ADOPTION CHECKLIST

ADMISSION NO: MBY 7286

CONTRACT NO: MA 0125

- [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
- [x] Microchip Registration- chip number 992003000577609 22/09/2025

Adoptee INFO:

Name & Surname Jeanne Kapp

Contact INFO: 071 873 6979

Completed by: _____ Date: 19/08/2025

Manager: _____ Date: 19/08/2025

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.

ADMISSION NO MBY 7281

9920030005 77609

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ~~YES~~ / NO DATE UNDERTAKEN: 10-09-25 TIME: 12:38

NAME OF APPLICANT: J. Kapp

ADDRESS: 41 Rooikat Street, Aalwyndal

HOME TEL No: _____ CELL No: 071 873 6979 / 082 454 8509

ANIMAL(S) ADOPTING: Dog Foxie X

SEX: Male AGE: 3 male

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2m		Suitability of fence (i.e. small pets can't escape): Mesh wire	
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Staffy				
CONDITION	Good				
WELFARE (good?)	good				
SEX & AGE	Female #2 y/s	/	/	/	/
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: Smithando SPCA: Mosselbay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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): J Kapp

HOME ADDRESS: 41 Rooikat st, Aalwyndal

ID NO.: 7907 26 0733084

POSTAL ADDRESS:

TEL NO (H): 082 454 8509 (B): - Wikus

CELL NO: 071 873 6979 FAX NO:

EMAIL: jeanneleigh.dev@gmail.com

Address where animal will be kept: 41 Rooikat st, Aalwyndal

Occupation: PPSC Pharmacist Assistant

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

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

Reason for wanting animal: To give it a loving home and to be a family member

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?

Can you afford private fees? Yes Who is your vet? Mossel baai Diere Hos

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

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

Are all your animals sterilised? Give details Yes sterilised.

How many dogs and cats have you owned in the last 3 years? DOGS? 4 CATS? OTHER?

Which animals do you still have, and what happened to the others? 1 Staffie Girl 12 years

Is your property fenced and has a proper gate? Yes Will you chain/ an animal? nee

Full description of the fencing and gate: Mesh fence Height:

What shelter is provided: OUTDOORS KENNEL OTHER Indoor

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

Pre Home Inspection Fee: Receipt No:

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** 11/09/2025

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Wikus Brewer
   - Contact Number: 082 45 48 509
   - Email Address: 72wikus@gmail.com

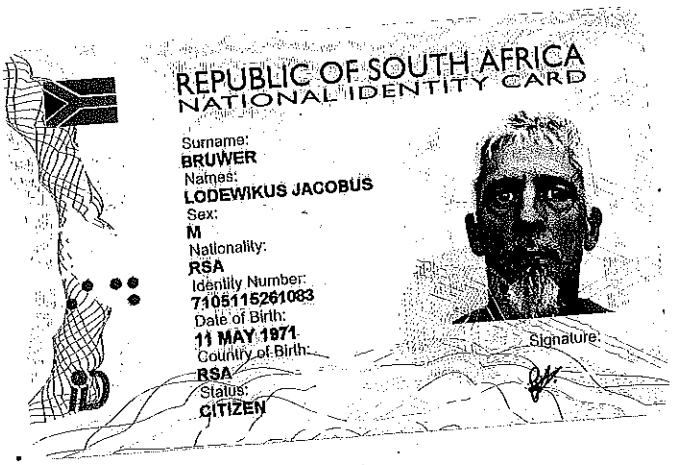
2. **Additional Family Member/Friend Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

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: _____



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BRUWER
Names:
LODEWIKUS JACOBUS
Sex:
M
Nationality:
RSA
Identity Number:
7105115261083
Date of Birth:
11 MAY 1971
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	50-021270-001-2
DATE OF ACCOUNT:	22/08/2025
LAST RECEIPT DATE:	21/08/2025
PREPAID METER NUMBER:	

VAT REG. NO.
Name:
KAPP JL
Street Address:
41 ROOIKAT AANWYNDAL
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT: 3580.00	ERF NUMBER: 21270000	TOTAL VALUATION: 3800000	WARD No: 7

DATE	DETAILS				AMOUNT
	B/F BALANCE				4276.34
20/08/2025 68763	ELECTRICITY 18/06/2025-17/07/2025				2182.17 *
	25819 - 26431 (612 KWH 29 Days)				
	BASIC			323.93	
	07/25 337.66 @	2.689	=	907.93	
	07/24 274.34 @	2.427	=	665.69	
	VAT/BTW			284.62	
20/08/2025 343	WATER 18/06/2025-17/07/2025				481.15 *
	5226 - 5247 (21 Kl 29 Days)				
	BASIC			261.39	
	07/25 3.16 @	0.000	=	0.00	
	. 7.36 @	10.030	=	73.82	
	. 1.07 @	13.038	=	13.95	
	07/24 2.56 @	0.000	=	0.00	
	. 5.98 @	9.737	=	58.23	
	. 0.87 @	12.658	=	11.01	
	VAT/BTW			62.75	
20/08/2025 300007	REFUSE				320.62 *
20/08/2025	RATES INSTALLMENT				1421.30
	RECEIPTS				4276.00-
	Balance Carried Forward				0.58-
VAT ON '*' ITEMS: 389.19 ACB TOT: 0.00					

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
0.00	0.00	0.00	4405.58	4405.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/09/2025	4405.00

VAT No. / BTW Nr. 4930116370

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. 500212700012

>>>>>91526500212700012 7

11379 500212700012

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

You on skeur at.

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

Mossel Bay MUNICIPALITY

KAPP JL
41 ROOIKAT STREET
MOSSEL BAY
6506

50-021270-001-2

Fold and tear on perforation.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K3242				ADMISSION No. MBY7286		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 22/08/25			Time in	08:45	Date for release	

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked	(X) Yes / ( ) No	Lost & Found Date checked	22/08/25			
Microchip/Collar or ID tag found	( ) Yes / (X) No	Date scanned or checked	22/08/25	Microchip or ID Tag number		

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	Foxie x	Colour and Markings	Brown + white	
Condition	Skinny	Sex	Female	Age Juvenile
Temperament	Good	Sterilisation details		Name
Coat	Tail long	Teeth Condition	Ears	Size M
Area found / collected from	Found puppy in back comp, behind horse training ring			Date 22/08/25
Reason for surrender	Found on premises			

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

Surrendered by / Found by	(X)	Name	Kay Lucas		
Residential Address	4 Karshout Hiderand				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 0837797044			
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: N/A

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: _____

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
15/08/25	milpro		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel 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 11-9-2025

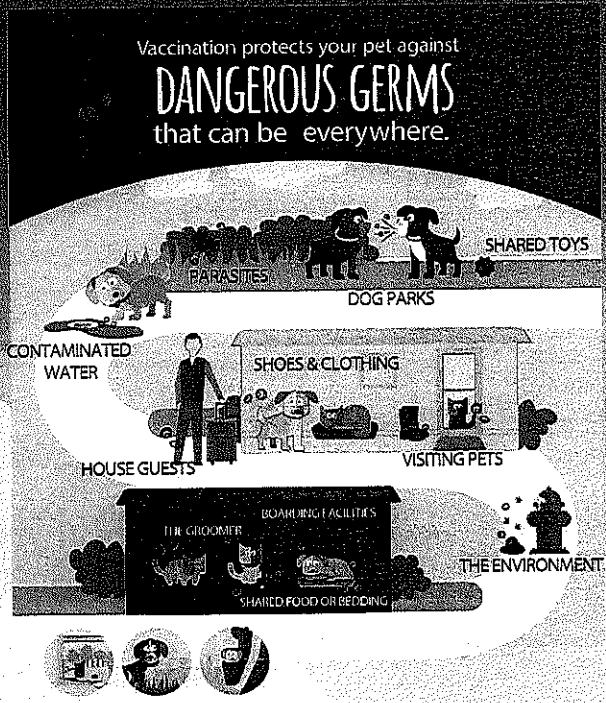
DOCTOR'S NAME Dr. AS. Muller

Garden Route SPCA
P.O. Box 258
George, 6530
Ph (044) 693 - 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
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



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: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577609

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. * 071 873 6979

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

E-mail * jeanneleigh.deu@gmail.com

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

Title * MS Initials * JL Surname * KAPP

Street 41 Rooikat Street City

Suburb Aalwyndal Area Code MOSSEL BAY

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 IEVERS

PET DETAILS

Pet Name Kumi

Species * CANINE

Date of birth 2025

Breed * Foxie X

Colour BROWN + WHITE

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

GARDEN ROUTE SPCA MOSSELBAY			
DATE	25/08/25	ANIMAL NAME	
KENNEL NUMBER	K3	BREED	FOXIE x
CARD NUMBER	MB 47286	STERILIZED	NO
COLOUR	BROWN + WHITE	MALE/FEMALE	MALE
VACCINATED		AGE	Juvenile
PROOF OF VACC		STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	6.2 kg		
TEMPERATURE	38.5		
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

Very skinny, nails cut but lovely dog