ADOPTION CHECKLIST

ADMISSION NO: MBY7005

CONTRACT NO: MA0066

- [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 Doc 24/07/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548293

Adoptee INFO:

Name & Surname Max Griffiths

Contact INFO: 072 6716 311

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.

K12 Blue eyes. MBY 7006.

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 Max Griffiths

HOME ADDRESS: 8 Angelica Road Dana Bay

ID NO.: 8809236342051

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): N/A

CELL NO: 072 6716 311 FAX NO: N/A

EMAIL: mgriffiths@mweb.co.za

Address where animal will be kept: 8 Angelica Road Dana Bay

Occupation: Plumber

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: A Freind for our dog

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? Collie

Can you afford private fees? yes Who is your vet? Heiderand vets

How many animals live on the property? DOGS? 1 CATS? 2 OTHERS

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

Are all your animals sterilised? Give details yes

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

Which animals do you still have, and what happened to the others? One cat was bitten by the neighbour's dog

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

Full description of the fencing and gate: Vibracle / wood gate Height: 1,8m

What shelter is provided: OUTDOORS KENNEL OTHER Garage

Have you previously had pets from an SPCA? yes Are there children under 10 in your household? ye

Pre Home Inspection Fee: R100 Receipt No: 7156

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** 8/07/2025

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Egté Griffiths
   - Contact Number: 083 64 6344 785
   - Email Address: egte@work exploreabroad.co.za

2. **Additional Family Member/Friend Details**
   - Full Name: Rike de Villiers
   - Contact Number: 083 626 0842
   - Email Address: Rikadv@gmail.com

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

1. **Adoption Contract Acknowledgment**

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

Signature: 

Date: 29/07/2025

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	86-007233-002-9
DATE OF ACCOUNT:	23/04/2025
LAST RECEIPT DATE:	22/04/2025
PREPAID METER NUMBER:	04247454707

VAT REG. NO.
Name:
GRIFFITHS M
Street Address:
8 A ANGELICASTRAAT DANABAAI
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
1354.90	7233000	2325000	11

DATE	DETAILS				AMOUNT
	B/F BALANCE				2408.88
22/04/2025	0424745470 ELECTRICITY				451.54 *
	BASIC			392.65	
	VAT/BTW			58.89	
22/04/2025	JRK4177 WATER 10/03/2025-09/04/2025				419.75 *
	2094 - 2113 (19 Kl 30 Days)				
	BASIC			237.63	
	07/24	5.92 @	0.000 =	0.00	
	.	13.08 @	9.737 =	127.37	
	VAT/BTW			54.75	
22/04/2025	400011 SEWERAGE				335.43 *
22/04/2025	300011 REFUSE				299.64 *
22/04/2025	RATES INSTALLMENT				752.95
	RECEIPTS				2408.00-
	Balance Carried Forward				0.19-
	VAT ON '*' ITEMS: 196.47 ACB TOT:			0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
0.00	0.00	0.00	2260.19	2260.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/05/2025	2260.00

VAT No. / BTW Nr. 4630118370

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. 860072330029

EasyPay >>>>>>9152686800723300291

pay@ 11379 860072330029

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

GRIFFITHS M
PO BOX 11052
DANA BAY
6510

86-007233-002-9

Fold and tear on perforation.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
GRIFFITHS
Names:
MAX
Sex:
M
Nationality:
RSA
Identity Number:
8809236342081
Date of Birth:
23 SEP 1988
Country of Birth:
NAM
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:
19 JUL 2019

RSA

111117749

MA 0066

ADMISSION NO: MBY7005

992 003000548293

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO   DATE UNDERTAKEN: 9-7-25   TIME: 16:48

NAME OF APPLICANT: Mr Mark Griffiths

ADDRESS: 8 Angelica W Donnybrook

HOME TEL No: CELL No: 072 6716311

ANIMAL(S) ADOPTING: Collie x

SEX: Female   AGE: ± 10 week

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 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? 2	

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	X Breed	DSH			
CONDITION	good	good			
WELFARE (good?)	good	good			
SEX & AGE	♂ / 11.4yrs	♂ 2y / ♂	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: [signature]   SPCA: [signature]   SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME: Max Griffiths

POSTAL ADDRESS:

STREET ADDRESS: 8 Angelica Road

Dana Bay

HOME PHONE:

WORK PHONE:

CELLPHONE: 072 67 16 311

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: COLLIE X

COLOUR: BLACK + WHITE

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP/TATTO: 992003000548293

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
04/08/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
07/07/25	[redacted] Batch: A240A01 Exp.: 12-2026 Milpro	
	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	
	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 (isoqinoline) 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA
Garden Route

KENNEL No.	KIES 29			ADMISSION No.	MBY7005	
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	07/07/25		Time in	9:30	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	(Yes) / No	Lost & Found Date checked	07/07/25
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	07/07/	Microchip or ID Tag number: None.

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)	B/I.	
Breed	Collie x Husky	Colour and Markings	Black & White.	
Condition	Fair.	Sex ♀	Age +12 weeks.	
Temperament	Friendly.	Sterilisation details: No	Name	
Coat M.	Tail L	Teeth Condition fair.	Ears hang	Size S
Area found / collected from: Eact 13.				Date 07/07/25.
Reason for surrender: Stray.				

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	Marion Brunders.	
Residential Address	27 Grunter Str. Eact 13.			
Postal Address	No postal.			
Tel (H) No num	Tel (W) No num	Cell 0834454434		
Email	No email.			
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: 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 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 MBY7004.	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: _____

GARDEN ROUTE SPCA MOSSELBAY			
DATE	07/07/2025	ANIMAL NAME	
KENNEL NUMBER	K12	BREED	COLLIE
CARD NUMBER	MBY 7005	STERILIZED	NO
COLOUR	Black + white.	MALE/FEMALE	Female
VACCINATED	Yes	AGE	± 3 months
PROOF OF VACC	Yellow card	STRAY/SURRENDER	SURRENDER

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.70 kg.		
TEMPERATURE	37.8		
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

Blue eyes,

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548293

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. * 0726716311

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

E-mail * mgriffiths@mweb.co.za

If possible, please provide a personal email, not a company email.

Title * MR Initials * M Surname * GRIFFITHS

Street 8 ANGELICA ROAD City

Suburb Area Code DANA 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 * - -

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 IEVERS

PET DETAILS

Pet Name RAYNE Date of birth

Species * CANINE Breed * COLLIE X

Colour BLACK + WHITE 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 _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE X _____

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