ADOPTION CHECKLIST

ADMISSION NO: MBY 6874

CONTRACT NO: MA0083

- [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 31/07/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 06/08/25. 992003000548178

Adoptee INFO:

Name & Surname Jeanette Pauw

Contact INFO: 0762 737104

Completed by: _____ Date: 05/08/25

Manager: _____ Date: 05/08/25

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.

MY OWNER

NAME	Jeanette Pauw
POSTAL ADDRESS	
STREET ADDRESS	27 Geelhoutlaan
	Hartenbosheuwels
HOME PHONE	
WORK PHONE	
CELLPHONE	0762737104
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Labrador X
COLOUR	Light-Tan
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATT	992003000548178
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
05/08/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
08/07/25	[redacted] milpro Batch: A240A01 Exp.: 12-2026	
05/08/25	[redacted] milpro 02131612A 04-FEB-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	
	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

Nobivac

Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO

Find us on facebook.

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Christiaan Pauw
   - Contact Number: 0825574328
   - Email Address: christiaan.pauw@nova.org.za

2. **Additional Family Member/Friend Details**
   - Full Name: Chris Smit
   - Contact Number: 0836639303
   - Email Address: chris.smit@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? 2018
   - Where? DBU Mossel Bay
   - What animal did you adopt? Kat

1. **Adoption Contract Acknowledgment**

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

Signature: Christiaan Pauw
Date: 5/8/2025

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	43-001869-004-3
DATUM VAN REKENING:	23/07/2025
LAASTE KWITANSIE DATUM:	22/07/2025
VOORAFBETAALDE METERNOMMER:	04183376443

BTW REG. NO.
Naam:
PAUW J & CJ
Liggingsadres:
27 GEELHOUTLAAN HARTENBOSHEUWELS
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
600.00	1869000	2025000	7

DATUM	BESONDERHEDE	BEDRAG
	BALANS OORGEBRING	2159.54
22/07/2025 0418337644	ELEKTRISITEIT 23/06/2025-29/06/2025	496.69 *
	BASIES 431.91	
	VAT/BTW 64.78	
22/07/2025 1132	WATER 20/05/2025-19/06/2025	424.67 *
	6704 - 6721 (17 Kl 30 Dae)	
	BASIES 261.39	
	07/24 5.92 @ 0.000 = 0.00	
	. 11.08 @ 9.737 = 107.89	
	VAT/BTW 55.39	
22/07/2025 400007	RIOOL	365.61 *
22/07/2025 300007	VULLIS	320.62 *
22/07/2025	BELASTING PAAIEMENT	734.88
	KWITANSIES	2200.00-
	AUXILIARY KWITANSIES	65.62-
	Balans Oorgedra	0.39-
	BTW OP '*' ITEMS: 209.67 ACB TOT: 0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	2236.39	2236.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/08/2025	2236.00

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. 430018690043

EasyPay >>>>>9152643001869004 30

pay@ your payment partner 11379 430018690043

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

PAUW J & CJ
GEELHOUTLAAN 27
HARTENBOS HEUWELS
6520

43-001869-004-3

Fold and tear on perforation.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

Loaded

KENNEL No. K#6 41				ADMISSION No. MBY6874		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	24/06/25		Time in	10:00	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	24/06/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Lab X	Colour and Markings	Tan light	
Condition	Fair	Sex	♂	Age ± 5 weeks
Temperament	Fear	Sterilisation details	No	Name
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	ASIA			Date 24/06/25
Reason for surrender	Too many			

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	Hyaa James			
Residential Address	47 Adolf ASIA				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 078 6007821			
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: Themba

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 bevestlg dat ek bo die ouderdom van agtlen (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature Refer to MBY 6585	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	24/06/25	ANIMAL NAME	
KENNEL NUMBER	K16	BREED	Lab x
CARD NUMBER	MBY	STERILIZED	NO
COLOUR	Tan - light	MALE/FEMALE	MALE
VACCINATED	NO	AGE	± 5 weeks
PROOF OF VACC	NO	STRAY/SURRENDER	surrender

GENERAL HEALTH CHECK

WEIGHT	NAD	2.2	
TEMPERATURE	NAD	37.9°	
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	

COMMENTS

Very healthy, fat and eating well. Beautiful pup.

MA 0083

992003000548178 ADMISSION NO MBY6874

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 05/08/25 TIME: 10:14

NAME OF APPLICANT: Jeanette Pauw

ADDRESS: 27 Geelhoutlaan, Hartenbos Heuwels

HOME TEL No: CELL No: 0762737104

ANIMAL(S) ADOPTING: Lab X

SEX: Male AGE: 2-3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION 1.2 meter			
Type and height of fence: Wire mesh		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	Staf				
CONDITION	good				
WELFARE (good?)	Good				
SEX & AGE	F 16yrs	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Animal still in good condition No welfare concerns.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

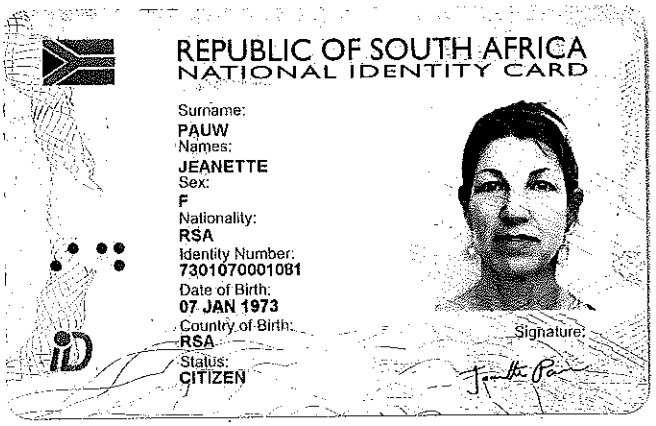
- ☒ CATS
- ☒ SMALL DOGS
- ☐ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: ICW SPCA: Mossel Bay 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:
PAUW
Names:
JEANETTE
Sex:
F
Nationality:
RSA
Identity Number:
7301070001081
Date of Birth:
07 JAN 1973
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:
27 JAN 2020

RSA

112429928

Lynnsor

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): Mrs J Pauw

HOME ADDRESS: Geelhoutlaan 27

Hartenbosheuwels ID NO.: 7301070001081

POSTAL ADDRESS: Geelhoutlaan 27 Hartenbosheuwels 6520

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

CELL NO: 0762737104 FAX NO:

EMAIL: jeanettepauw@nova.org.za

Address where animal will be kept: Geelhoutlaan 27 Hartenbosheuwels

Occupation: Statistikus

Do you own or rent your property: Owner 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: Pet for our 12 year old son.

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? Labrador

Can you afford private fees? Y Who is your vet? Dr. van der Graaff

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

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

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

Is your property fenced and has a proper gate? In the process to get a fence Will you chain/ an animal? No

Full description of the fencing and gate: ____ Height: ____

What shelter is provided: OUTDOORS ____ KENNEL basket OTHER ____

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? No

Pre Home Inspection Fee: R100 Receipt No: 7842

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 Jeanette Pauw **Date of application** 29/07/25.

BackHome®

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MI 992003000548178 Practice Copy

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. * 0762737104 Only mobile numbers in South Africa and Namibia will be receiving SMS notifications.

E-mail * jeanettepauw@nova.org.za

Title * MRS Initials * J Surname * PAUW

Street 27 GEELHOUT LAAN City

Suburb Area Code HARTENBOS

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

CHIP DETAILS

Registration Date * 06-07-2025

Date of Implant * 31-07-2025

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Person who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name JULIO Year of Birth 2025

Species * CANINE Breed * LAB X

Colour TAN Markings

Gender (Male) Female Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registartion 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 0864 570 463.
3. By e-mail — Scan and E-mail the completed form to backhome@virbac.co.za