ADOPTION CHECKLIST

ADMISSION NO: MBY 7412

CONTRACT NO: MA 0123

- [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
- [ ] Letter from Body Corporate
- [ ] Sterilization Contract and Date of sterilization Contract Done 11/09/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 22/09/25 992003000577541

Adoptee INFO:

Name & Surname Y Prinsloo

Contact INFO: 0761850575

Completed by: _____ Date: 12/09/25

Manager: _____ Date: 12/09/25

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: Werner Neuhoff
   - Contact Number: 082 331 8830
   - Email Address: werner.neuhoff@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: _____

Collie

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): Y Paasch

HOME ADDRESS: 32 Berthold Auheit Str.

Bayview ID NO.: 8007240022084

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0761850575 FAX NO:

EMAIL:

Address where animal will be kept: 32 Berthold Auheit Str

Occupation: Business owner

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

YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: Animal lover

YES/NO

Is the animal for yourself?

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? N/A "Labrador"

Can you afford private fees? Yes Who is your vet? "Yes" Dr Graaf

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

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? CATS? OTHER?

Which animals do you still have, and what happened to the others?

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

Full description of the fencing and gate: Fully Fenced. Height: 1.6

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? Ye

Pre Home Inspection Fee: R100.00 Receipt No: NIL

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** 4.9.2025

9920030005775 41 ADMISSION NO MBY 7412

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 4-9-25 TIME: 15:00

NAME OF APPLICANT: Mev Y. Prinsloo

ADDRESS: 32 Berthold Alheid Street, Bay View.

HOME TEL No: _____ CELL No: 0741850575

ANIMAL(S) ADOPTING: Labrador X

SEX: Female AGE: 2-3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall wooden		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?	Gate
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify: Boo has a Cheer	
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	/ M.	/	/	/	/
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: Lorraine Bay SPCA: Mossel Bay SIGNATURE: MB

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MIC

992003000577541

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. * 0761850575

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 * MRS | Initials * Y | Surname * PRINSLOO

Street 32 Berthold Albeid str | City

Suburb Bayview | Area Code MOSSELBAY

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 * 22 - 09 - 2025

Date of Implant * 11 - 09 - 2025

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Zoe

Date of birth 2025

Species * CANINE

Breed * LAB X

Colour BLACK

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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
PRINSLOO
Names:
YOLANDA
Sex:
F
Nationality:
RSA
Identity Number:
8007240022084
Date of Birth:
24 JUL 1980
Country of Birth:
RSA
Status:
CITIZEN

Signature: Y Prinsloo

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

SADC ZA SOUTH AFRICA

Y PRINSLOO

ID No. 02/8007240022084 FEMALE
Birth/Geboorte 24/07/1980 ZA Restr./Beperk.: 0
Lic. No./Lisensie: 60150001DJ8V No.: 1
Valid/Geldig: 29/04/2021 - 28/04/2026
Issued/Uitgereik: ZA
Code/Kode: B
Veh. restr./Voertuigbeperking: 0
First issue/Eerste uitreiking: [illegible]/02/2000

Ek sertifiseer dat hierdie dokument 'n ware afdruk/afskrif is van die oorspronklike wat deur my besigtig is ... I certify that this document is a true reproduction copy of the original which was examined by me ...
21.10.5 A.D. Hamman 0431730-1 [illegible]
Datum/Date Handtekening/Signature Rang/Rank

SUID-AFRIKAANSE POLISIEDIENS
STASIEBEVELVOERDER
05 OCT 2021
MOSSELBAAI / BAY
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	47-002502-003-5
DATUM VAN REKENING:	25/11/2024
LAASTE KWITANSIE DATUM:	24/11/2024
VOORAFBETAALDE METERNOMMER:	

Naam:
PRINSLOO Y & NEUHOFF WN
Liggingsadres:
32 BERTHOLD ALHEITSTRAAT BAY VIEW
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
2000.00	2502000	2325000	10

DATUM	BESONDERHEDE	BEDRAG
	BALANS OORGEDRAG	3147.09
15/11/2024	ACB3500217KWITANSIES	554.09-
15/11/2024	ACB3500215KWITANSIES	752.95-
15/11/2024	ACB3500218KWITANSIES	1204.98-
15/11/2024	ACB3500216KWITANSIES	299.64-
15/11/2024	ACB3500214KWITANSIES	335.43-
20/11/2024	99991 ELEKTRISITEIT 17/09/2024-17/10/2024	1004.06 *
	60305 - 60503 (198 KWH 30 Dae)	
	BASIES 322.65	
	07/24 198.00 @ 2.427 = 480.45	
	VAT/BTW 130.96	
20/11/2024	MR1211380WATER 17/09/2024-17/10/2024	446.40 *
	1089 - 1110 (21 Kl 30 Dae)	
	BASIES 237.63	
	07/24 5.92 @ 0.000 = 0.00	
	" 13.81 @ 9.733 = 134.47	
	" 1.27 @ 12.658 = 16.08	
	VAT/BTW 58.22	
20/11/2024	300010 VULLIS	299.64 *
20/11/2024	400010 RIOOL	335.43 *
20/11/2024	BELASTING BAATEMENT	752.95
	Balans Oorgedra	0.48-
	BTW OP *** ITEMS: 272.01 AGB TOT: 3147.09-	

ONOPGEDATEERDE DEBIET ORDERS 2838.48

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	2838.48	2838.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	17/12/2024	2838.00

VAT No. / BTW Nr. 4630118370

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. 470025020035

EasyPay >>>>>9152647002502003 53

pay@ 11379 470025020035

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
P4010395

Vou en skeur af.

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

Mossel Bay MUNICIPALITY

PRINSLOO Y & NEUHOFF WN
POSBUS 2128
MOSSELBAAI
6500

47-002502-003-5

Fold and tear on perforation.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	47-002502-003-5
DATUM VAN REKENING:	25/11/2024
LAASTE KWITANSIE DATUM:	24/11/2024
VOORAFBETAALDE METERNOMMER:	

Naam:
PRINSLOO Y & NEUHOFF WN
Liggingsadres:
92 BERTHOLD ALHEITSTRAAT BAY VIEW
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
2000.00	2502000	2325000	10

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				3147.09
15/11/2024	ACB3500217	KWITANSIES			554.09-
15/11/2024	ACB3500215	KWITANSIES			752.95-
15/11/2024	ACB3500218	KWITANSIES			1204.98-
15/11/2024	ACB3500216	KWITANSIES			299.64-
15/11/2024	ACB3500214	KWITANSIES			335.43-
20/11/2024	99991	ELEKTRISITEIT 17/09/2024-17/10/2024			1004.06 *
		60305 - 60503 (198 KWH 30 Dae)			
		BASIES			392.65
		07/24	198.06 3	2.427 =	480.45
		VAT/BTW			130.96
20/11/2024	MR1211380	WATER 17/09/2024-17/10/2024			446.40 *
		1089 - 1110 (21 KL 30 Dae)			
		BASIES			237.63
		07/24	5.92 3	0.000 =	0.00
		.	13.81 3	9.737 =	134.47
		.	1.27 3	12.659 =	16.06
		VAT/BTW			58.22
20/11/2024	300010	VULLYS			299.64 *
20/11/2024	400010	RICOL			335.43 *
20/11/2024		BELASTING BAAIEMENT			752.95
		Balans Oorgedra			0.48-
BTW OP *** ITEMS:		272.01	ACB TOT:	3147.09-	

ONDERGEDATEERDE DEBIET ORDERS 2838.48

KREDIET	60 DAE	30 DAE	LOPEND	Verskuldigd
0.00	0.00	0.00	2838.48	2838.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	17/12/2024	2838.00

page 1 of 1

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101 Marsh Street
Private Bag X 29
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(044) 606 5000
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admin@mosselbay.gov.za
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Payment Details /Betalings Besonderhede

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MOSSEL BAY MUNICIPALITY
REF NO. 470025020035

EasyPay >>>>>91528470025020353

pay@ 11379 470025020035

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Permit Mail
P4010395

You on skeur af.

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

Mossel Bay MUNICIPALITY

PRINSLOO Y & NEUHOFF WN
POSBUS 2128
MOSSELBAAI
6500

47-002502-003-5

Fold and tear on perforation.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
NEUHOFF
Names:
WERNER NEL
Sex:
M
Nationality:
RSA
Identity Number:
8012075047081
Date of Birth:
07 DEC 1980
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:
22 JUN 2017

7742

104885969

GARDEN ROUTE SPCA MOSSELBAY			
DATE	25/08/25	ANIMAL NAME	
KENNEL NUMBER	K4	BREED	Lab X
CARD NUMBER	MBY 7412	STERILIZED	No
COLOUR	Black	MALE/FEMALE	Female
VACCINATED	Yes	AGE	2 months
PROOF OF VACC	Card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	4 kg.		
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 KBS 29 loaded.

DBV SPCA
Garden Route

KENNEL No.	CBT KK			ADMISSION No.	MBY7412	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 25-8-25	none	Time in	18:45	Date for release	31-8-25	

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	25-8-25	Microchip or ID Tag number	none	

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify) Human		
Breed Lab X		Colour and Markings Black		
Condition good		Sex ♀	Age 7 Months	
Temperament friendly		Sterilisation details not	Name	
Coat Black	Tail long	Teeth Condition good	Ears up	Size small
Area found / collected from Ext 13				Date 25.8.25
Reason for surrender Stray				

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs	✓	
Livestock/Other		
DO THEY:	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS: Shy

Surrendered by		Name		
Found by	X	Name	Ronald Bayli	
Residential Address	13 Sardine Street Ext 13			
Postal Address				
Tel (H) none	Tel (W) none	Cell none		
Email				
Donation R	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: received

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		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: _____

MY OWNER

NAME	Y. Prinsloo
POSTAL ADDRESS	
STREET ADDRESS	32 Berthold Altheid Str
	Bayview
HOME PHONE	
WORK PHONE	
CELLPHONE	0761850575
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	LAB X
COLOUR	BLACK
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTO	992003000577541
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
25/08/25	[redacted] Batch: A240A01 Exp: 12-2026 + milpro	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoqinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

Find us on facebook.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfrica