ADOPTION CHECKLIST

ADMISSION NO: MBY 7004

CONTRACT NO: MA 0090

- [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 05/08/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 14/08/25
- [x] Microchip Registration- chip number. 992003000548371

Adoptee INFO:

Name & Surname Benjamin Van der Toorn

Contact INFO: 0827752078

Completed by: _____ Date: 01/08/25

Manager: _____ 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.

GARDEN ROUTE SPCA MOSSELBAY			
DATE	07/07/2025	ANIMAL NAME	
KENNEL NUMBER	K12	BREED	COLLIE
CARD NUMBER	MBY 7004	STERILIZED	NO
COLOUR	Black	MALE/FEMALE	MALE
VACCINATED	Yes	AGE	± 3 months
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.80 kg		
TEMPERATURE	38.1		
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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Robert Van der Toorn
   - Contact Number: 0828269960
   - 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: _____

Date: 07/08/2025

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

Mossel Bay MUNICIPALITY

ACCOUNT NUMBER:	86-005986-004-6
DATE OF ACCOUNT:	23/07/2025
LAST RECEIPT DATE:	22/07/2025
PREPAID METER NUMBER:	07086861635

VAT REG. NO.
Name:
VAN DER TOORN B
Street Address:
83 A DISTANSSTRAAT DANABAAI
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
1020.00	5986000	1400000	11

DATE	DETAILS				AMOUNT
	B/F BALANCE				1833.12
22/07/2025	0708686163ELECTRICITY 29/06/2025-11/07/2025				496.69 *
	BASIC			431.91	
	VAT/BTW			64.78	
22/07/2025	AMR1204523WATER 06/06/2025-08/07/2025				387.26 *
	783 - 797 (14 Kl 32 Days)				
	BASIC			261.39	
	07/25	1.38 @	0.000 =	0.00	
	.	1.68 @	10.030 =	16.85	
	07/24	4.93 @	0.000 =	0.00	
	.	6.01 @	9.737 =	58.52	
	VAT/BTW			50.50	
22/07/2025	300011 REFUSE				320.62 *
22/07/2025	400011 SEWERAGE				365.61 *
22/07/2025	RATES INSTALLMENT				493.18
	RECEIPTS				1833.00-
	Balance Carried Forward				0.48-
	VAT ON '*' ITEMS: 204.78 ACB TOT: 0.00				

CREDIT	60 DAYS	30 DAYS	CURRENT	Amount Due
0.00	0.00	0.00	2063.48	2063.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/08/2025	2063.00

VAT No. / BTW Nr. 4830118370

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. 860059860046

EasyPay >>>>>9152686005986000460

payᵃ 11379 860059860046

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

VAN DER TOORN B
POSTAL RESTANT
DANA BAY
6510

86-005986-004-6

Fold and tear on perforation.

ADMISSION NO MA 0090 MBY 7004

9920030005483 71

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 26/05/21 TIME: 11:39

NAME OF APPLICANT: Benjamin Van der Toorn

ADDRESS: 83 A Distans, Danabaai

HOME TEL No: CELL No: 0827752078

ANIMAL(S) ADOPTING: Collie X AGE: ± 3-4 months

SEX: Male

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION 6 ft 1 g smaller.			
Type and height of fence: Vibrechetline fence		Suitability of fence (i.e. small pets can't escape):	YES ☐ / NO ☒
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Any sign of Chain/Runner?	
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	Alsatian				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	♀ 4 years	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Property fully enclosed

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

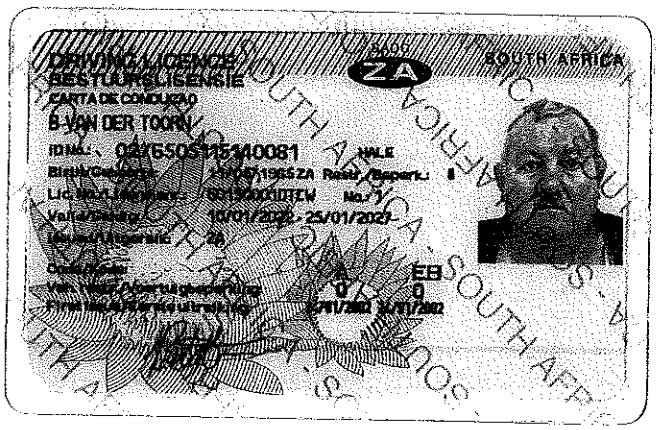
- ☒ CATS
- ☒ MEDIUM DOGS
- ☒ SMALL DOGS
- ☐ LARGE DOGS

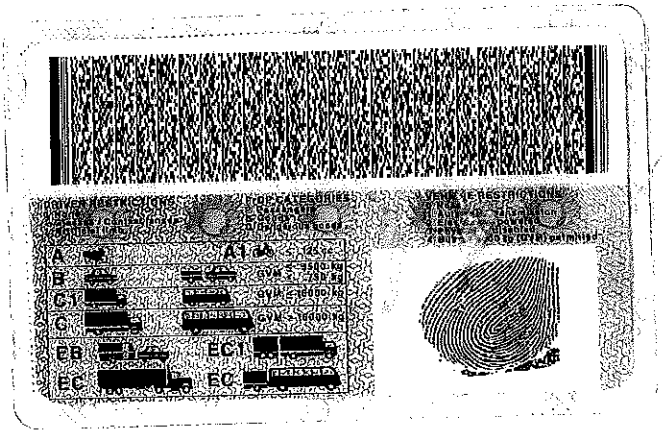
INSPECTED BY: KMR SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


ZA
SOUTH AFRICA
DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUÇÃO
B VAN DER TOORN
MALE
EB
0


A1
EB
EC1
EC

Chuck

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): Benjamin Van der Toorn

HOME ADDRESS: 83 A Distans Dana baai

ID NO.: 6505115140081

POSTAL ADDRESS: N/A

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

CELL NO: 0827752078 FAX NO: N/A

EMAIL: benvanderitoorn@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Retired

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: Friend for my other 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? Dr Henk Bassom.

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

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 1 OTHER? —

Which animals do you still have, and what happened to the others? One dog died of old age, still have one dog and 1 cat.

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

Full description of the fencing and gate: Vibacrete + fence Height: 2 M

What shelter is provided: OUTDOORS Kennel 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: 7861

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

MY OWNER

NAME	Benjamin Van der Toorn
POSTAL ADDRESS	
STREET ADDRESS	83 A Distans
	Danabaai
HOME PHONE	
WORK PHONE	
CELLPHONE	0827752078
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Collie
COLOUR	Black
SEX	M/x
DATE OF BIRTH	
MICROCHIP/TAT	992003000548371
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
01/01/25	Batch: A240A01 Exp.: 12-2026	
05/08/25	Batch: 0233812A Exp.: 04-FEB-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!

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

Find us on facebook.

facebook.com/BravectoSouthAfrica

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded.

DBV SPCA
Garden Route

KENNEL No.	K 12 · 18 29			ADMISSION No.	MBY7004	
(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	07/07/25	Microchip or ID Tag number: None

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)	B/I.	
Breed	Collie	Colour and Markings	Black.	
Condition	fair.	Sex	♀ / ♂	Age ±12weeks.
Temperament	friendly.	Sterilisation details	No.	Name Chuck
Coat M.	Tail L	Teeth Condition fair.	Ears hang	Size S
Area found / collected from	East 13.			Date 07/07/25.
Reason for surrender	End up on her property.			

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 Rowlands	
Residential Address	27 Grunter str. Ext. 13 Mosselbay			
Postal Address	No postal.			
Tel (H) No num	Tel (W) No num	Cell 0823454434		
Email	mbmrowlands@mosselbay.gov.za			
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 uitdrukilk 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: _____

BackHome®

Virbac

COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER | TOP COPY - Practice copy

992003000548371

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. * 0827752078

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

E-mail * benvandertoorn@gmail.com

Title * MR | Initials * B | Surname * Van der Toorn

Street 83 ADISTANS | City

Suburb | Area Code OANA B MAI

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 * - -

Date of Implant * 05 - 08 - 25

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

Name of Person who implanted the Chip Kay Lewis

PET DETAILS

Pet Name | Year of Birth 2025

Species * CANINE | Breed * COLLIE X

Colour BLACK + WHITE | 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 options 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 [illegible]