ADOPTION CHECKLIST

ADMISSION NO: MBY 6878

CONTRACT NO: MA0103

- [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 14/08/2025 15/08/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548172

Adoptee INFO:

Name & Surname Elizabeth Malherbe

Contact INFO: 0832351439

Completed by: _____ Date: 15/08/25

Manager: _____ Date: 15/08/25

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.

Stuur terug na:
Privaatsak X18, Johannesburg, 2000

Tjekrekeningnommer: **7-1078-4094**

008140
008027

MEV EC MALHERBE
32 VOORBRUG WEG
GREAT BRAK RIVER HIGHTS
GROOTBRAKRIVIER
6525

Welkom
Grond Vloer Absa Gebou
Posbus 323
Bloemfontein
9300

057 391 7500

Tjekrekeningstaat

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: David Malherbe
   - Contact Number: 0826680564
   - Email Address: davidmalherbe871@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Louise Stevens
   - Contact Number: 0832941561
   - 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: DMalherbe

Date: 15/8/2025

Xena.

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): Ms E C Malherbe

HOME ADDRESS: 32 Voorbrug Ave Grootbrak Rivier

ID NO.: 5303270023081

POSTAL ADDRESS: as above

TEL NO (H): — (B): —

CELL NO: 0832351639 FAX NO: —

EMAIL: christine.malherbe19@gmail.com

Address where animal will be kept: 32 Voorbrug Ave Grootbrak Rivier

Occupation: Pensioenaris

Do you own or rent your property: Rent Do you have consent from owner / Body Corporate? Yes

~~YES/NO~~

Are you a student with consent to keep pets:

Reason for wanting animal: Company for 5 month old puppy

YES/~~NO~~

Is the animal for yourself?

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? Dr Juan (Craft)

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

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 4 CATS? 1 OTHER? —

Which animals do you still have, and what happened to the others? 2 - 1 died Woublers Old

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

Full description of the fencing and gate: Farm fencing Height: 1

What shelter is provided: OUTDOORS — KENNEL 2 OTHER —

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

Pre Home Inspection Fee: R100 Receipt No: 7903

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 EC Malherbe **Date of application** 12/08/25

ADMISSION NO MBY 6878

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 14-8-25 TIME: 15:00

NAME OF APPLICANT: Elizabeth Malherbe

ADDRESS: 32 Voorberg Road Groot Brakrivier

HOME TEL No: CELL No: 0832351439

ANIMAL(S) ADOPTING: x Breed

SEX: Female AGE: ± 3months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Meshwire Farm Fence		Suitability of fence (i.e. small pets can't escape): 2m	
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?	3

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Bullmastiff	Bullmastiff	Staf		
CONDITION	good	good	good		
WELFARE (good?)	good	good	good		
SEX & AGE	♂ 11 yrs	♂ 15mths	♂ 1 2yrs	1	1
STERILISED	YES ☐ / NO ☑	YES ☐ / NO ☑	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Great Home give them more animals.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Luciano Bezuidenhout SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Owner Educated about importance of Sterilization

GARDEN ROUTE SPCA MOSSELBAY			
DATE	24/06/25	ANIMAL NAME	
KENNEL NUMBER	K20	BREED	Staff x
CARD NUMBER	MBY 6878	STERILIZED	NO
COLOUR	Brown	MALE/FEMALE	Female
VACCINATED	NO	AGE	± 4 weeks
PROOF OF VACC	NO	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

WEIGHT	NAD	0.80	
TEMPERATURE	NAD	37.9.	
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	

COMMENTS

Lovely puppies, healthy + eating well.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MALHERBE
Names:
ELIZABETH CHRISTINE
Sex:
F
Nationality:
RSA
Identity Number:
5303270023081
Date of Birth:
27 MAR 1953
Country of Birth:
NAM
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:
20 JUL 2015

RSA

002730987

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

LOADED

KENNEL No.	K [illegible]	ADMISSION No.	MBY6878			
Stray	Surrender (circled)	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	24/06/25		Time in	10:00	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	✓ Yes / No	Lost & Found Date checked	24/06/25
Microchip/Collar or ID tag found	Yes / ✓ No	Date scanned or checked	24/06/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog (circled)		Cat		Other species (Specify)	
Breed	Staff X		Colour and Markings	Brown, black face, white chest	
Condition	Fair		Sex ♀	Age ± 4 weeks	
Temperament	Fair		Sterilisation details NO	Name	
Coat Short	Tail Short	Teeth Condition Fair	Ears Down	Size Small	
Area found / collected from	ASIA			Date 24/06/25	
Reason for surrender	Too many				

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	Hygo James		
Residential Address	47 Adolf ASIA			
Postal Address	N/A			
Tel (H) N/A	Tel (W)		Cell 078 6007821	
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: Themba

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 6585	Witness for Society [signature]
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ ____________ On Date: ________

MY OWNER

NAME: Mes E.C. Malherbe

POSTAL ADDRESS:

STREET ADDRESS: 32 Voorbrug Ave

Grootbrak

HOME PHONE:

WORK PHONE:

CELLPHONE: 0832351439

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: X Breed

COLOUR: Brown, black face

SEX: Female

DATE OF BIRTH: 2025

MICROCHIP/TATTOO: 992003000548172

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
4/08/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
08/07/25	Batch: A240A01 Exp.: 12-2026 + milpro	
05/08/25	02131812A + milpro	
4/08/25	RABISIN R 924507 Lot/Batch: F48438 Ut. av./Exp.: 27/04-2028	Alm BKO

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 (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

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Quantel Exitel Plus Exitel Plus XL BRAVECTO

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000548172

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. * 0832351439

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

E-mail * christine.malherbe19@gmail.com

If possible, please provide a personal email, not a company email.

Title * MRS Initials * EC Surname * MALHERBE

Street 32 Voorburg ave City

Suburb Groothoekriver Area Code

Country RSA. Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * - -

Date of Implant * 14 - 08 - 2025

Was the Microchip implanted by this veterinary practice? X Yes No

Name of Vet who implanted the Chip KAT LEVERS

PET DETAILS

Pet Name TINKA Date of birth 2025

Species * CANINE Breed * X BREED

Colour BROWN Markings

Gender Male X Female Sterilised X Yes No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration 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 * Malherbe

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 011 852 6364
3. By e-mail	Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App	Download the Virbac Backhome Africa App