ADOPTION CHECKLIST

ADMISSION NO: MBY 7020

CONTRACT NO: MA0124

- [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 11/09/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 22/09/25
- [x] Microchip Registration- chip number 992003000577608

Adoptee INFO:

Name & Surname Leonie Hyburgh

Contact INFO: 0723972241

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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577608

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. * 0723972241

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

E-mail * leonie55133@gmail.com

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

Title * MRS Initials * L Surname * Myburgh

Street 3 OE BOSSE KOMPLEKS City

Suburb HEIDERAND 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 * - -

Date of Implant * 11 - 09 - 2025

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

Name of Vet who implanted the Chip KAT LEVERS

PET DETAILS

Pet Name ROSIE Date of birth 2025

Species * CANINE Breed * FOXIE 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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Hein Grieb
   - Contact Number: 0722563276
   - Email Address: heingrieb1@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: _____
Date: _____

Rosie Rosie

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): L. Mybergh.

HOME ADDRESS: 3 De Bosse Kompleks, Heiderand, Mosselbay ID NO.: 6504120162086

POSTAL ADDRESS: as above.

TEL NO (H): 22471 (B):

CELL NO: 0723972444 FAX NO:

EMAIL: leonie55133@gmail.com

Address where animal will be kept: as above

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: Companion

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? Any

Can you afford private fees? Yes Who is your vet? Heiderand Diere Kliniek

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

What are the sexes of your animals? DOGS: Male 1 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? 2 CATS? _____ OTHER? _____

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

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

Full description of the fencing and gate: Walled with gate. Height: 1.8 m.

What shelter is provided: OUTDOORS: Braai room. KENNEL _____ OTHER _____

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

Pre Home Inspection Fee: R100 Receipt No: 7965

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 L. Mybergh. **Date of application** 08/09/2021

ADMISSION NO MBY 7020

9920030005 77609

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 8/9/25 TIME: 14:05

NAME OF APPLICANT: Leonie Myburgh

ADDRESS: 3 De Bosse Kompleks, Heiderand

HOME TEL No: CELL No: 0723972241

ANIMAL(S) ADOPTING: Dog - Foxie/Oaxi

SEX: female AGE: 6 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1.8		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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Doxi X				
CONDITION	Fair				
WELFARE (good?)	Fair				
SEX & AGE	Male / 3/4 yea	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Wally Nieuwoudt SPCA: Mbay SPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	21/07/2025	ANIMAL NAME	
KENNEL NUMBER	K2.	BREED	Daxi/Foxie
CARD NUMBER	MBY7020	STERILIZED	NO
COLOUR	Brown	MALE/FEMALE	Female
VACCINATED	Yes	AGE	5 months
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	5.4 kg		
TEMPERATURE	38.6		
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

loaded

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		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		Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed		Colour and Markings		
Condition		Sex	Age	
Temperament		Sterilisation details	Name	
Coat	Tail	Teeth Condition	Ears	Size
Area found / collected from			Date	
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	
Residential Address		
Postal Address		
Tel (H)	Tel (W)	Cell
Email		
Donation R	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 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	Leonie Myburgh
POSTAL ADDRESS	
STREET ADDRESS	3 De Bosse Komplekts
	Heiderand
HOME PHONE	
WORK PHONE	
CELLPHONE	0723972241
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	Foxie x
COLOUR	BROWN
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTO	992003000577608
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/07/25	[redacted] Batch: A240A01 Exp.: 12-2026 + milpro	[signature]
18/08/25	02131812A 04-FEB-2026 + milpro	[signature]
04/09/25	02131812A 04-FEB-2026 + Triworm	[signature]

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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.

Mossel Bay MUNICIPALITY

UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER: 66-017099-009-5

DATUM VAN REKENING: 22/08/2025

LAASTE KWITANSIE DATUM: 21/08/2025

VOORAFBETAALDE METERNOMMER: 04140425879

BTW REG. NO.

Naam:

MYBURGH L

Liggingsadres:

3 DE BOSSE HEIDERAND X29

BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
958.00	17099000	1125000	6

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				1747.25
20/08/2025 0414042587	ELEKTRISITEIT				372.51 *
	BASIES			323.93	
	VAT/BTW			48.58	
20/08/2025 COM1600	WATER 26/06/2025-25/07/2025				300.59 *
	2528 - 2533 (5 K1 29 Dae)				
	BASIES			261.39	
	07/25	4.14 @	0.000	= 0.00	
	07/24	0.86 @	0.000	= 0.00	
	VAT/BTW			39.20	
20/08/2025 400006	RIOOL				365.61 *
20/08/2025 300006	VULLIS				320.62 *
20/08/2025	BELASTING PAAIEMENT				386.75
	KWITANSIES				1747.00-
	Balans Oorgedra				0.33-
	BTW OP '*' ITEMS:	177.28	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND
0.00	0.00	0.00	1746.33

AMOUNT DUE

1746.00

I.D. NO. 650612 0162 08 6

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

MYBURGH

VOORNAME/FORENAMES

LEONIE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1965-06-12

DATUM UITGEREIK
DATE ISSUED

1994-02-10

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL: