ADOPTION CHECKLIST

ADMISSION NO: Twinkles MBY 7163

CONTRACT NO: MA0108

- [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 27/08/25
- [x] Microchip Registration- chip number 992003000577602

Adoptee INFO:

Name & Surname J.J.O. Bender

Contact INFO: 071 565 1106

Completed by: [signature] Date: 22/08/25

Manager: [signature] 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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: TARRYN LEACH
   - Contact Number: 061 582-7042
   - Email Address: TARRYNLEACH@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: _____

Twinkles

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): 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 1106 FAX NO: -

EMAIL: Jacobender86@gmail.com

Address where animal will be kept: As Above

Occupation: Managing director (PPRA)

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 Not cat yet

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? Dogs stayed with my ex wife

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: 2M

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER Inside

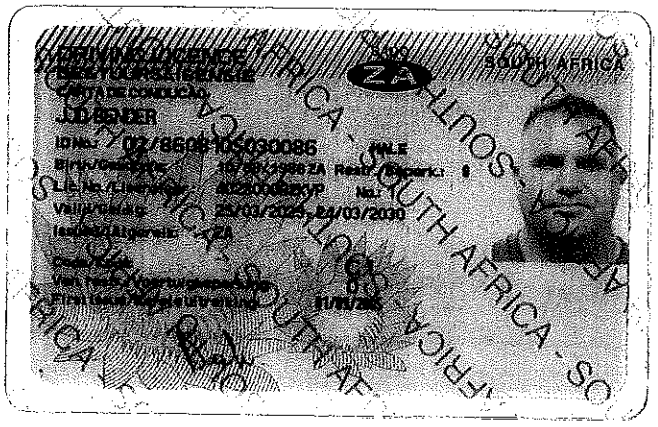
Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? No

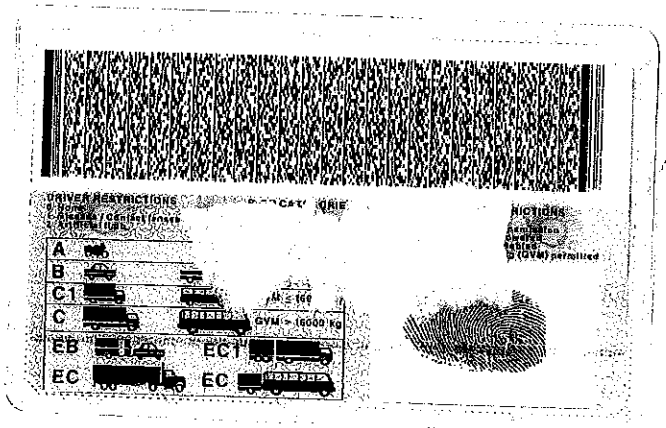
Pre Home Inspection Fee: R100. Receipt No: 7919

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** 18/08/2025


ZA
SOUTH AFRICA
MALE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MA0108

ADMISSION NO MBY 7163 MBY 6879

992 003000577609

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, Heidersand

HOME TEL No: _____ CELL No: 0715651106

ANIMAL(S) ADOPTING: 2 X Breed 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	♀ / 11 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

GARDEN ROUTE SPCA MOSSELBAY			
DATE	29/07/25	ANIMAL NAME	
KENNEL NUMBER	CB7	BREED	X Breed
CARD NUMBER	MBY 7163	STERILIZED	NO
COLOUR	Blown	MALE/FEMALE	Female
VACCINATED	YES	AGE	± 12 weeks
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.75 kg.		
TEMPERATURE	38°		
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 K38 loaded

DBV SPCA
Garden Route

KENNEL No. ISO 6 KR CB7				ADMISSION No. MBY7163		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 23/7/25	NA	Time in			Date for release	NA

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

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify) BIN		
Breed	XBreed Pup	Colour and Markings Brown		
Condition	Fair	Sex ♀	Age ± 3 Months	
Temperament	Fair	Sterilisation details None	Name	
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	DE Bakke			Date 23/7/25
Reason for surrender	Stray Puppie			

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	M.Bay Traffic department		
Residential Address	George Street M.Bay				
Postal Address	6505				
Tel (H) None	Tel (W) None	Cell ~~0795941476~~			
Email None			0795947476		
Donation R None	Cash	Card	EFT	(Receipt No.) None	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: Wally

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 noch die DBV nog sy amptenare, en werknemers enige verpligting 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 MBY 7163	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: _____

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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
29/07/25	milpro		

Quantel | Excitel Plus | Excitel 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 228
George 6530
Tel 044 693 0824

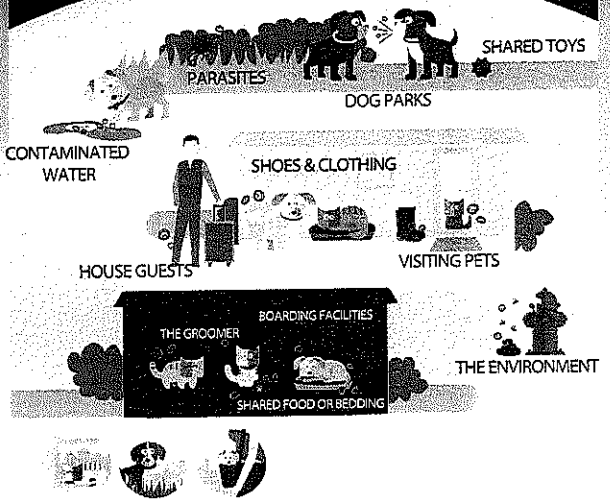
PRACTICE STAMP

MSD
Animal Health

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

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

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000577602

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 * JJD Surname * BENDER

Street 39 SCHOEMAN STREET City

Suburb Area Code HEIDERAND

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 * 27 - 08 - 2025

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 * X BREED

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