ADOPTION CHECKLIST

ADMISSION NO: MBA/ 7262

CONTRACT NO: MA0104

- [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 29/07/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 01/09/25 992003000577549

Adoptee INFO:

Name & Surname Eunice Siega

Contact INFO: 079 52 77964 ~~0727899~~

Completed by: [signature] Date: 26/08/2025

Manager: [signature] Date: 28/08/25

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.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
STEYN
Names:
EUNICE
Sex:
F
Nationality:
RSA
Identity Number:
7211010088082
Date of Birth:
01 NOV 1972
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:
13 APR 2016

RSA

101813000

Chicken

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): Eunice Steyn.

HOME ADDRESS: 18 Stasie straat Albertinia.

ID NO.: 7211018800082

POSTAL ADDRESS: /

TEL NO (H): 0795277964 (B):

CELL NO: 0721891945 FAX NO:

EMAIL: raymondsteyn@gmail.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: as a pet for me and my boy

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? Collie

Can you afford private fees? _____ Who is your vet? _____

How many animals live on the property? DOGS? NO OTHER PETS. CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male N/A Female - CATS: Male _____ Female _____

Are all your animals sterilised? Give details N/A

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

Which animals do you still have, and what happened to the others? Puppy died liver illne

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

Full description of the fencing and gate: pre-cast walling Height: 5.8

What shelter is provided: OUTDOORS Indoors KENNEL _____ OTHER _____

Have you previously had pets from an SPCA? No Are there children under 10 in your household? Yes 8 yeatro

Pre Home Inspection Fee: R100 Receipt No: 7912.

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** 15/08/2025

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Raymond Emile Steyn.
   - Contact Number: 0795277964
   - Email Address: raymondsteyn2@gmail.com.

2. **Additional Family Member/Friend Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

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

1. **Adoption Contract Acknowledgment**

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

Signature: _____
Date: 26/08/2025

VOU EN SKEUR AF.

HESSEQUA

MUNISIPALITEIT
MUNICIPALITY
U MASIPALA
BTW NR: 4780193258

BELASTING FAKTUUR

STEYN RE
STASIESTRAAT 18
ALBERTINIA
6695

BELASTING FAK Nr.	11818		
STAAT DATUM	2025/08/15	BTW Nr.: 0000000000	
REKENING NOMMER	5010042502	DEPOSITO	2352.00

MARK WAARDE	TARIEF BEDRAG	KORTING	AFSLAG	KORTING PERS.
720000	0.0069000	50000.00		

DIENS	KODE/ DATUM	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	BALANS
	Basies	417.39	-417.39	362.95	54.44	0.00	0.00	417.39
	Verbrk	12.06	-12.06	-10.49	-1.57	0.00	0.00	0.00
	Basies	225.40	-225.40	196.00	29.40	0.00	0.00	213.34
	08/15	281.75	-281.75	245.00	36.75	0.00	0.00	281.75
	08/15	256.45	-256.45	223.00	33.45	0.00	0.00	256.45
	08/15	451.69	-451.69	451.69	0.00	0.00	0.00	451.69
SUB TOTAAL		1644.74	-1644.74	1468.15	152.47	0.00	0.00	1620.62

	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	VERSKULDIG
TOTALE:	1644.74	-1644.74	1468.15	152.47	0.00	0.00	1620.62

VERVAL DATUM 2025/09/08	REELING 0.00
	BEDRAG VERSKULDIG 1620.62

TARIEWE

WATER	ELEKTRISITEIT
0.000 - 6.000 KL 11.0200 R/KL 7.000 - 15.000 KL 11.0200 R/KL 16.000 - 30.000 KL 12.5900 R/KL 31.000 - 40.000 KL 13.7300 R/KL 41.000 - 50.000 KL 16.7000 R/KL 51.000 - 70.000 KL 19.5500 R/KL BO 70.000 KL 23.6100 R/KL	

WATER METER LESING

VORIGE	HUIDIGE	VERBRUIK

ELEKTRISITEIT METER LESINGS

VORIGE	HUIDIGE	VERBRUIK

EIENDOMS INLIGTING

ERF NR	00000425	WYK	2
STRAAT ADRES	18 STASIE STREET		
DORPS GEBIED	ALBERTINIA		
GEDEELTE			
EENHEID	0850010000004250000 0000000000	OPPERVLAKTE	608

AFSNY

Die verskaffing van dienste mag gestaak word sonder verdere kennisgewing as enige balans onbetaald is na die betaaldatum en die deposito mag hersien word. Let asseblief op dat die betaaldatum nie van toepassing is op agterstallige balanse.

JAARLIKSE BELASTINGBETALERS SE SPERDATUM IS 20 SEPTEMBER 2025.

SOUTH AFRICA
Permit Mail
P0001250

MUNICIPALITY HESSEQUA MUNISIPALITEIT

5010042502
STEYN RE
STASIESTRAAT 18
ALBERTINIA
6695

SKEUR ASSEBLIEF AF EN STUUR TERUG MET BETALING

MUNISIPALITEIT/
HESSEQUA
U MASIPALA

STEYN RE

BETAAL DATUM	2025/09/08
BEDRAG	1620.62
REKENING NOMMER	5010042502

DIREKTE INBETALING

VIR U GERIEF MAG HIERDIE REKENING BY ENIGE TAK VAN EERSTE NASIONALE BANK BETAAL WORD.

TAK Nr.: 200313 REK. Nr.: 63571024174 REK. TIPE: TJEK

VERWYSING Nr.: 5010042502

GEBRUIK ASB DIE KORREKTE VERWYSINGSNO OM STAKING VAN DIENSTE TE VOORKOM

accounts@hessequa.gov.za

VOU EN SKEUR AF.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577549

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. * ~~072 759 9445~~ 0795277964 Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notifications.

E-mail * raymondsteyn2@gmail.com If possible, please provide a personal email, not a company email.

Title * MR Initials * E Surname * Steyn

Street 18 Stasie Straat City

Suburb Area Code Albertinia

Country 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 * 01 - 09 - 2025

Date of Implant * 22 - 08 - 2025

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

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name Date of birth 2023

Species * CANINE Breed * COLLIE

Colour BLACK + WHITE Markings

Gender Male (Female) Sterilised (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 his 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 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

Name of pet / Naam van troeteldier: Chikita

1st Owner / Breeder
1ste Eienaar / Teler: Jackie du Preez

Address / Adres: Bon Aventure

2 nd/de / Owner / Eienaar:

Address / Adres:

Dog / Hond ☑ Cat / Kat ☐

Breed / Ras: Border Collie Sex / Geslag: V

Description / Beskrywing: Wit & Swart

Birth Date / Geboortedatum: 05.06.2023

Reg. No./Nr.:

Microchip No. / Mikroskyfie Nr.: 992 003000577549

Date Microchip implanted / Datum Mikroskyfie geïmplanteer:

WHY SHOULD I VACCINATE MY PET? PUT SIMPLY - VACCINATIONS SAVE LIVES![1]

Vaccination plays a critical role in the maintenance of a healthy pet. Vaccinations have saved millions of pets' lives but, it is important to note that vaccines are preventative rather than curative. You should have your healthy pet vaccinated regularly so as to maintain a healthy status. Vaccinating a sick animal is not going to help and, in fact, is not advised. Vaccinating your pet can save you a lot of heartache. Vaccinations help to minimise the symptoms when your pet is exposed to viral and bacterial diseases, thus saving lives, and preventing unnecessary medical expenses on diseased animals, which could have been avoided.

How do vaccines work?
Vaccines help to strengthen the immune system of your pet so that, when they are exposed to certain diseases, their body is able to fend off the infection totally, or reduce the severity of the disease.

Is it possible to vaccinate against all diseases?
It is not possible to vaccinate against all diseases. Pets are vaccinated against common and/or serious diseases.

VACCINATIO

DATE / DATUM	VACCINE & BATCH NO. / ENTSTOF & LOT NR.
04.08.23	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2238 (Act 36/1947) Namibia only: V37/24.1/525 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose
5/9/2023	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2238 (Act 36/1947) Namibia only: V37/24.1/525 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose
05/08/24	021318I2A 04-FEB-2026

Chikita

du Preez

Aventure

Cat / Kat ☐

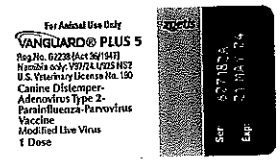
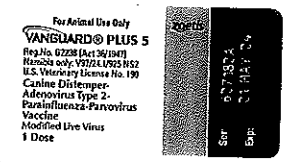
ollie Sex / Geslag: V

& Swart

3.06.2023

Mikroskyfie geïmplanteer:

VACCINATION / INENTING

DATE / DATUM	VACCINE & BATCH NO. / ENTSTOF & LOT NR.	VET SIGNATURE / NEXT VACC. DUE / VEEARTS HANDTEKENING / VOLGENDE ENTING OP
04.08.23		VET SIGNATURE NEXT VACC. DUE 04.09.2023
5/9/2023		VEEARTS HANDTEKENING VOLGENDE ENTING OP 5/10/2023
05/08/23	 + Triworm	VET SIGNATURE NEXT VACC. DUE
		VEEARTS HANDTEKENING VOLGENDE ENTING OP
		VET SIGNATURE NEXT VACC. DUE
		VEEARTS HANDTEKENING VOLGENDE ENTING OP

IVES![1]

enance of a healthy pet. Vaccinations have ant to note that vaccines are preventative healthy pet vaccinated regularly so as to k animal is not going to help and, in fact, e you a lot of heartache. Vaccinations help is exposed to viral and bacterial diseases, ry medical expenses on diseased animals,

ystem of your pet so that, when they are able to fend off the infection totally, or

es?

eases. Pets are vaccinated against

CERTIFICATE OF STERILISATION/ SERTIFIKAAT VAN STERILISASIE

This is to certify that this pet has been sterilised / Hiermee word gesertifiseer dat hierdie troeteldier gesteriliseer is.

Doctor's Name / Naam van Dokter: PJ de Wet

Date / Datum: 29/7/2016

Veterinarian's Signature / Handtekening van Veearts:

Practice Stamp / Praktyk-stempel:

MOSSELBAAI DIEREHOSPITAAL
MOSSEL BAY ANIMAL HOSPITAL
DR. P.J. STANDER DR. P.J. DE WET
TEL: 044-691248S FAX: 044-6911978
E-POS/E-MAIL: vet@mweb.co.za
Posbus 662 P.O.Box 662
Nood no: 082 253 9191

Reference: 1. Welborn LV., DeVries J.G., Ford R., et al. 2011 AAHA Canine Vaccination Guidelines. *J Am Anim Hosp Assoc.* 2011;47(5):1-42.

ADMISSION NO MB-1 7262

9920030005775 49

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 08/25 TIME: 13:45

NAME OF APPLICANT: Eunice Steyn

ADDRESS: 18 Stasie Straat, Albertinia

HOME TEL No: _____ CELL No: 0795277964

ANIMAL(S) ADOPTING: Collie

SEX: Female AGE: 2 years

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 Clean enough Spaee.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Ithemba SPCA: Albertinia SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD doadeel.

DBV SPCA
Garden Route

KENNEL No. K6 40				ADMISSION No. MBY7262		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 04/08/25			Time in		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	04/08/25	Microchip or ID Tag number	None.		

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) B/I.		
Breed	Collie.	Colour and Markings	Black & White	
Condition	Fair.	Sex ♀	Age ± 2 year	
Temperament	Friendly.	Sterilisation details Yes.	Name Chiquita.	
Coat L	Tail L	Teeth Condition Fair	Ears Down	Size M.
Area found / collected from	Heiderand		Date 04/08/25	
Reason for surrender	Too many dogs.			

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	Jeanette Hulte.		
Residential Address	7 Kokerboom. Heiderand.			
Postal Address	No postal.			
Tel (H) No num	Tel (W) No num	Cell 0722423717		
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 uitdrukilk 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	05/08/2025	ANIMAL NAME	Chikita
KENNEL NUMBER	MBY 7262 K6	BREED	COLLIE
CARD NUMBER	MBY 7262	STERILIZED	YES
COLOUR	Black + White	MALE/FEMALE	FEMALE
VACCINATED		AGE	2 YRS
PROOF OF VACC		STRAY/SURRENDER	SURRENDER

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	17.45 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