ADOPTION CHECKLIST

ADMISSION NO: MB Y 6484

CONTRACT NO: MA 00059

- [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 03/07/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 11/07/25 992003000548232

Adoptee INFO:

Name & Surname Trevor J Dickson

Contact INFO: 0674022447

Completed by: _____ Date: 07/07/2025

Manager: _____ Date: 07/07/2025

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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548232

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 * FR 14/13019.

Vet Practice Name * SPCA Vetroom Mosselbay

Vet Practice Phone - Daytime * 044 6913082 4.

PET OWNER INFORMATION

Cell No. * 0 6 7 4 0 2 2 4 4 7 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

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

Title * MR Initials * T Surname * DICKSON

Street 6 2 GLENIQUA DRIVE City

Suburb GLENTANA Area Code

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 * 07 - 07 - 2025

Date of Implant * 11 - 07 - 2025

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip KAY IEBERS

PET DETAILS

Pet Name TAVI Date of birth

Species * FELINE Breed * DLH

Colour GREY Markings

Gender Male ✗ Female Sterilised ✗ 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

BIZCOM
PROPERTY SALES AND RENTALS

Trevor Dickson

South Africa

Bizcom Property Sales and Rentals
Company Name: Fly Me Properties (Pty) Ltd
Reg. No. 2009/019591/07
VAT number: 4260270733

Shop 7
13 Parsons Street
Mossel Bay
6500
Tel: 044 695 1115
E-mail: info@biz-com.co.za
Web: www.bizcomproperty.co.za

STATEMENT

Payment reference: BST534
Property: 62 Gleniqua Rd, Glentana
Statement period: 2025-04-07 to 2025-06-15

Date	Ref no	Description	Method	Debit	Credit	Balance
2025-04-07		**Opening balance**				**-18,728.84**
2025-04-07	PP6258	Invoice - Rent		19,260.00		531.16
2025-04-07	60723870	Payment	Direct Deposit		-531.16	0.00
2025-04-29	PP6380	Invoice - Municipal - April		963.21		963.21
2025-04-29	61087949	Payment	Direct Deposit		-963.21	0.00
2025-04-29	61103349	Payment	Direct Deposit		-19,260.00	-19,260.00
2025-05-01	PP6298	Invoice - Rent		19,260.00		0.00
2025-05-27	61599453	Payment	Direct Deposit		-19,260.00	-19,260.00
2025-05-30	PP6528	Invoice - Municipal Account - May		906.54		-18,353.46
2025-06-01	PP6510	Invoice - Rent		19,260.00		906.54
2025-06-02	61741656	Payment	Direct Deposit		-906.54	0.00
					Balance due on 2025-06-15	**0.00**
					Damage deposit balance on 2025-06-15	40,685.37
					Interest from 2025-04-07 to 2025-06-15 (After a monthly administrative & advisory fee)	344.49

WAYS TO PAY

DIRECT DEPOSIT

Account number: **4085838745**
Bank name: **ABSA**
Branch code: **632005**
SWIFT code: **ABSAZAJJ**
Account name: **Bizcom Property Sales and Rentals**

Payment reference: **BST534**

AT ANY OF THESE STORES

You can now pay your account at any Shoprite, Checkers, Pick n Pay, PEP, Usave, Ackermans, Boxer or selected Spar Branches. Please note, the terms and conditions of your lease agreement may result in associated transaction costs being recharged to you. Please allow 3-4 working days for your payment to reach us.

Please quote this Bill Payment Reference: **11364 0118 8000 5344 8**

Checkers Pick n Pay SPAR SHOPRITE PEP Usave ACKERMANS BOXER makro

Powered by PayProp

PayProp, in its capacity as a licensed property practitioner, is contractually authorised to manage rental payments.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: AVRIL ELANE GORE
   - Contact Number: 072 435 0839
   - Email Address: avril.goretd1701@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: CHERYL-ANN WESSELS
   - Contact Number: 078 949 6118
   - Email Address: JC.WESSELS26@GMAIL.COM

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: _____

ADMISSION No.
TOELATINGSNR. MA0059

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female
Microchip and	992003000548232	

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

Garden Route

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV **terug** te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal **nie die dier vasketting of gehok hou nie,** en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesterliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte gebruik word.
14. My erf is behoorlik omheln en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Trevor J Dickson

HOME ADDRESS
WOONADRES: 62 Geniquadrive, Glentana, Graafbrak

ID/PASSPORT No.:
ID/PASPOORT Nr.: 5304255016181

TEL No (H):
TELEFOON Nr (H):

(B):
(W):

CELL No:
SELFOON Nr: 0674022447

FAX No:
FAKS Nr:

E-MAIL:
E-POS. trevordicksontd@hotmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 7154

VEHICLE REG No.
VOERTUIG REG Nr: CX24277

VEHICLE MAKE:
VOERTUIG MAAK: Suzuki

COLOUR:
KLEUR: Grey

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 01/07/2025.

Away to
Tuesday. 15th →
Monday 7th.

MA0059

9920030005482 32

ADMISSION NO MBY6484

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) NO DATE UNDERTAKEN: 30-1-25 TIME: 12:00

NAME OF APPLICANT: Trevor Dickson

ADDRESS: 62 Glenigua Drive, Glentana, Groot Brak

HOME TEL No: _____ CELL No: 0674022447

ANIMAL(S) ADOPTING: Grey Cat

SEX: Female AGE: ± 1 y

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick wall		Suitability of fence (i.e. small pets can't escape): 2m	
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	DSH				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	0.1 / boys	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Lucano Bryce SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.	4			ADMISSION No.	MBY6484	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/6/25		Time in	9:30	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	13/06/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	13/06/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY					
Dog	Cat ✓	Other species (Specify)	60 Km		
Breed	DSH		Colour and Markings	Grey / White	
Condition	Good		Sex		Age
Temperament	Good		Sterilisation details	No	Name
Coat S	Tail	Teeth Condition	Ears	Up	Size Juv.
Area found / collected from	G. Bak				Date 13/6/25
Reason for surrender	Too many				

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

Surrendered by ✓ / Found by	Name	S. Jacobs
Residential Address	23 Sloorbloem Uniondale	
Postal Address	N/A	
Tel (H) N/A	Tel (W) N/A	Cell 0728441237
Email	N/A	
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: Mariaan

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 (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: _____

UK DRIVING LICENCE

1. DICKSON
2. MR TREVOR JAMES

3. 25.04.1953 SOUTH AFRICA
4a. 05.02.2023 4c. DVLA
4b. 24.04.2026
5. DICKS504253TJ9PU 59
7.
8. 7 MELDRUM CLOSE, NEWBURY, RG14 6SL

APR26

9. AM/A/B1/B/BE/*/k//n/p/q

13.	9.	10.	11.	12.
	AM	26.02.13	24.04.26	01
	A1			
	A2			
	A	19.01.13	24.04.26	79(3),01
	B1	12.09.78	24.04.26	01
	B	12.09.78	24.04.26	01
	C1			
	C			
	D1			
	D			
	BE	12.09.78	24.04.26	01
	C1E			
	CE			
	D1E			
	DE			
	lkinpq	12.09.78	24.04.26	01,118

12. 115

1. Name 2. First name 3. Date and place of birth
4a. Date of issue 4b. Date of expiry 4c. Issued by
5. Licence number 10. Valid from 11. Valid to 12. Codes

FB81133095

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
0/06/25	Milpro		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 03/07/2025.

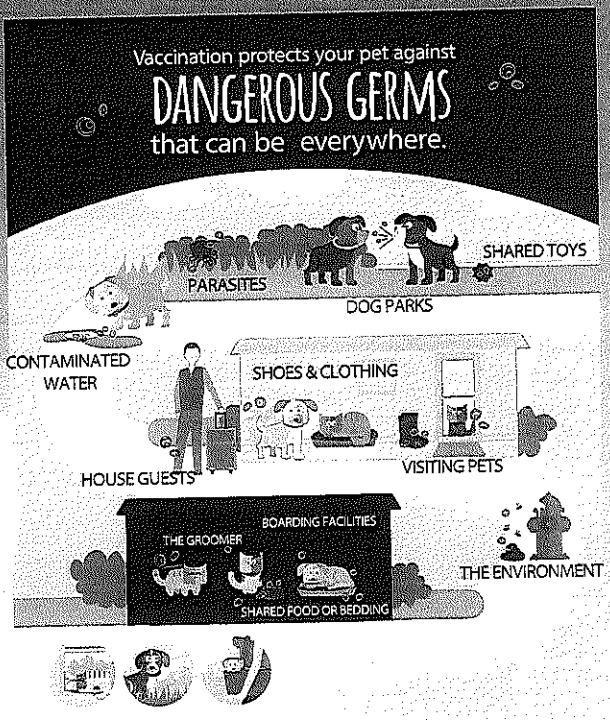
DOCTOR'S NAME Dr A.S. Muller.

Garden Route SPCA
P.O. Box 238
George,6530
Ph (044) 693 - 0824
PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16:00
Saturday: 09:00 -11:00