ADOPTION CHECKLIST

ADMISSION NO: MBY6884

CONTRACT NO: MA 0071

- [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 Date 24/07/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548296

Adoptee INFO:

Name & Surname Luwellen Brian Marx

Contact INFO: 0712819581

Completed by: _____ Date: 25/07/25

Manager: _____ Date: 25/07/25

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.

MA 0071

9 92003 000 54 8296 ADMISSION NO MB-16884

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 19/7/25 TIME: 10:49

NAME OF APPLICANT: Luwellen Brian Marx

ADDRESS: 382 Groenewald Str, Ext 8, Mosselbay

HOME TEL No: _____ CELL No: 0712819581

ANIMAL(S) ADOPTING: Collie x Maltese

SEX: Male AGE: ± 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION	Brick & Palisade's		
Type and height of fence:		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?	1

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Jack Russel				
CONDITION	Fair				
WELFARE (good?)	Good				
SEX & AGE	Male / 1½ year	/	/	/	/
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☒ MEDIUM DOGS
- ☒ SMALL DOGS
- ☐ LARGE DOGS

INSPECTED BY: Wally Wagenaar SPCA: MBay SPCA SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	25/06/25		Time in	16:45	Date for release	

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

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	Maltese x Breed		Colour and Markings	Cream + white	
Condition	Fair		Sex	♂	Age 5 weeks
Temperament	Good		Sterilisation details	NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears	Down	Size Small
Area found / collected from	EXT 26				Date 25/06/25
Reason for surrender	Owner can't afford				

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	Wayne Lundon
Residential Address	11 Miller Singel EXT 26	
Postal Address	Boplaas	
Tel (H) N/A	Tel (W) N/A	Cell NONE
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: Bho

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 Refer to MBY 6489	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: _____

MY OWNER

NAME	Luwellen Brian Marx
POSTAL ADDRESS	
STREET ADDRESS	382 Groenewald Str
Ext 8,	Mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	0712819581
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	MALTESE X COLLIE
COLOUR	WHITE + BEIGE
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATT	992003000548296
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
31/7/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
10/7/25	[redacted] Batch: A240A01 Exp.: 12-2026 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	

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

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook. facebook.com/BravectoSouthAfr

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548296

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. * 0712819581 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

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

Title * MR Initials * LB Surname * MARX

Street City

Suburb 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 * - -

Date of Implant * 23 - 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 Date of birth

Species * CANINE Breed * MALTESE X COLLIE

Colour WHITE + BEIGE 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

Rufio

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): LUWELLEN BRIAN MARK.

HOME ADDRESS: 382 GROENENDAL ST EXT 8 MOSSELBAY 6500 ID NO.: 7009095219089.

POSTAL ADDRESS: AS ABOVE.

TEL NO (H): 071281 9581 (B):

CELL NO: 071281 9581 FAX NO:

EMAIL: luwellenbrian@gmail.com.

Address where animal will be kept: AS BOVE.

Occupation: CONSTRUCTION MANAGER.

Do you own or rent your property: OWN. Do you have consent from owner / Body Corporate? YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: OWN/Can. love animals

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? Collycross

Can you afford private fees? YES. Who is your vet? [illegible] VITAL VET.

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

What are the sexes of your animals? DOGS: Male 1 Female CATS: Male Female

Are all your animals sterilised? Give details YES / VITAL VET.

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? Die off old Ages.

Is your property fenced and has a proper gate? YES. Will you chain/ an animal? NEVER.

Full description of the fencing and gate: BRICK AND STEEL GATE Height: 1.5

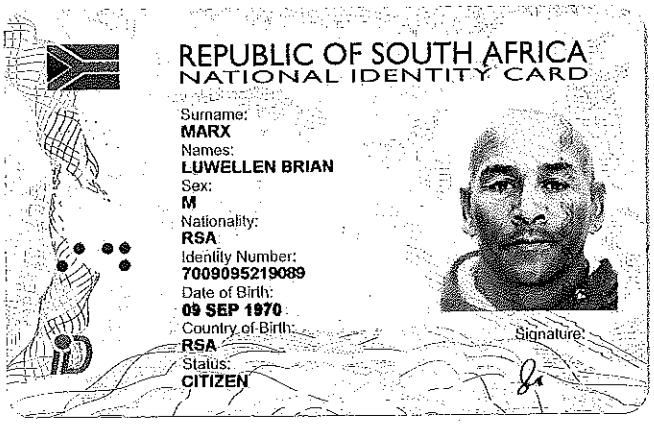
What shelter is provided: OUTDOORS KENNEL OTHER INDOOR.

Have you previously had pets from an SPCA? NO. Are there children under 10 in your household? A

Pre Home Inspection Fee: R100 Receipt No: 7199

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.

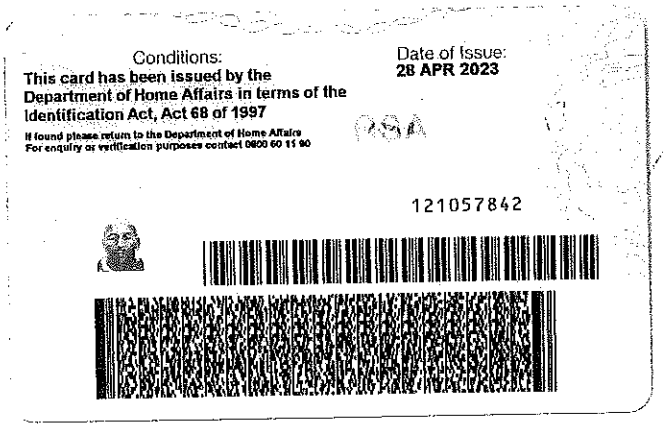
SIGNATURE OF APPLICANT **Date of application** 17/07/2025



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MARX
Names:
LUWELLEN BRIAN
Sex:
M
Nationality:
RSA
Identity Number:
7009095219089
Date of Birth:
09 SEP 1970
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:
28 APR 2023

121057842

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	58-010506-001-2
DATUM VAN REKENING:	24/06/2025
LAASTE KWITANSIE DATUM:	24/06/2025
VOORAFBETAALDE METERNOMMER:	01081316703

BTW REG. NO.
Naam:
MARX LB & EM
Liggingsadres:
382 GROENEWALDSTRAAT D'ALMEIDA X8
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
150.00	10506000	230000	12

DATUM	BESONDERHEDE			BEDRAG
	BALANS OORGEBRING			2658.03
02/06/2025 DP-COST	ADMIN FOOI			98.80 *
20/06/2025 0108131670	ELEKTRISITEIT 10/06/2025-16/06/2025		392.65	451.54 *
	BASIES		58.89	
	VAT/BTW			323.43 *
20/06/2025 CARL9299	WATER 05/05/2025-02/06/2025			
	1411 - 1421 (10 Kl 28 Dae)		237.63	
	BASIES			
	07/24 5.52 @	0.000 =	0.00	
	4.48 @	9.737 =	43.62	
			42.18	
	VAT/BTW			299.64 *
20/06/2025 300012	VULLIS			335.43 *
20/06/2025 400012	RIOOL			35.93
20/06/2025	BELASTING PAAIEMENT			2273.00-
	KWITANSIES			385.00-
	AUXILIARY KWITANSIES			0.80-
	Balans Oorgedra			
	BTW OP '*' ITEMS: 196.79 ACB TOT:		0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1544.80	1544.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/07/2025	1544.00

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. 580105060012

EasyPay >>>>>>9162658010506000120

pay@ 11379 580105060012

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.

Permit Mail
P4010395

Mossel Bay
MUNICIPALITY

MARX LB & EM
GROENEWALDSTRAAT 382
MOSSELBAAI UIT 8
6506

58-010506-001-2

Fold and tear on perforation.

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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: ELIZABETH MARTHA MARX.
   - Contact Number: 076 332 9985
   - Email Address: lustlenbma@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: _____
   - Contact Number: _____
   - 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: 25/07/2025.