
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		
FIT FOR ADOPTION	YES	NO	

COMMENTS

Highly adoptable.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548231

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 * FR14 | 13019.

Vet Practice Name * SPCA.

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0606348712 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * earllynneterblanche3@gmail.com — If possible, please provide a personal email, not a company email.

Title * MRS Initials * E Surname * TERBLANCHE

Street 352 TITUS STREET City

Suburb EXT 8 Area Code MOSSEL BAY

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 * 23 - 07 - 2025

Date of Implant * 08 - 07 - 2025

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

Name of Vet who implanted the Chip KAT LEVERS

PET DETAILS

Pet Name KODA Date of birth 2025

Species * CANINE Breed * LAB

Colour BLACK 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