ADOPTION CHECKLIST

ADMISSION NO: MBY 6978

CONTRACT NO: MA0086

- [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 15/07/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 12/08/25
- [x] Microchip Registration- chip number 992003000548253

Adoptee INFO:

Name & Surname: Andre Barnard

Contact INFO: 0824101706

Completed by: _____ Date: 07/08/25

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.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	17-002705-001-5
DATUM VAN REKENING:	23/07/2025
LAASTE KWITANSIE DATUM:	22/07/2025
VOORAFBETAALDE METERNOMMER:	01077334561

BTW REG. NO.
Naam:
BARNARD A & ROHRBECK KR
Liggingsadres:
5 DOLPHINS CREEK GROOTERAKRIVIER
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
180.00	2705000	2275000	5

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		1635.33
22/07/2025	0107733456ELEKTRISITEIT		248.35 *
	BASIES	215.96	
	VAT/BTW	32.39	
22/07/2025	SEN2201032WATER 13/05/2025-10/06/2025		300.59 *
	118 - 121 (3 Kl 28 Dae)		
	BASIES	261.39	
	07/24 3.00 @ 0.000 =	0.00	
	VAT/BTW	39.20	
22/07/2025	300005 VULLIS		320.62 *
22/07/2025	BELASTING PAAIEMENT		831.54
	KWITANSIES		1534.00-
	Balans Oorgedra		0.43-
	BTW OP '*' ITEMS: 113.41 ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	TOTAAL
0.00	0.00	1.33	1701.10	1702.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/08/2025	1702.00

VAT No. / BTW Nr. 4630110370

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. 170027050015

EasyPay >>>>>91526170027050015?

pay@ 11379 170027050015

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.

Vou en skeur af.

SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay MUNICIPALITY

BARNARD A & ROHRBECK KR
POSBUS 948
HARTENBOS
6520

17-002705-001-5

Fold and tear on perforation.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Pepper

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): A. BARNARD.

HOME ADDRESS: 5 DOLPHINS CREEK COUNTRY ESTATE MORRISON ST, GROOT BRAK ID NO.: 4502125006085

POSTAL ADDRESS: AS ABOVE

TEL NO (H): _____ (B): ✓

CELL NO: 0824101706 FAX NO: ✓

EMAIL: ANDREBARNARD1948@GMAIL.COM

Address where animal will be kept: AS ABOVE

Occupation: PENSIONI.

Do you own or rent your property: OWN. Do you have consent from owner / Body Corporate? YES.

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

Reason for wanting animal: NO

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? YORKIE

Can you afford private fees? YES Who is your vet? CROFT GRT BRAK

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

What are the sexes of your animals? DOGS: Male _____ Female 1 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? 2 CATS? NIL OTHER? ✓

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

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

Full description of the fencing and gate: FENCE Height: 1.8 AND 1.6

What shelter is provided: OUTDOORS SHED KENNEL ✓ OTHER ✓

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

Pre Home Inspection Fee: R100-00 Receipt No: 7849

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 A Barnard. **Date of application** 1 Aug 25

MA0086

ADMISSION NO MBY 6978

99200300054 8253

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 05/08/25 TIME: 13:13

NAME OF APPLICANT: Andre Barnard

ADDRESS: 5 Dolphins Creek Country Estate, Morrison St, Groenbrak

HOME TEL No: _____ CELL No: 0824101706

ANIMAL(S) ADOPTING: Maltese X Yorkie

SEX: Male AGE: 2 YRS

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION	Complex		
Type and height of fence:	Wall 2 metr	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?	1

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Collie X				
CONDITION	good				
WELFARE (good?)	Good				
SEX & AGE	♂ 15 years	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Play ground at the back.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Ters SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDENROUTE Spca Mosselbay

From: adoptm@grspca.co.za
Sent: Thursday, 07 August 2025 12:36
To: 'GARDENROUTE Spca Mosselbay'
Subject: CONTACTS

Hanneke & Annelize
Barry / Bc
David : -

JUANITA NIENABER 0663363720
~~DIANA 0793138792~~
~~JUNE BARTER 0604325388~~
~~BIANCA 0608916486~~
~~DALEEN TUPPER 0848238000~~
~~GLYNIS KARLSON 0781820060~~
~~AMOR MOUTON 0824602555~~
~~TIAH 0721346779~~
Bianca Burge ~~0718256777~~
~~SANTIE 0673627750~~
KEAGAN 0836948242
Elmien duPlessis ~~0769604654~~
MALU (HOPE CHURCH) ~~0710137085~~
Morten Hubb ~~0810354385~~.
SARETTE 0828525083

VELIZCA BARNARD ~~0826992385~~
LUANA ~~0829245745~~

Kind regards
Kennels & Adoptions
044 693 0824| adoptm@grspca.co.za

GARDEN ROUTE SPCA

(GEO) 044 878 1990 | (M/B) 044 693 0824
Ossie Urbanweg, George, 6529 | 18 Bill Jeffery St, Boplaas, Mossel Bay, 6506
A/H: (GEO) 082 378 7384 | (M/B) 072 287 1761

SMS 38324 TO DONATE R25

GARDEN ROUTE HELP PROTECT ANIMALS BY REMEMBERING THE GRSPCA IN YOUR WILL

SnapScan

WE ARE A CERTIFIED B-BBEE CONTRIBUTOR WITH A 135% PROCUREMENT RECOGNITION AND ALL DONATIONS ARE TAX DEDUCTABLE

BackHome®

Virbac

* COMPULSORY FIELDS
PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER * TOP COPY - Practice Copy

9920030005482 53

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. * 0824101706

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

E-mail * andriebarnard1948@gmail.com

Title * MR Initials * A Surname * BARNARD

Street 5 DOLPHINS CREEK COUNTRY ESTATE City

Suburb MORRISON STREET Area Code GROOTBRAK

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 * 12 - 08 - 2025

Date of Implant * 17 - - 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 Pepper

Year of Birth 2023

Species * CANINE

Breed * MALTESE X YORKIE

Colour GREY

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 * A Barnard

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 mail — Scan and E-mail the completed form to backhome@virbac.co.za

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. **Additional Family Member/Friend Details**
   - Full Name: METRO BARNARD.
   - Contact Number: 078 568 8919.
   - Email Address: _____

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? 2015
   - Where? GEORGE
   - What animal did you adopt? MALTEES

1. **Adoption Contract Acknowledgment**

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

Signature: A. Barnard
Date: 7 Aug 2025

MY OWNER

NAME: Andre Barnard

POSTAL ADDRESS:

STREET ADDRESS: 5 Dolphins Creek

Country Estate, Morrison Str, Grootbrak

HOME PHONE:

WORK PHONE:

CELLPHONE: 0824101706

BREEDER DETAILS:

ME

SPECIES: Canine

BREED:

COLOUR: Black & grey

SEX: Male

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000548253

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
31/07/25		

I WAS VACCINATED ON

DATE	VACCINE AND	VET SIGNATURE
03/07/25	RABISIN R 924507 Lot/Batch: F72185 13/07-2026 Exp: 02-FEB-2026	
06/08/25	02-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	

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

loaded

KENNEL No.	28 K17. 30			ADMISSION No.	MBY6978	
Stray	Surrender (circled)	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	2.7.25	none	Time in	12:09	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	Cross hour		Colour and Markings	Black grey	
Condition	Good		Sex	M	Age 3y5
Temperament	friendly		Sterilisation details	non	Name none
Coat long	Tail long	Teeth Condition good	Ears	Down	Size Small
Area found / collected from	S Bimore				Date 2.7.25
Reason for surrender	Surrender				

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	I. Prins Imecda
Residential Address	4206 Cellswidane	
	Sbimor	
Postal Address		
Tel (H)	Tel (W) none	Cell
Email		
Donation R none	Cash / Card / EFT	(Receipt No) none

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Lunond

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 I. Prins	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

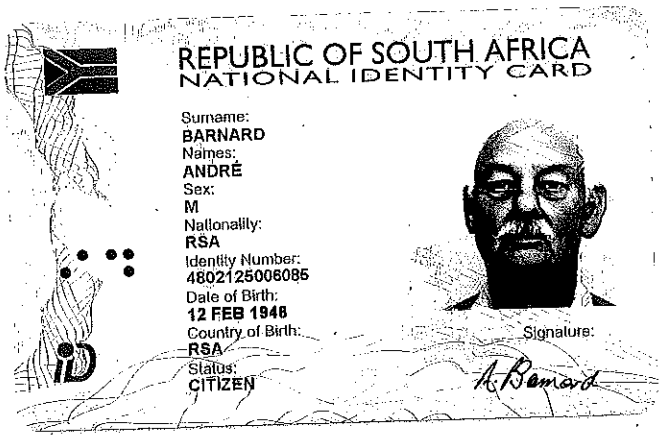
Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ ______ On Date: ______

GARDEN ROUTE SPCA MOSSELBAY			
DATE	02/07/2025	ANIMAL NAME	
KENNEL NUMBER	K 23	BREED	
CARD NUMBER	MBY 6978	STERILIZED	
COLOUR	Black/Grey	MALE/FEMALE	MALE
VACCINATED	yes	AGE	2 years
PROOF OF VACC	Yellow card.	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	4.30 kg		
TEMPERATURE	38.2		
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



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BARNARD
Names:
ANDRÉ
Sex:
M
Nationality:
RSA
Identity Number:
4802125006085
Date of Birth:
12 FEB 1948
Country of Birth:
RSA
Status:
CITIZEN

Signature: