ADOPTION CHECKLIST

ADMISSION NO: MBY 6598

CONTRACT NO: MA 0116

- [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
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 01/09/25 992003000577546

Adoptee INFO:

Name & Surname Sinette Brauer

Contact INFO: 0711 05 1378

Completed by: [signature] Date: 29/08/25

Manager: [signature] Date: 29/08/25

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: Sunette Bruwer
   - Contact Number: 0711053178
   - Email Address: bruwersunette@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Rene Bruwer
   - Contact Number: 0727067184
   - Email Address: Rbruwer@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: Bruwer x
Date: 29 August 2025

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER
992003000577546

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. * 0711051378

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

E-mail * bruwersunette@gmail.com

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

Title * MS Initials * S Surname * BRUWER

Street Honingklip Farm City

Suburb Ysterwarkfontein Road 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 * 26 - 08 - 2025

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

Name of Vet who implanted the Chip KAY VEVERS

PET DETAILS

Pet Name HAILEY Date of birth 2025

Species * FELINE Breed * DSH

Colour CALICO 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 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 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

Farm Honingklip

Albertinia

6695

22 August 2023

To whom it may concern

We, the undersigned directors of Piscador Agricultural Cooperative LTD, hereby confirm that Sunette Bruwer, ID 830218 0100 085, currently resides on the property owned by Piscador Agricultural Cooperative LTD 2021/600475/24.

Elsie Catharina Jansen van Vuuren

ID: 650224 0126 085

Willem Abraham Jacobus Bester

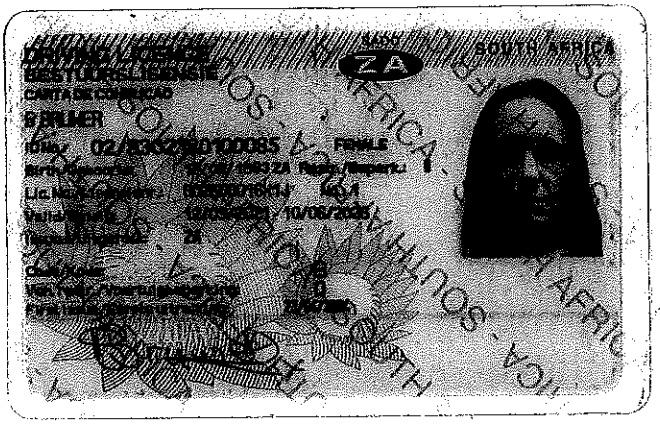
ID: 680810 5044 084

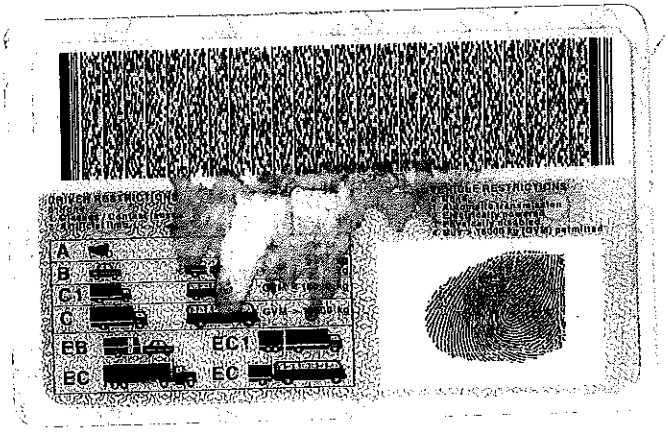
Gideon Johannes Albertus Vizagie

ID: 610310 5119 081

Louisa Coetzer

ID: 700206 0175 089


SADC
ZA
SOUTH AFRICA
FEMALE


DRIVER RESTRICTIONS
VEHICLE RESTRICTIONS
A
B
C1
C
EB
EC1
EC

ADMISSION NO MBY 6598 MBY 7044

9920030005775546

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 13/08/25 TIME: 11h05

NAME OF APPLICANT: Sunette Bruwer

ADDRESS: Honingklip farm, Ystervarkfontein Road, Albertinia

HOME TEL No: CELL No: 071105 1378

ANIMAL(S) ADOPTING: 2 kittens

SEX: Male + Female AGE: 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Mesh fence		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?	2.

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	Pitbull x	Boston terrier			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	F 1	F 1	1	1	1
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Good people, Area very hilly, use open form.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: Member SPCA: Mbay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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 Sunette Bruwer

HOME ADDRESS: Honingklip farm, Ystervarkfontein Road, Albertinia ID NO.: 8302180100085

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0711051378 FAX NO:

EMAIL: bruwersunette@gmail.com

Address where animal will be kept: Same as above

Occupation: Estate agent

Do you own or rent your property: Own Do you have consent from owner / Body Corporate? NO

Are you a student with consent to keep pets: NO YES/N

Reason for wanting animal: Just want them as part of the family

Is the animal for yourself? (YES)/N

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/N

What breed of dog or cat are you interested in? 2 kittens 1x grey 1x ginger

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

How many animals live on the property? DOGS? 2 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? 3 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 2, 16 year old passed

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

Full description of the fencing and gate: fenced, wooden gate Height: 1.8m

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? Y

Pre Home Inspection Fee: R100 Receipt No: 7900

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 Bruwer **Date of application** 11/08/2025

SIGNATURE OF APPLICANT

GARDEN ROUTE SPCA MOSSELBAY			
DATE	29/07/25	ANIMAL NAME	
KENNEL NUMBER	CB6	BREED	DSH
CARD NUMBER	MBY6598	STERILIZED	NO
COLOUR	Tri color	MALE/FEMALE	Female
VACCINATED	Yes	AGE	± 8 weeks
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.60kg		
TEMPERATURE	38.4		
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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Call loaded

DBV SPCA
Garden Route

KENNEL No.	C3			ADMISSION No.	MBY6598	
Stray	~~Surrender~~	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	9/7/25		Time in	12H45	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	9/7/25	Microchip or ID Tag number	none.	

DESCRIPTION & HISTORY

Dog	Cat ✓	Other species (Specify)			
Breed	x Kittens (3)	Colour and Markings	grey tiger - Cuttie baby tie - ginger		
Condition	Good.	Sex	~~F~~ ♀	Age	± 4 weeks
Temperament	Friendly.	Sterilisation details	No.	Name	Cuttie pie Baby tie Fluke
Coat S	Tail L.	Teeth Condition G.	Ears up.	Size	
Area found / collected from	D. Almeda			Date	9/07/25
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	Lynette Steyn		
Residential Address	20 Skool str			
Postal Address				
Tel (H)	Tel (W)	Cell 072 2348853		
Email				
Donation R	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: n/a. Case No: n/a Inspector: T.

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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
29/07/25	milpro		

Quantel DEWORMER FOR DOGS AND CATS

Extel Plus Extel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE Dr (AS)

DATE 26-08-2025

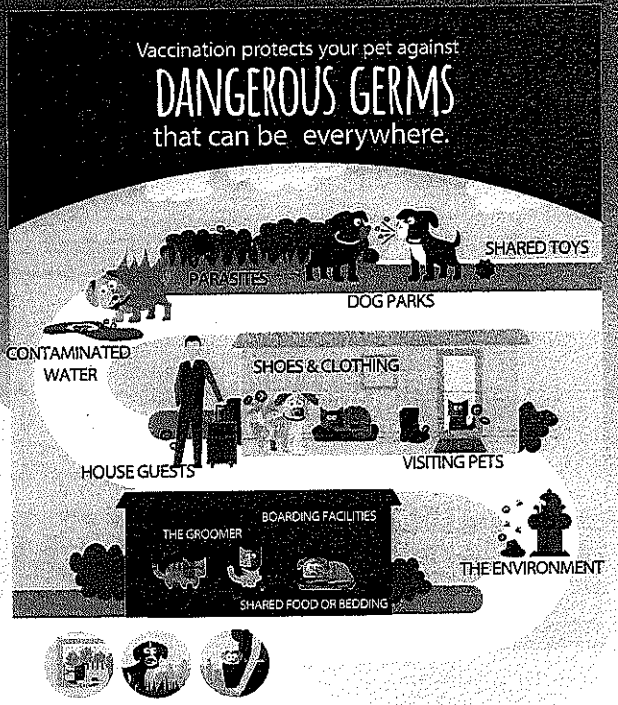
DOCTOR'S NAME Dr. AS. Muller

Garden Route SPCA
P.O. Box 238
George, 6530
Tel: (044) 873 - 1828
PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16:00
Saturday: 09:00 -11:00