ADOPTION CHECKLIST

ADMISSION NO: MBY 4668

CONTRACT NO: MA0078

- [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 29/07/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 06/08/25 992003000548378

Adoptee INFO:

Name & Surname Arno Jacques Mouton

Contact INFO: 082 373 4414

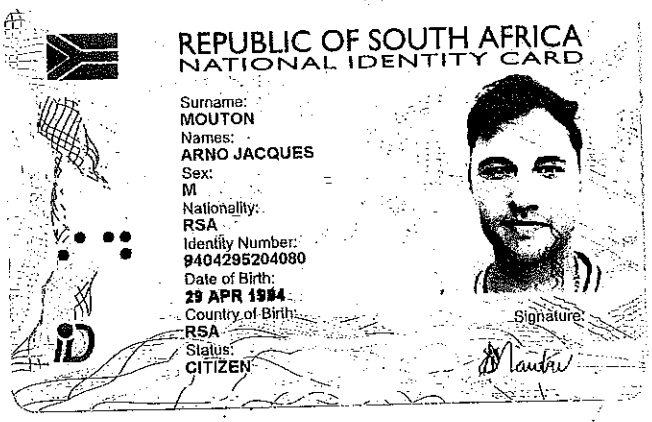
Completed by: _____ Date: 04/08/25

Manager: _____ Date: 04/08/25

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.

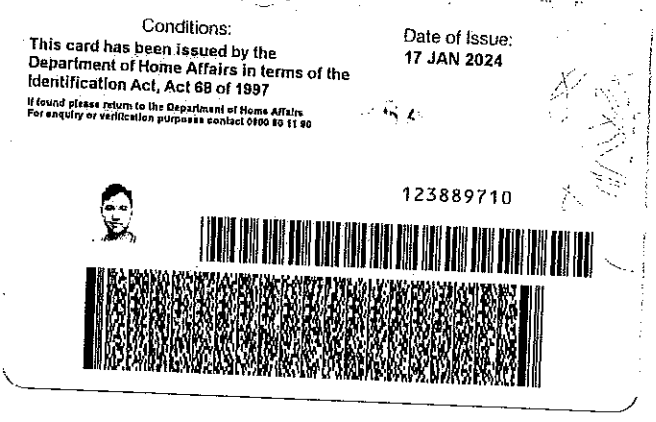
All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MOUTON
Names:
ARNO JACQUES
Sex:
M
Nationality:
RSA
Identity Number:
9404295204080
Date of Birth:
29 APR 1994
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:
17 JAN 2024

123889710

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Amor Mouton
   - Contact Number: 082 460 2555
   - Email Address: kosmouton@live.co.za

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: Mouton

Date: 04/08/25

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MIC[illegible]

992003000548378

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 * FR14/13019.

Vet Practice Name * SPCA VET Room Mosselbay

Vet Practice Phone - Daytime * 044 6930824.

PET OWNER INFORMATION

Cell No. * 0823734414 — Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * Jacquesmouton10@gmail.com — If possible, please provide a personal email, not a company email.

Title * MR Initials * AJ Surname * MOUTON

Street PLAAS 420 City

Suburb LEEUWENKLOOF Area Code MOSSELBAY

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 * 06-08-2025

Date of Implant * 29-07-2025

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

Name of Vet who implanted the Chip KAY IEUERS

PET DETAILS

Pet Name LEAH Date of birth

Species * CANINE Breed * COLLIEXLAB

Colour 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 _____ 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

MA 0078

ADMISSION NO MBY 4668

9920030005 48378

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 24-7-25 TIME: 16:00

NAME OF APPLICANT: Arno Jaques Mouton

ADDRESS: Plaas 420 Leeuwenkloof, Mosselbaai

HOME TEL No: _____ CELL No: 082 373 4414

ANIMAL(S) ADOPTING: Collie X Lab + Adult cat

SEX: Female + Male AGE: 3-4 months + Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Meshwire		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?	gate
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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ 8y.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Jam

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☒ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Armand Roos SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Collie.

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): Arno Jacques Mouton.

HOME ADDRESS: 420 Leeuwkloof Mosselbaaiplase

ID NO.: 9404295204080

POSTAL ADDRESS: _____

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

CELL NO: 082 373 4414 FAX NO: _____

EMAIL: Jacquesmouton10@gmail.com.

Address where animal will be kept: 420 leeuwkloof

Occupation: Farmer

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

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

Reason for wanting animal: Maatjie vir my kelpie om skape te werk.

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? Hartenbos Diere hospitaal

How many animals live on the property? DOGS? 4 CATS? 2 OTHERS Plaasdiere

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

Are all your animals sterilised? Give details Not all

How many dogs and cats have you owned in the last 3 years? DOGS? 4 CATS? _____ OTHER? Plaasdie

Which animals do you still have, and what happened to the others? Still have all

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

Full description of the fencing and gate: Plaas Jakkals draad Height: 2,20 cm.

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? No

Pre Home Inspection Fee: R100 Receipt No: 7820

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 JJ Mouton **Date of application** 24/07/25

Mosselbaai Municipality

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	37-000428-001-8
DATE OF ACCOUNT:	23/07/2025
LAST RECEIPT DATE:	22/07/2025
PREPAID METER NUMBER:	

VAT REG. NO:
Name:
MOUTON AJ A A
Email Address:
LEEUWENKLOOF MOSSELBAAIPLAAS

TAX INVOICE **MONTHLY ACCOUNT**

SERVICE DEPOSIT	ERF NUMBER:	TOTAL VALUATION:	WARD No:
0.00	429000	4975000	14

DATE	DETAILS	AMOUNT
	B/F BALANCE	915.93
22/07/2025	RATES INSTALLMENT	481.35
	RECEIPTS	800.00-
	Balance Carried Forward	0.28-

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	115.93	481.35	597.00

PAYMENT MUST BE MADE | DUE DATE | AMOUNT DUE

MY OWNER

NAME: Arno Jacques Mouton

POSTAL ADDRESS:

STREET ADDRESS: Plaas 420 Leeuwenkloof

Mosselbaai

HOME PHONE:

WORK PHONE:

CELLPHONE: 082 373 4414

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: COLLIE X LAB

COLOUR: BLACK

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP/TATTO: 992003000548378

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
15/08/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/07/25	[redacted] + milpro 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 (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/BravectoSouthAf

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No. ~~K~~ K16 40				ADMISSION No. MBY4668		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 10/07/2025		Time in		17:25	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	X-breed	Colour and Markings	Black	
Condition	Fair	Sex ~~dog~~ ♀		Age
Temperament	Fair	Sterilisation details		Name
Coat	Tail long	Teeth Condition Fair	Ears Down	Size S
Area found / collected from				Date
Reason for surrender	A			

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	Marista Lubbe	
Residential Address	86 Orcelis Singel Greenhaven Graafbraat-River			
Postal Address				
Tel (H)	Tel (W)	Cell 061 778 8745		
Email	marista.lubbe@hotmail.com			
Donation R	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No:_____ Case No:_____ Inspector:_____

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	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	18/07/25	ANIMAL NAME	
KENNEL NUMBER	K6.	BREED	COLLIE X
CARD NUMBER	MBY	STERILIZED	NO
COLOUR	BLACK	MALE/FEMALE	Female
VACCINATED	YES	AGE	± 3 maande
PROOF OF VACC	YELLOW CARD	STRAY/SURRENDER	STRAY

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	6.3 kg.		
TEMPERATURE	39°		
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