ADOPTION CHECKLIST

ADMISSION NO: MBY 6864

CONTRACT NO: MA0098

- [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 12/08/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 16/08/25
- [ ] Microchip Registration- chip number 992003000548177

Adoptee INFO:

Name & Surname Sylwia Galpin

Contact INFO: 0607377702

Completed by: [signature] Date: 13/08/25

Manager: [signature] Date: 13/08/25

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: COLIN GALPIN
   - Contact Number: 0827880106
   - Email Address: colin.galpin@icloud.com

2. **Additional Family Member/Friend Details**
   - Full Name: Marquerite Galpin
   - Contact Number: 0824903204
   - Email Address: Marg@galpinpartners.co.za

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: Galpin
Date: 14.08.2025

BackHome®

Virbac

* COMPULSORY FIELDS
PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548177

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 * FR14 | 13019

Vet Practice Name * SPCA Vetroom. Mossel bay

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

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

Cell No. * 0607377702

E-mail * sylwia24@icloud.com

Title * MRS Initials * S Surname * Galpin

Street City

Suburb Area Code

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 * 16 · 08 · 2025.

Date of Implant * 12 · 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

Species * CANINE

Colour BROWN

Gender Male (Female)

Year of Birth 2025

Breed * X BREED

Markings

Sterilised X 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

Baby

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): Sylwia Balpin

HOME ADDRESS: 12B ALBERTINIA ROAD, KLEIN BRAK RIVER

ID NO.: 8702241 2046

POSTAL ADDRESS: 6503

TEL NO (H): 0607377702 (B):

CELL NO: +27 (21) 0546889 FAX NO:

EMAIL: sylwia24@icloud.com

Address where animal will be kept: as above

Occupation: House wife

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: DOG COVER

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? X BREED

Can you afford private fees? yes Who is your vet? HARTEN BOS

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

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

Are all your animals sterilised? Give details 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? yes Will you chain/ an animal? no

Full description of the fencing and gate: Beton 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? yes

Pre Home Inspection Fee: R100 Receipt No: 7886

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 Balpin **Date of application** 07/08/25.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. #37				ADMISSION No. MBY6864		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 18/06/25		Time in		11:00	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 18/06/25	Microchip or ID Tag number	18/06/25

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	X Breed	Colour and Markings	Brown + black	
Condition	Fair	Sex	Female	Age 4/5 months
Temperament	Fair	Sterilisation details	NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	EXT 8			Date 18/06/25
Reason for surrender	Stray @ Astron garage			

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by / Found by (X)	Name	Pintie
Residential Address	13 Mossel Straat	
	Mosselbay	
Postal Address	6506	
Tel (H) N/A	Tel (W) N/A	Cell 0790133578
Email	N/A	
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: Wally

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 Refer to MBY 6769	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: _____

MA0098

9920030005481 77 ADMISSION NO MBY 6864

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 11-8-25 TIME: 11:00

NAME OF APPLICANT: Sylwia Galpin

ADDRESS: 12B Albertinia Road, Kleinbrak

HOME TEL No: CELL No: 0607377702

ANIMAL(S) ADOPTING: Dog - Xbreed medium

SEX: Female AGE: ± 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		Suitability of fence (i.e. small pets can't escape): Yes	
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?	0

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

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☒ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Leeanne Bray SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Sylwia Galpin
POSTAL ADDRESS	
STREET ADDRESS	123 Albertinia Road,
	Kleinbrak River
HOME PHONE	
WORK PHONE	
CELLPHONE	0607377702
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	XBreed
COLOUR	Brown
SEX	Female
DATE OF BIRTH	2025
MICROCHIP/TATTOO	992003000548177
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
20/06/25	Batch: A240A01 Exp.: 12-2026 + milpro	
22/07/25	02131812A 04-FEB-2026 + milpro	
	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	

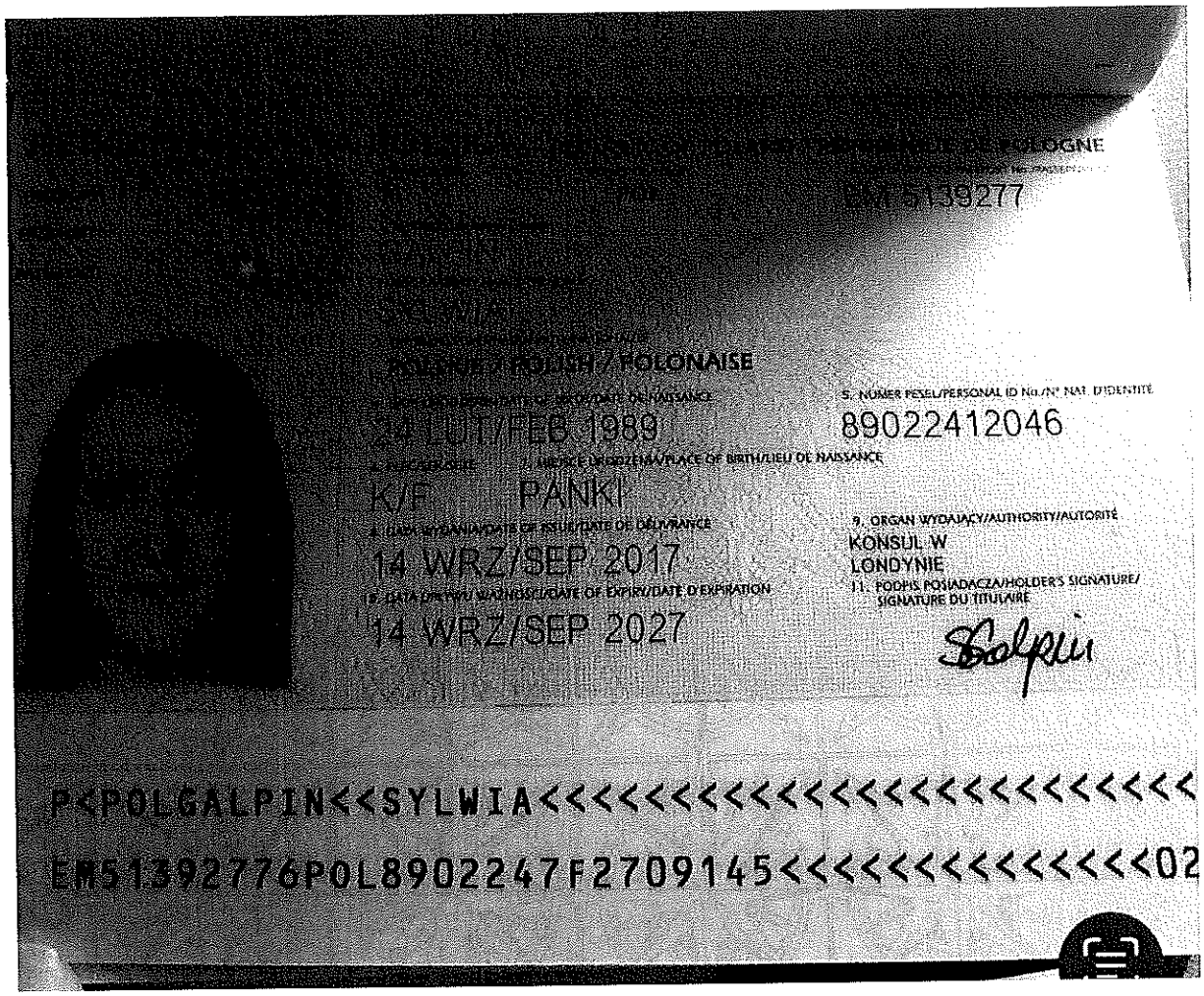
I WAS VACCINATED ON

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.

MSD Animal Health
Nobivac®
Quantel
Exitel Plus
Exitel Plus XL
BRAVECTO
Find us on facebook
facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa



POLOGNE

EM 5139277

POLSKIE / POLISH / POLONAISE

4. DATA URODZENIA/DATE OF BIRTH/DATE DE NAISSANCE
24 LUT/FEB 1989

5. NUMER PESEL/PERSONAL ID No./N° NAT. D'IDENTITÉ
89022412046

6. NAZWISKO/SURNAME
K/F PANKI

7. MIEJSCE URODZENIA/PLACE OF BIRTH/LIEU DE NAISSANCE

8. DATA WYDANIA/DATE OF ISSUE/DATE DE DÉLIVRANCE
14 WRZ/SEP 2017

9. ORGAN WYDAJĄCY/AUTHORITY/AUTORITÉ
KONSUL W LONDYNIE

10. DATA UPŁYWU WAŻNOŚCI/DATE OF EXPIRY/DATE D'EXPIRATION
14 WRZ/SEP 2027

11. PODPIS POSIADACZA/HOLDER'S SIGNATURE/ SIGNATURE DU TITULAIRE

P<POLGALPIN<<SYLWIA<<<<<<<<<<<<<<<<<<<<<<<<

EM51392776POL8902247F2709145<<<<<<<<<<<<<<02

Miltons Matsemela Oosthuizen Inc
Tuinroete / Garden Route

miltons matsemela oosthuizen
attorneys • notaries
The Conveyancers

Montagustraat 71 Montagu Street,
Mosselbaai | Mossel Bay 6500

Caledonstraat 1 Caledon Street,
George 6529

Langstraat 85 Long Street,
Grootbrakrivier | Great Brak River 6525

Tel: +27 (0) 44 601 8700
E-pos/E-mail: llezl@mmolaw.co.za
Docex: 13 Mossel Bay

ONS VERWYSING / OUR REFERENCE Llezl/GP0013
U VERWYSING / YOUR REFERENCE UNIT 1 ALBERTINIA 519
DATUM / DATE 17 Julie 2025

CF & S GALPIN
12 B ALBERTINIA ROAD
FRAAI UITSIG
KLEIN BRAK RIVIER
6503

STATEMENT OF ACCOUNT

TRANSFER: LE SWANEPOEL / CF & S GALPIN
UNIT 1 ALBERTINIA 519

Description		Debit	Credit
TO purchase price		2 850 000.00	
TO transfer costs		175 982.95	
PER amount received			82.95
PER amount received			1 725 982.95
PER proceeds bond			1 300 000.00
TO credit		82.95	
TOTAL		3 026 065.90	3 026 065.90