ADOPTION CHECKLIST

ADMISSION NO: MBY 7050

CONTRACT NO: MA0087

- [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 31/01/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548179 12/08/25

Adoptee INFO:

Name & Surname FF QU TOIT

Contact INFO: 0832619150

Completed by: _____ Date: 07/08/2025

Manager: _____ Date: 07/08/2025

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.	KJB 29			ADMISSION No.	MBY7050	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	25/07/25		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	(Yes) / No	Lost & Found Date checked	25/07/25
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	25/07/25	Microchip or ID Tag number	None.

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)	BIT.	
Breed	Rotti	Colour and Markings	Black & tan.	
Condition	Fair.	Sex ♂	Age ± 12 weeks.	
Temperament	Friendly.	Sterilisation details	No.	Name Hunter.
Coat S.	Tail L.	Teeth Condition Fair	Ears hang	Size M.
Area found / collected from				Date 25/07/25
Reason for 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	Frans de Villiers		
Residential Address	3 Cecil Shepstone Imhsiele				
Postal Address	No postal				
Tel (H) No num	Tel (W) No num	Cell 0839823489			
Email	No email.				
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 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	hsg.
FOR OFFICE USE: PENDING ADOPTION		Details of second Applicant	
Details of first Applicant		Details of third Applicant	

Hunter

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): Mr F. F Du Toit

HOME ADDRESS: Postbus 1910 George Buffelsfontein

ID NO.: 6110275113 083

POSTAL ADDRESS: As Above

TEL NO (H): (B):

CELL NO: 0832619150 FAX NO:

EMAIL: efdutoit@gmail.com.

Address where animal will be kept: Buffelsfontein 28/204

Occupation: Pensioner.

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: Pet, Security

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? Rottweiler.

Can you afford private fees? Yes Who is your vet? SPCA, Vital Vet.

How many animals live on the property? DOGS? 1 CATS? 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? 2 CATS? OTHER?

Which animals do you still have, and what happened to the others? 1 Killed, 1 Needs mate.

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

Full description of the fencing and gate: Block Wire Fence Around House Height: 1,8 m

What shelter is provided: OUTDOORS ✓ KENNEL ✓ OTHER In House

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: 7852

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** 1/8/2025

Incl required street address

NSPCA Operations Manual 2020 For Mossel Bay

MA0087

ADMISSION NO 16500

9920030005481 79

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO . DATE UNDERTAKEN: 06.08.25 TIME: 14h56

NAME OF APPLICANT: F Du Toit

ADDRESS: Buffelsfontein 20/204

HOME TEL No: CELL No:

ANIMAL(S) ADOPTING: 1x Rottie pup

SEX: ♂ AGE: 12 weeks

PRE- HOME INSPECTION: Borders the forest, no neighbours, On a farm.

PROPERTY DESCRIPTION Fenced house, medium size yard, gate 1-2m hight			
Type and height of fence: Wire 1.8m		Suitability of fence (i.e. small pets can't escape): Good	
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:	n/a
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	TWO

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Staffie	JRX			
CONDITION *	Acciptable	Good			
WELFARE (good?)	Acciptable	Good			
SEX & AGE	M / ± 11	M / ± 4	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Secure wire fencing. Shelter and kennel on public dogs are allowed inside.

* condition: dog went missing for a month, came back thin, has picked up weight

Owner home most of the day (On application for missed killed but dog returned).

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

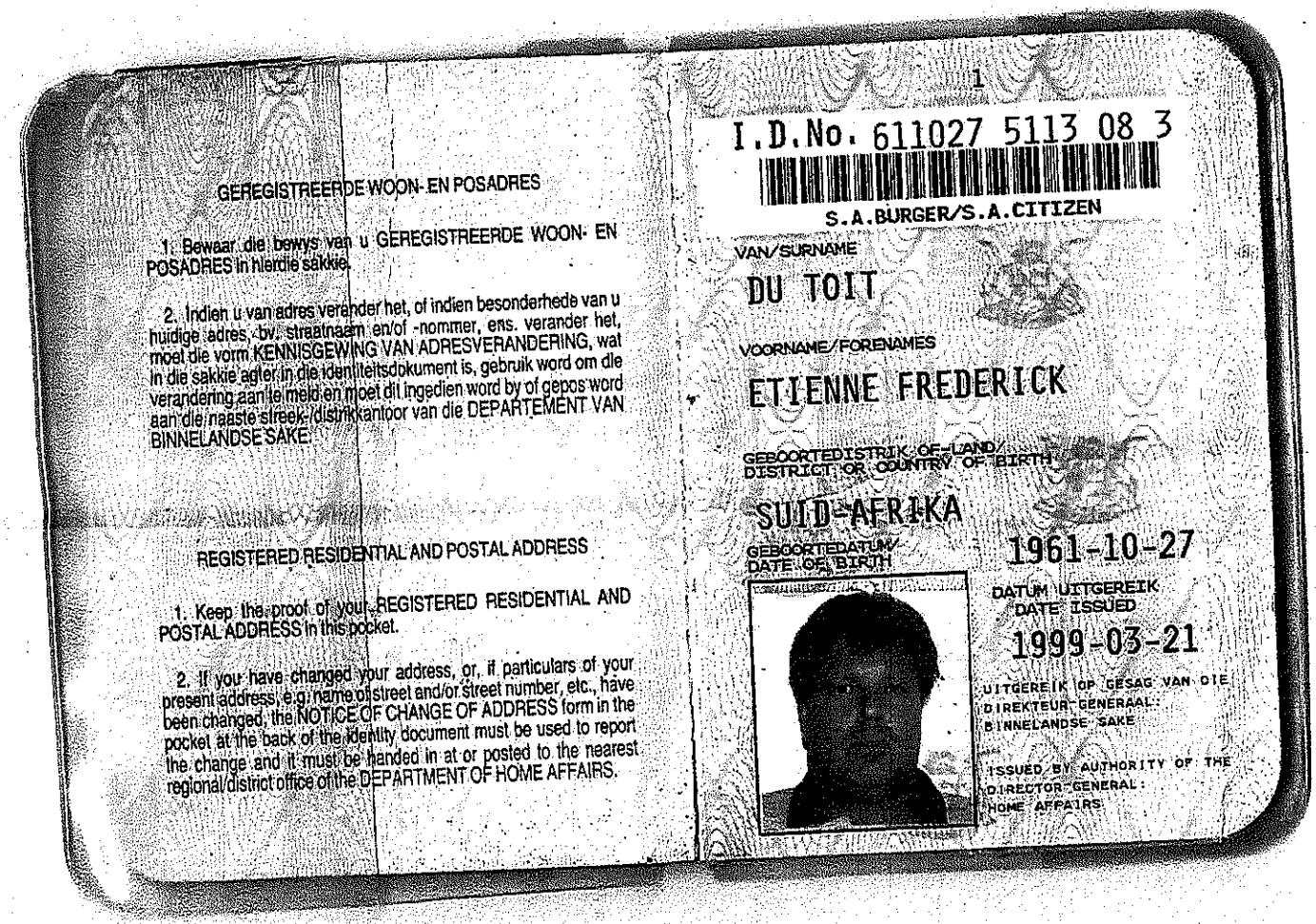
☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: S. Trietsch SPCA: GRSPCA SIGNATURE: ST

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 611027 5113 08 3

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

DU TOIT

VOORNAME/FORENAMES

ETIENNE FREDERICK

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1961-10-27

DATUM UITGEREIK
DATE ISSUED

1999-03-21

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

SIGNATURE
Commissioner of Oaths - Stefan Du Toit
Designation: Chartered Accountant (SA) : 30670710
Date: 04 Liddle Street, De Waterkant

GEORGE MUNISIPALITEIT

Belasting Faktuur

BTW Nr. 4630193564
POSBUS 19, GEORGE, 6530
(044) 801-9111 086 589 6402
EPOS: accounts@george.gov.za

EMAIL

GRG 1001462437

Mnr./Me. BUFFELSFONTEIN FAMILIETRUST
POSBUS 1910
GEORGE
6530

DATUM VAN REKENING	24/10/2023
BELASTING FAKTUUR NR.	
REKENING NR.	GRG 1001462437
KWITANSIES GEPOS TOT	23/10/2023
WAARBORG / DEPOSITO	
AREA	91 204 00028
WAARDASIE	4580000
LIGGING:	PLASE
VERSKULDIG DEUR HUURDERS	6913.20
KLIËNT BTW NR.	

DIENS	OPENINGS BALANS	KWITANSIES	HEFFING	RENTE	REGSTELLINGS	BTW	SLUITINGS BALANS
[illegible]	6691.38	0.00	0.00	65.52	0.00	0.00	6756.90
TOTAAL	6691.38	0.00	0.00	65.52	0.00	0.00	6756.90

TOTALE BTW	AGTERSTALLIG	HUIDIGE	BETAAL DATUM	BEDRAG BETAALBAAR
0.00	0.00	0.00	15/11/2023	R6756.90

	TOEKOMSTIGE	HUIDIGE	30 DAE	60 DAE	90 DAE	90 DAE +
MAANDELIKS	0.00	0.00	0.00	0.00	0.00	0.00
JAARLIKS	0.00	0.00	6756.90	0.00	0.00	0.00
TOTAAL	0.00	0.00	6756.90	0.00	0.00	0.00

SIEN ASSEBLIEF KEERSY VIR BELANGRIKE NOTA

KANTOOR URE

08H00 -15H30 MAANDAG - VRYDAG
PUBLIEKE VAKANSIE DAE UITGESLUIT

BETAALPUNTE

MUNISIPALE KANTORE: GEORGE, UNIONDALE, HAARLEM,
POSKANTORE, PICK 'N PAY,
SPAR, PEP STORES
EN EASY PAY PUNTE LANDWYD.

BOODSKAP

LET ASSEBLIEF DAAROP DAT U REKENINGNOMMER TEN ALLE TYE VERSKAF MOET WORD, INDIEN ENIGE REKENINGNAVRAE, OF DUPLIKAAT REKENINGE VERLANG WORD.

Aandag alle verbruikers

UPDATE YOUR DETAILS HERE

Dit is die verantwoordelikhied van elke verbruiker om navraag te doen by die Munisipaliteit indien geen rekening ontvang was voor die sperdatum nie. Navrae met betrekking tot rekeninge kan soos volg gemaak word:

1)E-pos: Accounts@george.gov.za
2) Telefoon: (044) 801 9111

Dankie.

Log & report faults, pay municipal bills, submit self-meter readings and more with the My Smart City App. Become a part of the Improvement Movement with George and My Smart City. Improve your city. Be part of the change. Download the app now!

BETALINGSADVIES

REKENING: GRG 1001462437

AANWYS 0118
REKENINGNOMMER 1001462437

Post Office
Pick n Pay
SPAR
ACKERMANS
FNB
unipay

Smart Water Meter
UniPay
My Smart City

PEP
game
Woolworths

FNB
TAKKODE: 210554
REKENINGNOMMER: 62869623150

9153 0000 0100 1462 4377

ame:
dier se naam: Hunter

l birth:
rtedatum: 18 April 2020

Male
Manlik

Female
Vroulik

Dog
Hond

Cat
Kat

Black & tan

Rottweiler

hip type and number
lokkiesoort en nomm

992003000548179

position and number:
ermerk en nommer:

uishing features:
keidende kenmerke:

of owner:
van eienaar:

l Address:
adres:

Sterilisation Certificate:
Sterilisasiesertifikaat

This is to certify that the animal described on page 1 :
Hiermee word gesertifiseer dat die dier wat op bladsy 1 beskryf word :

lised on:
eer is op: 31/07/2025.

AS Muller.

ian's signature
ening van Veearts

Date - Datum	Vaccine Name & Batch no. / Naam & Lotnr. van Enstof	Signature of Vaccinator / Handtekening Van Inenter	Next Vaccination Due / Volgende inentingsdatum
06/06/25	02121A91C 22-JAN-2026	[signature]	04/07/25
04/07/25	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2238 (Act 36/1947) Namibia only: V97/24.1/925 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose zoetis Ser: 738320B Exp: 14 OCT 25	[signature]	30/07/25

BackHome®

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER * | Top Copy - Practice Copy

9920030005 4 8179

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. * 0832619150

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

E-mail * efdutoit@gmail.com

Title * MR | Initials * F F | Surname * DU TOIT

Street POSBUS 1910 BUFFELSFONTEIN | City

Suburb | Area Code GEORGE

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 - 25

Date of Implant * 01 - 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 HUNTER | Year of Birth 2025

Species * CANINE | Breed * ROTTWEILER

Colour BLACK + 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 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: Wian du Toit
   - Contact Number: 082 882 1270
   - Email Address: wiandutoit111@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: _____