ADOPTION CHECKLIST

ADMISSION NO: Teddy MBY 6879

CONTRACT NO: MA 0107

- [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 19/08/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 27/08/25 992003000577603

Adoptee INFO:

Name & Surname J. J. D. Bender

Contact INFO: 071 565 1106

Completed by: _____ Date: 22/08/25

Manager: _____ Date: 22/08/25

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.

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000577603

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. * 071 565 1106

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

E-mail * jacobender86@gmail.com

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

Title * MR Initials * JJO Surname * BENDER

Street 39 SCHOEMAN STREET City

Suburb Area Code WELDERAND

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 * - -

Date of Implant * 19 - 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 Date of birth 2025

Species * CANINE Breed * LAB X

Colour BROWN 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

Teddy

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): MR. JOHANNES JAKOBUS DANIEL BENDER

HOME ADDRESS: 39 SCHOEMAN STREET

HEIDERAND · 6506 ID NO.: 8608105030086

POSTAL ADDRESS: 39 SCHOEMAN STREET - HEIDERAND 6506

TEL NO (H): _____ (B): _____

CELL NO: 071 565 1104 FAX NO: _____

EMAIL: JACOBENDER86@GMAIL.COM

Address where animal will be kept: AS ABOVE

Occupation: MANAGING DIRECTOR (OPPA)

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

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

Reason for wanting animal: FAMILY PETS & FRIENDS FOR KIDS

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? ANY GOOD HEALTHY PUPPY

Can you afford private fees? YES Who is your vet? HEIDERAND

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

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

Are all your animals sterilised? Give details NO - SHE WILL BE DONE SOON

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

Which animals do you still have, and what happened to the others? OTHERS STAY BY ME BACK

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

Full description of the fencing and gate: WALLED FENCED Height: 2 m

What shelter is provided: OUTDOORS ✓ KENNEL _____ OTHER INSIDE

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

Pre Home Inspection Fee: R100 Receipt No: 7919

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** 2015/08/18

MA 0107

ADMISSION NO MBY 7163 / MBY 6879

9920030005 77603

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: _____ TIME: _____

NAME OF APPLICANT: Johannes Jakobus Daniel Bender

ADDRESS: 39 Schoeman Street, Heidevand

HOME TEL No: _____ CELL No: 0715651106

ANIMAL(S) ADOPTING: 2 XBreed Medium size

SEX: ♀ + ♂ AGE: ♀ = 2 months ♂ = 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Steel Pipes wall		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?	Steel pipes
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	DSH				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	♀ / 18 Months	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

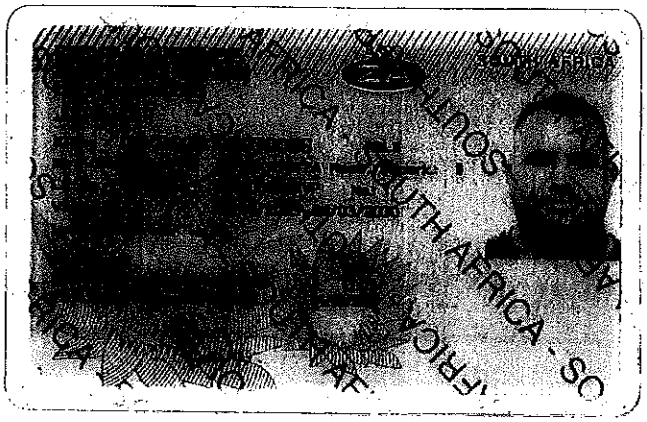
☒ MEDIUM DOGS ☐ LARGE DOGS

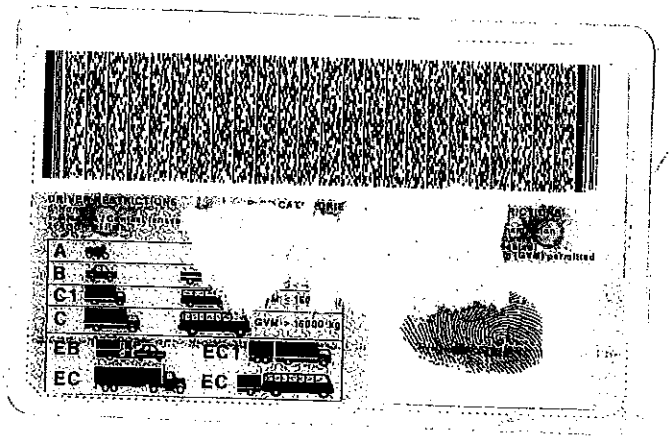
INSPECTED BY: Lucano Bezy SPCA: Mosselbay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE




A
B
C1
C
EB
EC
EC1
EC

South African Revenue Service

TAX COMPLIANCE STATUS
PIN Issued

JJD BENDER
39 SCHOEMAN STREET
WESTERN CAPE
MOSSELBAY
6506

Enquiries should be addressed to SARS:

Contact Details

SARS
Alberton
1528

Contact Centre Tel: 0800 00 7277
SARS website: www.sars.gov.za

Details

Taxpayer Reference Number: 0081896169

Always quote this reference number when contacting SARS

Issue Date: 2025/08/20

Dear Taxpayer

TAX COMPLIANCE STATUS PIN ISSUED

The South African Revenue Service (SARS) has issued your tax compliance status (TCS) PIN as indicated below:

TCS Details:	
Taxpayer Name	Johannes Jakobus Daniel Bender
Trading Name	Not applicable
Taxpayer Reference Number(s)	IT - 0081896169
Purpose of Request	Good Standing
Request Reference Number	0011323707GS2008251957493
PIN	72G5E1324J
PIN Expiry Date	20/08/2026

You may authorise a third party to view your TCS by providing them the PIN. The PIN only allows the third party access to your TCS. All your other tax information remains secure.

Your TCS displayed is based on your compliance as at the date and time the PIN is used.

You may cancel this PIN at any time before the expiry date reflected above. Once cancelled, a third party will not be able to verify your TCS.

SARS reserves the right to cancel the TCS application and associated PIN in the event that it was issued in error or provided on the basis of fraud, misrepresentation or non-disclosure of material facts.

More details regarding our channels, office hours, services, tailored information regarding tax as well as a comprehensive FAQ repository are available on the SARS website: www.sars.gov.za.

We value your support and contribution to our country's economy and prosperity. We strive to ensure that you clearly understand what is expected from you, as well as what your rights as a taxpayer are.

Sincerely

ISSUED ON BEHALF OF THE COMMISSIONER FOR THE SOUTH AFRICAN REVENUE SERVICE

Name	JJD BENDER	Timestamp:	20030704
Tax reference No:	0081896169	Year:	2025
Form ID:	TCR00	Page of Page:	01/01
Content Version:	v2022.03.00	Template version:	v2022.00.01

Garden Route SPCA Mosselbay

Reg nr: NPO 003-629

VAT No: NOT VAT REGISTERED
Tel: 044 693 0824
Emergency: 072 287 1761
Email: theatrem@grspca.co.za
Website www.grspca.co.za

Address:
18 Bill Jeffery Street
Boplaas
Mosselbay
6506

Mr BJöRN OCTOBER
Client No: 76758
Client Vat No:
Tel: 0719964891
Email: boctober7@gmaill.com
Alternative Email:

Physical Address:
415 NEW STR. FAIRVIEW

Postal Address:

Original TAX Invoice
Invoice Date: 2025-08-22
Invoice Time: 16:19
Invoice No: INV7328
Receipt No: RECP6526
Cashier: Mary-Ann Chordnum

Balance Brought Forward: R0.00

General Sale

Sale Date	Description	Quantity	Exclusive	Vat	Discount%	Total
2025/08/22	Nobivac DAPPVL2	1.0000	R200.00	R0.00	0.00	R200.00

Totals

Subtotal:	R200.00	
Exclusive Amount:	R200.00	
TAX on Applicable Items:	R0.00	
Rounding:	R0.00	
Amount Due: INV7328	R200.00	
Amount Tendered:	R200.00	
Discount Received:	R0.00	
Debit Card	R50.00	Online Payment Gateway Payment
Cash	R150.00	

Available Loyalty Points: 0

Balance Outstanding: R0.00

Bank Details

Account Name: Garden Route SPCA Account Type:Business Account FNB Bank 062 007 514 955 Branch Code:210114

Thank you for your support. If you do an EFT payment please use your invoice number with -MSB at the end as reference and email proof of payment to theaterm@grspca.co.za

Thank you for your support. If you do an EFT payment please use your invoice number with -MSB at the end as reference and email proof of payment theaterm@grspca.co.za

Trading Hours

Mon & Fri 12:00-16:00,Wed. Closed, Tues & Thurs. 09:00-16:00

GARDEN ROUTE SPCA MOSSELBAY			
DATE	24/06/25	ANIMAL NAME	
KENNEL NUMBER	K20	BREED	Staff x
CARD NUMBER	MBY 6879	STERILIZED	NO
COLOUR	Tan	MALE/FEMALE	MALE
VACCINATED	NO	AGE	± 4 weeks
PROOF OF VACC	NO	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

WEIGHT	NAD	0.95	
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 pup, healthy.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No.	K 8 42			ADMISSION No.	MBY6879	
Stray	Surrender	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	Cat	Other species (Specify)		
Breed	Staff X	Colour and Markings	Tan	
Condition	Fair	Sex	♂	Age +- 4 weeks
Temperament	Fair	Sterilisation details	No	Name
Coat Short	Tail long	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	Liyna James
Residential Address	47 Adolf ASIA	
Postal Address	N/A	
Tel (H) N/A	Tel (W) N/A	Cell 0786007821
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~~

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
08/07/25	milpro		
05/08/25	milpro		

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

DATE 19-08-2025

DOCTOR'S NAME Dr. AS. Muller

Garden Route SPCA
P.O. Box 138
George, 6530
Tel (044) 803 - 0824

PRACTICE STAMP

MSD Animal Health

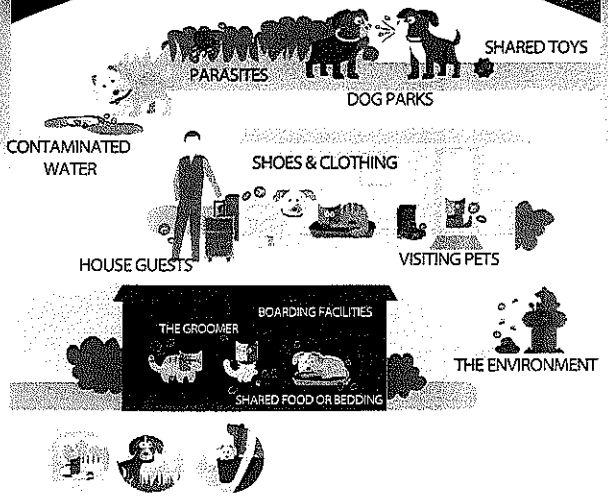
Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777

VACCINE RECORD CARD

Vaccination protects your pet against

DANGEROUS GERMS

that can be everywhere.



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