

ADOPTION CHECKLIST

- ☒ 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 15/07/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number_____

ADMISSION NO:

MBY 6769

CONTRACT NO:

M0068

Adoptee INFO:

Name & Surname

Anthony Cloete

Contact INFO:

0611525012

Completed by:

[Signature]

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.



992003000548251

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Angel Cloete
- Contact Number: 016 129 6576
- Email Address: antangelcloete97@gmail.com

2. Additional Family Member/Friend Details

- Full Name: Denise Esthuizen
- Contact Number: 082 877 2774
- Email Address: Denise@johnjoseph.co.za

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: 25/07/2026

Bonny
K37

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): Mr Anthony Clete

HOME ADDRESS: 9 Seekat straat Tegniet

ID NO.: 9508265062086

POSTAL ADDRESS: 9 seekat straat Tegniet

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

CELL NO: 0611525012 FAX NO: _____

EMAIL: anthonyclete98@gmail.com

Address where animal will be kept: 9 Seekat st Tegniet

Occupation: Admin Manager

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

Are you a student with consent to keep pets: YES/NO

Reason for wanting animal: To love & Add to our family

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? Bonnie K37

Can you afford private fees? Yes Who is your vet? no one / et

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 1 hamster

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

Are all your animals sterilised? Give details NO

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

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

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

Full description of the fencing and gate: 1,2 m Fencing Height: 1,2 m.

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? Yes

Pre Home Inspection Fee: _____ Receipt No: _____

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

12/07/2016



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ADMISSION NO

MB4 6769

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 14/07/15

TIME: 16:00

NAME OF APPLICANT: Mr Anthony Cloete

ADDRESS: 9 Seelach Terenriet.

HOME TEL No: CELL No: 0611525012

ANIMAL(S) ADOPTING: Bonnie 1037 - X Breed.

SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
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?	

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

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS☐ SMALL DOGS☐ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY: Euer

SPCA: Nosselby

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:

CLOETE

Names:

ANTHONY JASON

Sex:

M

Nationality:

RSA

Identity Number:

9508265062086

Date of Birth:

26 AUG 1995

Country of Birth:

RSA

Status:

CITIZEN



Signature:



Conditions:

Date of Issue:

19 JAN 2016

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 60

RSA

101130920



MY OWNER

NAME Anthony Clote

POSTAL ADDRESS

STREET ADDRESS 9 Seekoe Street

Tergriet

HOME PHONE

WORK PHONE

CELLPHONE 0611525012

BREEDER DETAILS

ME

SPECIES

BREED

COLOUR

SEX

DATE OF BIRTH

MICROCHIP/TATTOO

FEATURES/MARKS

Canine
Brown
Female

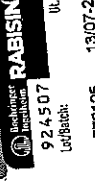


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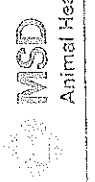
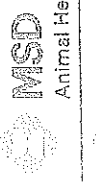
NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
20/06/25	 SP 02131024 01-FEB-2026 Animal Health	
21/07/25	 SP 02131024 01-FEB-2026 Animal Health	
21/07/25	 RABISIN R 924507 13/07-2028 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 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3890 Act 36/1947), 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 (isocincholine) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. Exitel Plus (Reg. No. G4228 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 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

Exitel Plus

Exitel Plus XL

Bravecto



facebook.com/BravectoSouthAfrica
facebook.com/ExitelPlus

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

LOADED

KENNEL No. <u>17 K37</u>				ADMISSION No. <u>MBY6769</u>		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in	<u>18/6/25</u>	<u>NA</u>	Time in	<u>11:00</u>	Date for release	<u>25/6/25</u>

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 ☒ <u>X2</u>	Cat ☐	Other species (Specify) <u>blm</u>			
	Breed	<u>Collie X</u>		Colour and Markings	<u>Brown</u>	
	Condition	<u>fair</u>		Sex	<u>Female</u>	Age <u>1 year</u>
	Temperament	<u>fair</u>		Sterilisation details	<u>NONE</u>	Name <u>Bonnie</u>
	Coat <u>Short</u>	Tail <u>long</u>	Teeth Condition <u>fair</u>	Ears <u>up</u>	Size <u>Med / Small</u>	
	Area found / collected from <u>Ex 7 8</u>					Date <u>18/6/25</u>
	Reason for surrender <u>Surrendered at Asien Garage</u>					

ASSESSMENT		Surrendered by		Name <u>X Pinkie</u>	
GOOD WITH: Yes No		Found by		Name <u>X Pinkie</u>	
Children	☐	Residential Address		<u>* 13 Masse / street</u>	
Cats	☐			<u>M-Bay</u>	
Other Dogs	☐	Postal Address		<u>6506</u>	
Livestock/Other	☐	Tel (H) <u>NONE</u>		Tel (W) <u>NONE</u>	Cell <u>X 07901335</u>
DO THEY: Yes No		Email		<u>NONE</u>	
Jump Fences	☐	Donation R <u>NONE</u>		Cash ☐	Card ☐
Run Away	☐			EFT ☐	(Receipt No.)

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 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 uitdrukklik 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
	Details of third Applicant

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

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION



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. * 0611525012

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

E-mail * anthonycloute98@gmail.com If possible, please provide a personal email, not a company email.

Title * MR Initials * A

Surname * CLOETE

Street 9 SEEKAT

City

Suburb

Area Code TERNIET

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 * - -

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name BONNIE

Date of birth

Species * CANINE

Breed * X BREED

Colour BROWN, 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 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

TAXINVOICE



Afrihost SP (Pty) Ltd

Reg No 2016/130190/07 VAT No 4510275136

376 Rivonia Boulevard, Sandton, Gauteng, 2191

ANTHONY CLOETE

IN57745397

Cell 0611525012
Email anthonycloete98@gmail.com
Address 9 Seekat Street
Terniet
Western Cape
South Africa
6525

Account A15473300
Invoice Date 2025-08-01
Generated Date 2025-07-18
Payment Date 2025-08-01
Payment Method Credit Card

Description	From	To	Amount
Frogfoot - anthonyc83@afrihost.co.za - 60Mbps Frogfoot Pure Fibre  - 60Mbps Pure Uncapped Fibre - 60Mbps/30Mbps Frogfoot Fibre 195154841	2025-08-01	2025-08-31	R637.00



Subtotal (excl VAT)	R553.91
VAT (charged at 15%)	R83.09
Total	R637.00

THANK YOU FOR YOUR BUSINESS

PLEASE NOTE:

We will automatically charge the amount of R637.00 to your Visa/Mastercard on or after 2025-08-01. If your card has expired or you know of any other problem, kindly get in touch with us to avoid possible billing problems.

YOUR ACCOUNT DETAILS AS SUBMITTED TO US:



You are paying via **Visa/Mastercard** with the card ending in **4052 XXXX XXXX 2224**. You can manage your payment details by logging into **ClientZone**.

NEED HELP?

If you need more assistance or would just like some more info, please feel free to contact us on any of the platforms below.



whatsapp.afrihost.com
Chat directly via WhatsApp on
your mobile or desktop.



help.afrihost.com
Get answers on frequently
asked questions.



answers.afrihost.com
Guides, troubleshooting and
video tutorials.