ADOPTION CHECKLIST

ADMISSION NO: MB-17057

CONTRACT NO: MA0091

- [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 05/08/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548374 012/08/25

Adoptee INFO:

Name & Surname Anne Stoker

Contact INFO: 0714618500

Completed by: [signature] Date: 07/08/25

Manager: [signature] Date: 07/08/25

| 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.*

# ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

| KENNEL No. KM 34 | | | | ADMISSION No. MBY7057 | | |
|---|---|---|---|---|---|---|
| Stray | Surrender | Abandoned | Returned | Impounded | Confiscated | Request for euthanasia |
| Date in | 13/7/25 | | Time in | 13H30 | 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 ✓ x2 | Cat | Other species (Specify) KM. 28 | | |
| Breed | Yorkie | Colour and Markings | Beaver & Traditional | |
| Condition | Good | Sex | Male | Age 3 |
| Temperament | Friendly | Sterilisation details | No | Name Kayu & Cooper |
| Coat Med | Tail Long | Teeth Condition Good | Ears Down. | Size S. |
| Area found / collected from | Hoatenbos | | | Date |
| Reason for surrender | Jump fence | | | |

| 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 | Esmé | | |
| Residential Address | 16 Italerie | | | |
| | | | | |
| Postal Address | | | | |
| Tel (H) | Tel (W) | Cell 060 614 7109 | | |
| Email | esmelocks9510l3@gmail.com | | | |
| Donation R | Cash | Card | EFT | (Receipt No.) |

**PLEASE INSIST ON A RECEIPT**

Confiscated: OB No: n/a Case No: n/a Inspector: Thenby

## 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: _____

Yorkie

# 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): Anine Stoker

HOME ADDRESS: 13 Crawberry Close, Knysna, Green Pastures

ID NO.: 8701150162084

POSTAL ADDRESS: N/A

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

CELL NO: 0714618500 FAX NO: N/A

EMAIL: aninestoker@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: TEACHER

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: Our children are big enough to help take care of animals now.

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? Two Yorkie's

Can you afford private fees? Yes Who is your vet? Knysna Vet

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

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

Are all your animals sterilised? Give details Have none

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

Which animals do you still have, and what happened to the others? NONE

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

Full description of the fencing and gate: Fence Height: 1.5M

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? Yes

Pre Home Inspection Fee: R100 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** 04/08/2025

# ANNEXURE A

## Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Gareth Aubrey Stoker
   - Contact Number: 083 772 7944
   - Email Address: garethstoker@yahoo.com

2. **Additional Family Member/Friend Details**
   - Full Name: Carmen Mari Stoker
   - Contact Number: 083 592 2267
   - Email Address: carmenmaristoker@gmail.com

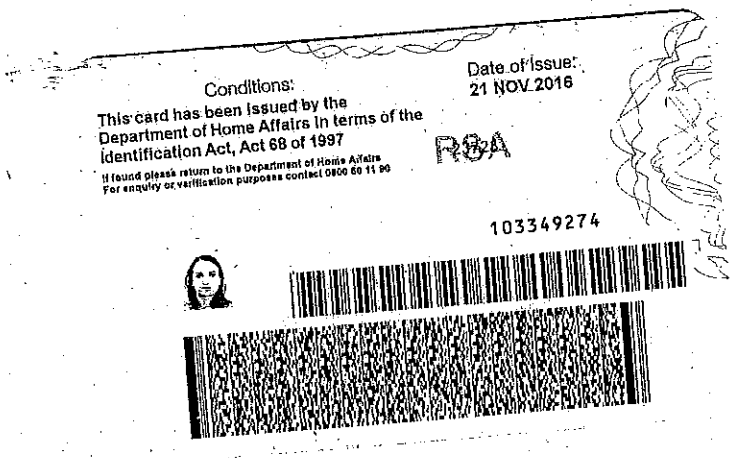
3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/(No))
   - If yes, when? ~
   - Where? _____
   - What animal did you adopt? ~

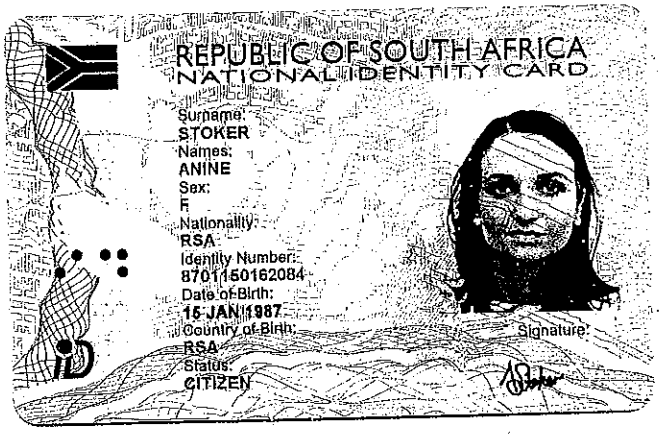
1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 7/08/2025


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:
21 NOV 2016
RSA
103349274


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
STOKER
Names:
ANINE
Sex:
F
Nationality:
RSA
Identity Number:
8701150162084
Date of Birth:
15 JAN 1987
Country of Birth:
RSA
Status:
CITIZEN
Signature:

# KNYSNA PRIMARY SCHOOL

P.O. BOX 13, KNYSNA, 6570
Tel: 0443821422
Faks: 0443826745
E-pos: schoolfees@knysnaprimary.co.za

Bankbesonderhede: FNB
Bank: First National Bank Beperk
Takkode: 250655
Rekeninghouer: Knysna Primary School
Rekeningnommer: 62867551551
Rekeningtipe: Tjek

## REKENINGSTAAT OP 5 AUGUSTUS 2025

Rekeningverwysing: 16434 STOKER
Mev A STOKER
CRAWBERRY CLOSE 13
KNYSNA
6571
Tel: 071 4618500

Leerder inligting:
STOKER LISA - 2339 [Graad 1/1A-VR]
STOKER KARA - R2067 [Graad RR/3/5A-BE]

*Knip asseblief af op die stippellyn en stuur die boonste gedeelte terug saam met u betaling*

LW: Betalings ingesluit tot 5 Augustus 2025

| DATUM | VERW | BESKRYWING | LEERDER | MND | BEDRAG | SALDO |
|---|---|---|---|---|---|---|
| 2025-01-01 | | Openingsbalans | LISA | Jan25 | -39.25 | -39.25 |
| 2025-01-01 | | Openingsbalans | KARA | Jan25 | 0.00 | -39.25 |
| 2025-01-01 | 109513 | Skoolgeld faktuur | LISA | Jan25 | 851.00 | 811.75 |
| 2025-01-01 | 118353 | LE Fooi faktuur | KARA | Jan25 | 1,577.00 | 2,388.75 |
| 2025-01-01 | 118271 | LE Fooi faktuur | KARA | Jan25 | 575.00 | 2,963.75 |
| 2025-01-14 | 44113 | LE Fooi Kaart betaling ontvang | KARA | Jan25 | -575.00 | 2,388.75 |
| 2025-01-15 | 44192 | EFT betaling ontvang - Dankie | | | -2,428.00 | -39.25 |
| 2025-02-01 | 110338 | Skoolgeld faktuur | LISA | Feb25 | 851.00 | 811.75 |
| 2025-02-01 | 118435 | LE Fooi faktuur | KARA | Feb25 | 1,577.00 | 2,388.75 |
| 2025-02-14 | 45145 | EFT betaling ontvang - Dankie | | | -2,428.00 | -39.25 |
| 2025-03-01 | 111163 | Skoolgeld faktuur | LISA | Mrt25 | 851.00 | 811.75 |
| 2025-03-01 | 118517 | LE Fooi faktuur | KARA | Mrt25 | 1,577.00 | 2,388.75 |
| 2025-03-15 | 45919 | EFT betaling ontvang - Dankie | | | -2,428.00 | -39.25 |
| 2025-04-01 | 111988 | Skoolgeld faktuur | LISA | Apr25 | 851.00 | 811.75 |
| 2025-04-01 | 118599 | LE Fooi faktuur | KARA | Apr25 | 1,577.00 | 2,388.75 |
| 2025-04-16 | 46670 | EFT betaling ontvang - Dankie | | | -2,428.00 | -39.25 |
| 2025-05-01 | 112813 | Skoolgeld faktuur | LISA | Mei25 | 851.00 | 811.75 |
| 2025-05-01 | 118681 | LE Fooi faktuur | KARA | Mei25 | 1,577.00 | 2,388.75 |
| 2025-05-15 | 47271 | EFT betaling ontvang - Dankie | | | -2,428.00 | -39.25 |
| 2025-06-01 | 113638 | Skoolgeld faktuur | LISA | Jun25 | 851.00 | 811.75 |
| 2025-06-01 | 118763 | LE Fooi faktuur | KARA | Jun25 | 1,577.00 | 2,388.75 |
| 2025-06-17 | 47994 | EFT betaling ontvang - Dankie | | | -2,428.00 | -39.25 |
| 2025-07-01 | 114463 | Skoolgeld faktuur | LISA | Jul25 | 851.00 | 811.75 |
| 2025-07-01 | 118845 | LE Fooi faktuur | KARA | Jul25 | 1,577.00 | 2,388.75 |
| 2025-07-15 | 48469 | EFT betaling ontvang - Dankie | | | -2,428.00 | -39.25 |
| 2025-08-01 | 115288 | Skoolgeld faktuur | LISA | Aug25 | 851.00 | 811.75 |
| 2025-08-01 | 118927 | LE Fooi faktuur | KARA | Aug25 | 1,577.00 | 2,388.75 |

Saldo opsomming per leerder op 5 Augustus 2025:

| LEERDER | SALDO | 2025 | | | | | | | | | | | | BETAAL | SALDO | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2024 | JAN | FEB | MRT | APR | MEI | JUN | JUL | AUG | SEP | OKT | NOV | DES | NOU | 2026+ | TOTAAL |
| LISA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 851.00 | 0.00 | 0.00 | 0.00 | 0.00 | 851.00 | 0.00 | 851.00 |
| KARA | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1537.75 | 0.00 | 0.00 | 0.00 | 0.00 | 1537.75 | 0.00 | 1537.75 |
| **Totaal** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **2388.75** | **0.00** | **0.00** | **0.00** | **0.00** | **2388.75** | **0.00** | **2388.75** |

99200300054837 4

Section 4-12a

DBV SPCA

ADOPTION No MA0091

ADMISSIO MBY 7057

# PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 4 August 2025 TIME: 17h00

NAME OF APPLICANT: Anine Stoker

ADDRESS: 13 Crawberry Close, Green Pastures, Knysna

HOME TEL No: _____ CELL No: 0714618500

ANIMAL(S) ADOPTING: 2 x yorkies

SEX: Male AGE: 1 – 2 years

**PRE- HOME INSPECTION:**

| **PROPERTY DESCRIPTION** | | | |
|---|---|---|---|
| Type of fence: Wood, Wire mesh | | Height of fence: 2m+ | |
| Any sign of Kennel/Shelter? | YES ☐ / NO ☐ | Any sign of Chain/Runner? | YES ☐ / NO ☐ |
| Is the front yard separated from the back? | YES ☐ / NO ☐ | If yes, what partitioning? | Wood |
| Any hazards? (pool, rubble, razor wire, etc) | YES ☐ / NO ☐ | Specify: Staircase has baby gate | |
| Does applicant live at the address? | YES ☐ / NO ☐ | How many animals are on the property? | |

**DESCRIPTION OF ANIMALS ON PROPERTY** No other animals

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| BREED | | | | | |
| SEX | | | | | |
| AGE | | | | | |
| STERILIZED | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ |

**OTHER INFORMATION / COMMENTS**

The house has a very large grassed back garden that is fully fenced. Patio door stays permanently locked so dogs don't have access to front patio. Large bed and undercover patio for them if owners are out. Family member who lives in the same complex is also able to assist with dog sitting if needed

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ **SMALL DOGS**
- ☐ **MEDIUM DOGS**
- ☐ **LARGE DOGS**
- ☐ **CATS**
- ☐ **EQUINE**
- ☐ **OTHER (specify)** _____

**INSPECTED BY:** Belinda Speed **SPCA:** KAWS Knysna Animal Welfare Society **SIGNATURE:** _____

**POST HOME INSPECTIONS**

| DATE | RESULT | REMARK | BY WHOM |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE**

New inclusion July 2013

| GARDEN ROUTE SPCA MOSSELBAY | | | |
|---|---|---|---|
| DATE | 21/07/25 | ANIMAL NAME | Apollo |
| KENNEL NUMBER | K10 | BREED | Yorkie |
| CARD NUMBER | MBY 4671 | STERILIZED | NO |
| COLOUR | Brown + grey | MALE/FEMALE | Male |
| VACCINATED | Yes | AGE | 5 Yrs |
| PROOF OF VACC | Yellow card | STRAY/SURRENDER | Surrender |

## GENERAL HEALTH CHECK

| | | | COMMENTS |
|---|---|---|---|
| WEIGHT | 3.3kg. | | |
| TEMPERATURE | 38.6 | | |
| 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

## MY OWNER

| | |
|---|---|
| NAME | Anine Stoker |
| POSTAL ADDRESS | |
| | |
| STREET ADDRESS | 13 Crawberry Close |
| | Knysna, Green Pastures |
| HOME PHONE | |
| WORK PHONE | |
| CELLPHONE | 0714618500 |
| BREEDER DETAILS | |

## ME

| | |
|---|---|
| SPECIES | |
| BREED | Yorkie |
| COLOUR | Beaver & Traditional |
| SEX | Male |
| DATE OF BIRTH | |
| MICROCHIP/TATTOO | 992003000548374 |
| FEATURES/MARKS | |

## NEXT VACCINATION DUE

| DATE | DATE | DATE |
|---|---|---|
| | | |

## I WAS VACCINATED ON

| DATE | VACCINE AND BATCH NO. | VET SIGNATURE |
|---|---|---|
| 21/07/25 | Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: F48436 27/04-2026 | |

## I WAS VACCINATED ON

| DATE | VACCINE AND BATCH NO. | VET-SIGNATURE |
|---|---|---|
| | | |

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!

# BackHome®

Virbac

# MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER * TOP COPY - Practice Copy

992003000548374

**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. * 0714618500

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

E-mail * anine stoker@gmail.com

Title * MRS Initials * A Surname * STOKER

Street 13 Crawberry Close City

Suburb Green Pastures Area Code KNYSNA

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 * 012 - 08 - 2025

Date of Implant * 05 - 08 - 2025

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

Name of Person who implanted the Chip Kay levers

## PET DETAILS

Pet Name Year of Birth 2020

Species * CANINE Breed * YORKIE

Colour BROWN 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 the [illegible]