

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 11/09/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

ADMISSION NO:

MBY 7020

CONTRACT NO:

MA0124

Adoptee INFO:

Name & Surname Leanie Myburgh

Contact INFO: 0723972241

22/09/25



992003000577608

Completed by:

[Signature]

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.

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000577608

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0723972241

E-mail * Iconie55133@gmail.com

Title * MRS

Initials * L

Street 3 DE BOSSE KOMPLEX

Suburb HEIDERAND

Country

Phone - Day 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

Species * CANINE

Colour BROWN

Gender Male ☒ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

Date of birth 2025

Breed * FOXIE X

Markings

Sterilised ☒ Yes ☐ No

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

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

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

Surname * Myburgh

City

Area Code MOSSELBAY

Province

Phone - Night time

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

www.backhome.co.za • Tel: 011 852-8120 or 011 027 8837 • Fax: 0800 222 546

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: 072 256 3276
- 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: _____

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. Myburgh

HOME ADDRESS:

3 De Boosse Komptels,
Heiderand, Mosselbay

ID NO.:

65042 0162 086

POSTAL ADDRESS:

as above.

TEL NO (H):

(B):

CELL NO:

072397241

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

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 Dierie
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: 1.2m

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. Myburgh

Date of application

08/09/2009



992003000577608

ADMISSION NO

MBY7020

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/Daxi

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	Daxi X				
CONDITION	Fair				
WELFARE (good?)	Fair				
SEX & AGE	Male / 1 year	1	1	1	1
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 Weyenand 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



Garden Route

KENNEL No. <u>KSE 34 31</u>				ADMISSION No. <u>MBY7020</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>09/10/18</u>		Time in	<u>09:53</u>	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 <u>X</u>	Cat	Other species (Specify) <u>BI</u>			
	Breed	<u>X Breed</u>	Colour and Markings <u>Brown</u>			
	Condition	<u>Good</u>	Sex	<u>♀</u>	Age <u>15 months</u>	
	Temperament	<u>Good</u>	Sterilisation details	Name <u>---</u>		
	Coat <u>S</u>	Tail <u>L</u>	Teeth Condition <u>G</u>	Ears <u>UP</u>	Size <u>Small</u>	
	Area found / collected from					Date
	Reason for surrender					

ASSESSMENT		Surrendered by		Name <u>JOHN MCILBEE</u>	
GOOD WITH:	Yes No	Found by			
Children		Residential Address			
Cats					
Other Dogs		Postal Address			
Livestock/Other					
DO THEY:	Yes No	Tel (H)		Tel (W)	Cell <u>0837 222 059</u>
Jump Fences					
Run Away		Email			
COMMENTS:		Donation R <u>2000</u>		Cash	<u>X</u> 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 diere 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 diere hanteer word soos wat die DBV goed ag. Daar word uitdrukk ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die diere. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die "Voorwaardes" op die agterblad.

Signature <u>[Signature]</u>	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
	Details of third Applicant

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

MY OWNER

NAME Leonie Myburgh

POSTAL ADDRESS

STREET ADDRESS 3 De Bosse Komekts

Heiderand

HOME PHONE

WORK PHONE

CELLPHONE 07 23 97 2241

BREEDER DETAILS

ME

SPECIES CANINE

BREED FOXIE X

COLOUR BROWN

SEX Female

DATE OF BIRTH

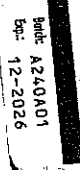
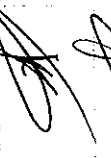
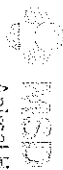
MICROCHIP/TATTO 992003000577608

FEATURES/MARKS

NEXT VACCINATION DUE

DATE DATE DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/07/25	 SD+ m:ipiro Animal Health	
18/08/25	 SD+ m:ipiro Animal Health	
04/09/25	 SD+ T:riworm Animal Health	
		
		
		
		
		
		
		
		

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's up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3882 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), 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 (isogonolone) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus XL (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 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 Fenbendazole 150 mg, Bravecto (Reg. No. G4083 Act 36/1947) each chew contains 25 mg fluralaner per kg body weight.

MSD

Animal Health

MSD

Animal Health

BTW REG. NO.

Naam:

MYBURGH L

Liggingsadres:

3 DE BOSSE HEIDERAND X29

BELASTING FAKTUUR MAANDELIKSE REKENING

REKENINGNOMMER: 66-017099-009-5

DATUM VAN REKENING: 22/08/2025

LAASTE KWITANSIE DATUM: 21/08/2025

VOORAFBETAALDE
METERNOMMER: 04140425879

DIENTE
DEPOSITO: 958.00

ERF
NOMMER: 17099000

TOTALE
WAARDASIE: 1125000

WYK
No: 6

DATUM	BESONDERHEDE	BEDRAG
	BALANS OORGEBRING	1747.25
20/08/2025	0414042587ELEKTRISITEIT	372.51 *
	BASIES 323.93	
	VAT/BTW 48.58	
20/08/2025	CON1600 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 RI00L	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	1746.00

I.D. NO. 650612 0162 08:6



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

MYBURGH

VOORNAME/FORENAMES

LEONIE

GEOORTE/DISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBORTE/DATUM/
DATE OF BIRTH

1965-06-12

DATUM UITGEREIK
DATE ISSUED

1994-02-10

UITGEREIK OP BESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:

