ADOPTION CHECKLIST

ADMISSION NO: MB/ 6888

CONTRACT NO: MA0065

- [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 08/07/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 08/07/25 992003000548258

Adoptee INFO:

Name & Surname Mnr J.C. Kruger

Contact INFO: 062 507 1879.

Completed by: _____ Date: 08/07/2025

Manager: _____ Date: 08/07/2025

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.

MA0065

9920030005 48258 ADMISSION NO MBY6888

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 8-7-25 TIME: 14:45

NAME OF APPLICANT: Mr J.C. Kruger

ADDRESS: 49 Rooiboklaan, Reebok

HOME TEL No: CELL No: 072 573 1294

ANIMAL(S) ADOPTING: Jack Russel

SEX: Female AGE: ± 7 years

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2m		Suitability of fence (i.e. small pets can't escape): suitable	
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?	gate steel
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	Labrador				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	♀ / 12 years	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Mom

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Lucrecia Boyd SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Stella.
MB-16586.

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): J.C. Kruger

HOME ADDRESS: 49 Roorbokkoo Reebok, ID NO.: 5710175016087

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0625071879 FAX NO:

EMAIL: ~~j.kruger~~ jkruger17@gmail.com.

Address where animal will be kept: As above

Occupation: Pensioner

Do you own or rent your property: Own Do you have consent from owner / Body Corporate? NA

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? Jack Russel.

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

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

What are the sexes of your animals? DOGS: Male Female X 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? 2 CATS? OTHER?

Which animals do you still have, and what happened to the others? 1 left died of age

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

Full description of the fencing and gate: Vibre Crete and gate Height: 1.8.

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? Ye

Pre Home Inspection Fee: R100 Receipt No: 7133

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** 4/7/2025

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Zaan Kruger
   - Contact Number: 072 573 1294
   - Email Address: zaankruger123@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Liandi Coetzer
   - Contact Number: 072 401 7191
   - Email Address: liandi.coetzer06@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: 8/7/2025

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	24-001555-003-3
DATUM VAN REKENING:	24/06/2025
LAASTE KWITANSIE DATUM:	24/06/2025
VOORAFBETAALDE METERNOMMER:	04289587604

BTW REG. NO.

Naam:
KRUGER JC & Z
Liggingsadres:
49 ROOIBOKLAAN REEBOKRIF
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
958.00	1555000	2000000	4

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				2194.22
20/06/2025	0428958760ELEKTRISITEIT 27/05/2025-30/05/2025				451.54 *
	BASIES			392.65	
	VAT/BTW			58.89	
20/06/2025	BRL3980 WATER 15/04/2025-15/05/2025				548.29 *
	2646 - 2674 (28 Kl 30 Dae)				
	BASIES			237.63	
	07/24	5.92 @	0.000 =	0.00	
	.	13.81 @	9.737 =	134.47	
	.	8.27 @	12.658 =	104.68	
	VAT/BTW			71.51	
20/06/2025	400004 RIOOL				335.43 *
20/06/2025	300004 VULLIS				299.64 *
20/06/2025	BELASTING PAAIEMENT				641.71
	KWITANSIES				2194.00-
	Balans Oorgedra				0.83-
	BTW OP '*' ITEMS: 213.23 ACB TOT:			0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	2276.83	2276.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/07/2025	2276.00

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details /Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 240015550033

EasyPay >>>>>9152624001555003336

pay@ 11379 240015550033

Message /Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**

Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.

The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

KRUGER JC & Z
POSBUS 2424
MOSSELBAAI
6500

24-001555-003-3

Fold and tear on perforation.

GARDEN ROUTE SPCA MOSSELBAY			
DATE	27/06/25	ANIMAL NAME	Stella
KENNEL NUMBER	K21	BREED	Jack Russel.
CARD NUMBER	MBY 6888	STERILIZED	NO
COLOUR	White + Brown	MALE/FEMALE	Female
VACCINATED	Yes	AGE	7 yrs
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	9.8kg		
TEMPERATURE	38.9°		
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	

ADDITIONAL COMMENTS

Very friendly, highly adoptable.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548258

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. * 0625071879 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * jckruger17@gmail.com — If possible, please provide a personal email, not a company email.

Title * MR Initials * JC Surname * KRUGER

Street 49 ROOIBOK LAAN City

Suburb Area Code REEBOK

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 * 08 - 07 - 2025

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name STELLA Date of birth

Species * CANINE Breed * JACK RUSSEL

Colour BROWN + WHITE Markings

Gender Male X Female Sterilised Y 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

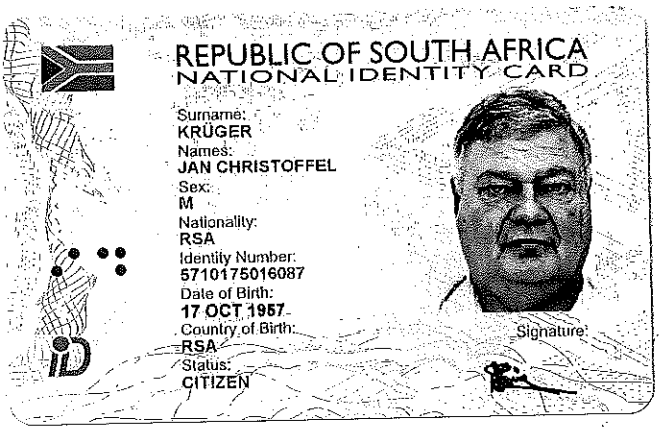
Medical Insurance Phone

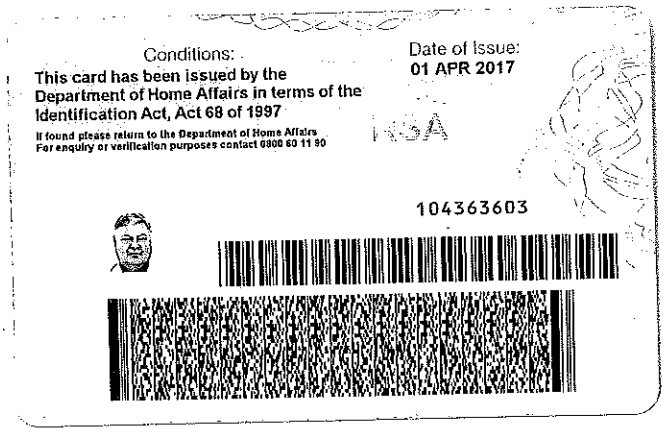
PROTECTION OF PERSONAL INFORMATION LAW

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, agrees 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


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
KRÜGER
Names:
JAN CHRISTOFFEL
Sex:
M
Nationality:
RSA
Identity Number:
5710175016087
Date of Birth:
17 OCT 1957
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:
01 APR 2017
RSA
104363603

MY OWNER

NAME	Mnr J.C. Kruger
POSTAL ADDRESS	" "
STREET ADDRESS	49 Rooiboklaan
	Reebok
HOME PHONE	
WORK PHONE	
CELLPHONE	062 5071879
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	JACK RUSSEL
COLOUR	BROWN + WHITE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548258
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
27/06/25	352210R3 Ser: 02131812A Exp: 04-FEB… Nobivac® HMPPA; Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48436 Ut. av./Exp.: 27/04-2026	[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	

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!

ADMISSION, ASSESSMENT AND HISTORY RECORD

ISO 12 loaded.

DBV SPCA Garden Route

KENNEL No.	K24 38			ADMISSION No.	MBY6888	
Stray	(Surrender)	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	27/06/25		Time in	9:21.	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	(Yes) / No	Lost & Found Date checked	27/06/25.
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	27/06/25	Microchip or ID Tag number: Nark.

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)	B/I.
Breed: Jack Russel		Colour and Markings: White & Brown.	
Condition: fair.		Sex: ♀.	Age: ± 7 years.
Temperament: fair		Sterilisation details: No	Name: Stella
Coat: S.	Tail: L	Teeth Condition: fair.	Ears: Hang.	Size: M.
Area found / collected from: Bayview				Date: 27/06/25.
Reason for surrender: Naybours have priddem with his dog				

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: CHARL MARAIS			
Residential Address: 18 BERTHOLD AHEIT STR. BAYVIEW, MARTENBOS					
Postal Address:					
Tel (H): No num	Tel (W): No num	Cell: 0721288389.			
Email: No email.					
Donation R: None	Cash	Card	EFT	(Receipt No.): None.	

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____