ADOPTION CHECKLIST

ADMISSION NO: MBY 6897

CONTRACT NO: MA 0095

- [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 15/07/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 14/08/25
- [x] Microchip Registration- chip number 992003000548254

Adoptee INFO:

Name & Surname Lourens Greyling

Contact INFO: 0834122438

Completed by: Good. Date: 13/08/2025

Manager: Date: 13/08/2025

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.

55

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): Lourens GReyling

HOME ADDRESS: 12 Voorbaai str Kleinbrak

Fraai UITSIG ID NO.: 810125 5032 086

POSTAL ADDRESS: N/A

TEL NO (H): (B):

CELL NO: 083 412 2438 FAX NO:

EMAIL: Lourensgreyling290@GMAIL.com

Address where animal will be kept: AS ABOVE

Occupation: MANAGER

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: Need a friend for a 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? Doberman Pinscher

Can you afford private fees? Yes Who is your vet? Croft

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

What are the sexes of your animals? DOGS: Male 2 Female CATS: Male Female

Are all your animals sterilised? Give details No

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? 2 DOGS

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

Full description of the fencing and gate: Front & back Height: 2M

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? Ye

Pre Home Inspection Fee: R100 Receipt No: 7871

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** 05/08/2025

86B Marsh Street
Mosselbay
m, 6500

86B Marsh Street
Mosselbay
6500

Moss Dental

VAT NUMBER: 4730301167
PRACTICE NUMBER: 0869449
REGISTRATION NUMBER: .

Tel: 044 691 2330
Email: dentistonmarsh@gmail.com

(All amounts on this statement include VAT)

STATEMENT 2025-07-18

MR LP GREYLING
12 Voorbaai Avenue
Kleinbrak river
Klein Brak River, 6503

Med Aid: DISCOVERY - SAVER CLASSIC ACUTE
Med Aid No: 187256890
Cellphone: 0834122438

Date / Code	Patient/(Doctor) / Description	Qty	Nappi/[Modifier]	Invoice	Total / Amount	Med Aid	Patient	Balance [Note code]
2023-11-29	**01 CHANTEL GREYLING 1981-08-27** Attending Provider: Wiid L DR Practice No.: 0869449 Council No.: DP0118826 Service Center: ROOMS(GROOTBRAK)			**00008651/P**	**2411.30**	**0.00**	**0.00**	**0.00**
8101	Oral examination ICD10: Z01.2 Place of Service: 11	1.00			283.80	0.00	0.00	
8109	Infection control/barrier techn ICD10: Z01.2 Place of Service: 11	2.00			54.60	0.00	0.00	
8110	Sterilized instrumentation ICD10: Z01.2 Place of Service: 11	1.00			61.20	0.00	0.00	
8107	Intraoral radiograph - periapic ICD10: Z01.6 Place of Service: 11	2.00			246.00	0.00	0.00	
8112	Intraoral radiograph - bitewing ICD10: Z01.6 Place of Service: 11	2.00			246.00	0.00	0.00	
8159	Prophylaxis - complete dentitio ICD10: K03.6 Place of Service: 11	1.00			318.20	0.00	0.00	
8368	Resin, two surfaces, posterior ICD10: K02.1 Tooth Details: 37MO Place of Service: 11	1.00			545.30	0.00	0.00	
8145	Local anaesthetic ICD10: K02.1 Place of Service: 11	1.00			110.90	0.00	0.00	
8368	Resin, two surfaces, posterior ICD10: K02.1 Tooth Details: 35DO Place of Service: 11	1.00			545.30	0.00	0.00	
2023-12-05	Rcpt - Med.Aid 0000002555:-5179.50 (ELECTRONIC) (DISCOVERY HEALTH MEDICAL SCHEME)				-2411.30	0.00	0.00	
2023-11-29	**00 LOURENS PETRUS GREYLING 1981-01-25** Attending Provider: Wiid L DR Practice No.: 0869449 Council No.: DP0118826 Service Center: ROOMS(GROOTBRAK)			**00008652/P**	**2768.20**	**0.00**	**0.00**	**0.00**
8101	Oral examination ICD10: Z01.2 Place of Service: 11	1.00			283.80	0.00	0.00	
8109	Infection control/barrier techn ICD10: Z01.2 Place of Service: 11	2.00			54.60	0.00	0.00	
8110	Sterilized instrumentation ICD10: Z01.2 Place of Service: 11	1.00			61.20	0.00	0.00	
8107	Intraoral radiograph - periapic ICD10: Z01.6 Place of Service: 11	2.00			246.00	0.00	0.00	
8112	Intraoral radiograph - bitewing ICD10: Z01.6 Place of Service: 11	2.00			246.00	0.00	0.00	
8159	Prophylaxis - complete dentitio ICD10: K03.6 Place of Service: 11	1.00			318.20	0.00	0.00	
8167	Application of desensitising medicament, per visit ICD10: K02.1 Tooth Details: 41 Place of Service: 11	1.00			124.50	0.00	0.00	

continued on next page ...

86B Marsh Street
Mosselbay
m, 6500

86B Marsh Street
Mosselbay
6500

Moss Dental

VAT NUMBER: 4730301167
PRACTICE NUMBER: 0869449
REGISTRATION NUMBER: .
(All amounts on this statement include VAT)

Tel: 044 691 2330
Email: dentistonmarsh@gmail.com

STATEMENT 2025-07-18

MR LP GREYLING
12 Voorbaai Avenue
Kleinbrak river
Klein Brak River, 6503

Med Aid: DISCOVERY - SAVER CLASSIC ACUTE
Med Aid No: 187256890
Cellphone: 0834122438

For electronic funds transfer and payment, please use the following bank details:

Our reference: MOS3958
Account Name: Dr Lilani Venter Inc
Account No: 62821547471
Bank Name: FNB
Branch Code: 250655

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA
Garden Route

KENNEL No.	K 27, 30			ADMISSION No.	MBY6897	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	01/07/25		Time in	12:15	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	(Yes) / No	Lost & Found Date checked	01/07/25
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	01/07/25	Microchip or ID Tag number	None.		

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)	B/I.	
Breed	Dobberman Pincha	Colour and Markings	Black & Tan.	
Condition	fair.	Sex ♂	Age 1 8 years.	
Temperament	Friendly.	Sterilisation details yes	Name J J.	
Coat L	Tail L	Teeth Condition fair.	Ears Down.	Size M.
Area found / collected from	Heidelberg.			Date 01/07/25.
Reason for surrender	Cant keep the dog.			

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	Beverley Ingram
Residential Address	24 Selemar Street		
Postal Address	No postal.		
Tel (H) No num.	Tel (W) No num	Cell 0712618199	
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	
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	01 - 07 - 2025	ANIMAL NAME	JJ
KENNEL NUMBER	K17	BREED	Dob. Pincher
CARD NUMBER	MBY 6897	STERILIZED	Yes
COLOUR	Black + Tan	MALE/FEMALE	Male
VACCINATED	Yes	AGE	3 yrs
PROOF OF VACC	Yellow card.	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	3.9 kg		
TEMPERATURE	38.9		
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

Healthy, friendly dog.

BackHome®

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
PRINT INFORMATION

MICROCHIP NUMBER: 992003000548254

TOP COPY - Practice Copy

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. * 083412 2438 — Only mobile numbers in South Africa and Namibia will be receiving SMS notifications.

E-mail * laurensgreyling290@gmail.com

Title * MR | Initials * L | Surname * Greyling

Street 12 Voorbaai Street | City

Suburb | Area Code KLEINBRAK

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 * 14 - 07 - 25

Date of Implant * 17 - 07 - 25

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

Name of Person who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name | Year of Birth 2023

Species * CANINE | Breed * DOBERMAN PINSCHER

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 he / she 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: CHANTEL GREYLING
   - Contact Number: 083 305 4849
   - Email Address: CHANTELG290@GMAIL.COM

2. **Additional Family Member/Friend Details**
   - Full Name: ANSIE GREYLING
   - Contact Number: 084 253 0722
   - 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: 14/08/2025

MY OWNER

NAME	[illegible]
POSTAL ADDRESS	Laurens Greyling
STREET ADDRESS	12 Voorbaai Street
	Kleinbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	0834122438
BREEDER DETAILS	

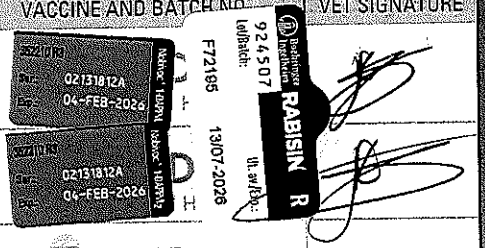
ME

SPECIES	Canine
BREED	
COLOUR	Black & Tan
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548254
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
31/07/2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
03/07/25		
06/08/25		
	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	
	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 (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.

MA0095

ADMISSION NO MB16897

9920030005482 54

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: ~~13~~ 05/08/25 TIME: 13:00

NAME OF APPLICANT: Lourens Greyling

ADDRESS: 12 Voorbaai Straat, Kleinbrak

HOME TEL No: _____ CELL No: 0834122438

ANIMAL(S) ADOPTING: DOBERMAN PINSCHER

SEX: MALE AGE: 2 YRS

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall Bricks 2 mefe		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?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Germanlepard	minpin			
CONDITION	good	good			
WELFARE (good?)	good	good			
SEX & AGE	Male / 1yrs	Male / 5yrs	1	1	1
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Advise to sterilise animals.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: _____ SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Society for the Prevention of Cruelty to Animals

Incorporated Association not for gain

NPO No.: 003-629
PBO No.: 130004687

GARDEN ROUTE

Dierebeskermings-vereniging

Ingelyfde Vereniging sonder winsoogmerk

(GEO) 044 878 1990
(GEO) 082 378 7384
Ossie Urban Rd, George, 6529
P.O Box 258, George, 6530
www.grspca.co.za

(M/B) 044 693 0824
(M/B) 072 287 1761
18 Bill Jeffery St, Mossel Bay, 6506
P.O Box 258, George, 6530
www.grspca.co.za

DATE: 05/08/25

ATTENTION: MOSSEL BAY MUNICIPALITY

REGARDING: PERMISSION REQUEST FOR ADDITIONAL DOMESTIC ANIMALS ON A PROPERTY

Name of applicant: Lourens Greyling
Contact number: 0834122438
Address of premises: 12 Voorbaai Street
Kleinbrak

To whom it may concern,

We have completed a welfare inspection with the following findings:

Concerns	Yes	No
Water available	✓	
Adequate shelter available	✓	
Adequate space available	✓	
Clean living environment	✓	
Animal/s chained / tethered / caged		✓
Animal/s in good condition	✓	
Veterinary problems / health concerns		✓

Note: *Any concerns noted must be explained below in the Report/Findings.*

Report/Findings:
Advise owner to sterilise animals.

List animals seen:
German Shepherd - male - unsterilise - 5 years - Brown / Black
min pin - male - unsterilise - 5 years - Brown / Black

SPCA INSPECTOR: Kurr

SIGNATURE:

www.mosselbay.gov.za
admin@mosselbay.gov.za
044 606 5201
000 000 0000

Mossel Bay
MUNICIPALITY
MOSSEL BAY | HARTENBOS | GREAT BRAK RIVER | HERBERTSDALE

In antwoord verwys na nommer
In reply quote number 1/2/3/8 M CLAASSEN
Xa Uphendula chaza Le Nombolo

12 August 2025

Mr. Lourens Greyling
E-mail: lourens@discovery.co.za
Cell. Nr: 083 412 2438

Dear Mr. Lourens Greyling

APPLICATION FOR KEEPING MORE THAN TWO DOGS ON THE PREMISES, Three (3), AT 12 VOORBAAI STREET, FRAAI UITSIG, KLEINBRAK RIVER, MOSSELBAY.

Approval is granted to keep more than two dogs on your premises and is limited to the case of 3 (three), dogs until such dogs should die off or diminish and only two dogs per yard will be permissible according to the Municipal By-law regarding the regulation of the keeping of dogs, Pk 6678 dated 20 November 2009, subject to the following conditions, namely: -

1. That the dogs may not interfere with the ordinary comfort, convenience, peace or quiet of neighbours or any other people.

2. That the dogs will not be allowed on a public road or public place except on a leash and under control of a responsible person.

3. That the dogs do not trespass on private property.

4. That the premises where the dogs are kept, is properly and adequately fenced to keep such animals inside.

5. That you must reapply for the permit review no later than 31 August 2027.

The non-compliance with the above conditions may, upon further investigation of a complaint during which corroborating evidence is found and/or a conviction by a Court, result in this consent may be declared null and void.

Yours faithfully

E. NEL
DIRECTOR: COMMUNITY SERVICES

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
GREYLING
Names:
LOURENS PETRUS
Sex:
M
Nationality:
RSA
Identity Number:
8101255032086
Date of Birth:
25 JAN 1981
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:
23 SEP 2016

RSA

102980874