ADOPTION CHECKLIST

ADMISSION NO: MBY 7452

CONTRACT NO: MA 0117

- [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 13/05/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 01/09/25
- [x] Microchip Registration- chip number 992003000577545

Adoptee INFO:

Name & Surname C.P. Coetzee

Contact INFO: 0761737528

Completed by: _____ Date: 28/08/2025

Manager: _____ Date: 28/08/2025

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Aletta Page.
   - Contact Number: _____
   - Email Address: callieonchristy.coetzee@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? _____
   - 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: 18 · 2 · 25.

Kosie MB1742.

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): C. P. Coetzee

HOME ADDRESS: 27 Mussel Creek Islands View Village ID NO.: 5109195042084

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0761737575 FAX NO:

EMAIL:

Address where animal will be kept: 27 Mussel Creek Islands View.

Occupation: Pensioner

Do you own or rent your property: Owner Do you have consent from owner / Body Corporate? Yes. YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: She is my Doggie. YES/NO

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

What breed of dog or cat are you interested in?

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

How many animals live on the property? DOGS? None. CATS? OTHERS

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

Are all your animals sterilised? Give details

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? None.

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

Full description of the fencing and gate: Walls & Gate Height:

What shelter is provided: OUTDOORS/INDOOR KENNEL OTHER

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

Pre Home Inspection Fee: Receipt No:

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 28/8/21

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
COETZEE
Names:
CAREL PETRUS
Sex:
M
Nationality:
RSA
Identity Number:
5109195042084
Date of Birth:
19 SEP 1951
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, 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:
08 SEP 2017

RSA

105066634

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000577545

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. * 0761737528

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

E-mail *

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

Title * MR Initials * C.P. Surname * COETZEE

Street 27 Mussel Creek City

Suburb Area Code ISIAND VIEW

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 * 28 - 08 - 2025

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name KATIE Date of birth 2024

Species * CANINE Breed * POM X

Colour TAN 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

Reclaim

992003000577545 ADMISSION NO: MBY 7452

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO (circled: YES) DATE UNDERTAKEN: 28/08/25 TIME: 13:00

NAME OF APPLICANT: Coetzee

ADDRESS: 37 Mussel Creek Island View

HOME TEL No: CELL No: 0761737528

ANIMAL(S) ADOPTING: Dog - Pomeranian X

SEX: Female AGE: 9 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick 1.2meter		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?	1

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	~~Maltese~~ toy pom X				
CONDITION	good				
WELFARE (good?)	Good				
SEX & AGE	♂ 1 year	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS: live in a complex fully secured

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☒ SMALL DOGS
- ☐ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: Kurt SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	25/08/25	ANIMAL NAME	Katy
KENNEL NUMBER	K 8	BREED	Pekingese X
CARD NUMBER	MB7 7452	STERILIZED	Yes
COLOUR	Light ginger	MALE/FEMALE	Female
VACCINATED	Yes	AGE	9 months
PROOF OF VACC	Card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	5.14 kg		
TEMPERATURE	38.8		
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

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	52-019645-003-1
DATUM VAN REKENING:	22/08/2025
LAASTE KWITANSIE DATUM:	21/08/2025
VOORAFBETAALDE METERNOMMER:	07603034526

BTW REG. NO.
Naam:
COETZEE CP & C
Liggingsadres:
27 MUSSEL CREEK ESTATE ISLAND VIEW
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 1440.00	ERF NOMMER: 19645000	TOTALE WAARDASIE: 1076000	WYK No: 7

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		1396.67
20/08/2025	07603034523ELEKTRISITEIT		372.51 *
	BASIES	323.93	
	VAT/BTW	48.58	
20/08/2025	07603034523 30% Pens. Korting		111.75- *
20/08/2025	989007 WATER		300.59 *
20/08/2025	402007 RIOOL		365.61 *
20/08/2025	402007 Riool 30% korting		109.68- *
20/08/2025	322007 VULLIS		320.62 *
20/08/2025	BELASTING PAAIEMENT		257.18
	KWITANSIES		1395.00-
	Balans Oorgedra		0.75-
	BTW OP '*' ITEMS: 148.41 ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	1.67	1395.08	1396.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/09/2025	1396.00

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 520196450031

>>>>>9152652019645003 10

11379 520196450031

Message / Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010396

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

COETZEE CP & C
POSBUS 15
HARTENBOS
6520

52-019645-003-1

Fold and tear on perforation.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
4.1.25	Antezole		
22.4.25	1-0D		

Quantel 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 [signature]

DATE 13/05/2025.

DOCTOR'S NAME Dr AJ Muller.

Garden Route SPCA
P.O. Box 223
[illegible] 6500
Ph [illegible] 0824

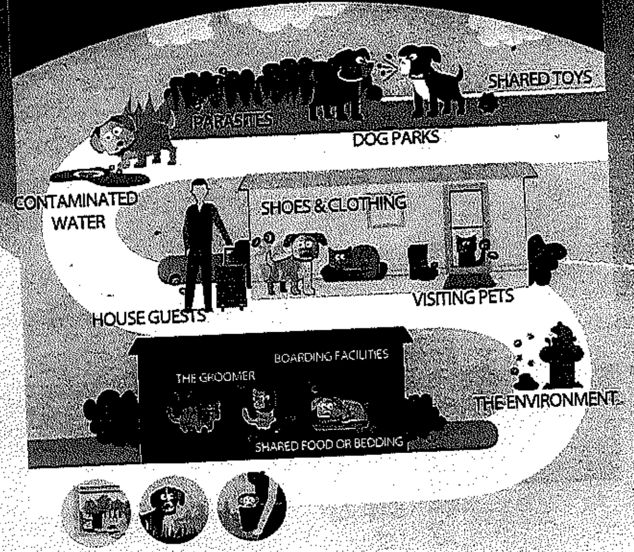
PRACTICE STAMP

15th May '25

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 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

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME Katy

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: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA Garden Route

KENNEL No.	K8 P			ADMISSION No.	MBY7452	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	25/8/2025		Time in	09:50	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	NA
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	NA	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog (circled)	Cat	Other species (Specify)			
Breed	Pekingese x	Colour and Markings	Light Ginger		
Condition	Fair	Sex	Female	Age	9 months
Temperament	Fair	Sterilisation details	Yes	Name	Katy
Coat Red	Tail long / Teeth Condition Fair	Ears	Hanging	Size	Small
Area found / collected from	Islandview			Date	25/8/2025
Reason for surrender					

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	C. P. Coetzee
Residential Address	Mosselcreek 25 Islandview	
Postal Address	—	
Tel (H) —	Tel (W) —	Cell 0761737578
Email	—	
Donation R 300	Cash / Card / EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: — Case No: — Inspector: —

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ ______ On Date: ______