ADOPTION CHECKLIST

ADMISSION NO: MBY 9502

CONTRACT NO: MA0200

- [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 22/01/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 03/02/26 992003000578728

Adoptee INFO:

Name & Surname Heanie van Staden

Contact INFO: 082 443 4983

Completed by: _____ Date: 26/01/2026

Manager: _____ Date: 30/01/26

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

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROC

992003000578728

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. * 0824434983 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * janey.vanstaden@gmail.com If possible, please provide a personal email, not a company email.

Title * MR Initials * J-A Surname * VAN STADEN

Street 12 B ROPER STRAAT City

Suburb Area Code ISLAND VIEW

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 * 03 - 02 - 2026

Date of Implant * 22 - 01 - 2026

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name GABBY Date of birth

Species * CANINE Breed * YORKIE

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 regarding 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 his 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: Janey van Staden
- Contact Number: 0760845077
- Email Address: janey.vanstaden@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: 26/01/26

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN STADEN
Names:
CORNELIUS HENDRIK
Sex:
M
Nationality:
RSA
Identity Number:
5008145037089
Date of Birth:
14 AUG 1950
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

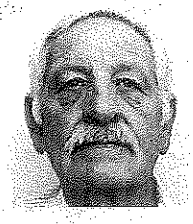
Date of Issue:
09 NOV 2016

RSA

103274917

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN STADEN
Names:
CORNELIUS HENDRIK
Sex:
M
Nationality:
RSA
Identity Number:
5008145037089
Date of Birth:
14 AUG 1950
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:
09 NOV 2016

RSA

103274917

Dr. Pieter Steenkamp

MBChB (Pret) FCS (SA) URO
Pr Nr. 0139823

Uroloog / Urologist

Accounts proudly serviced by

KAIROS-MED
EST. 2021

072 034 5158
044 691 3995
drpjsteenkamp@kairosmed.co.za
Mossel Bay, South Africa

MNR CH VAN STADEN
ROPERSTRAAT 12B
ISLAND VIEW
MOSSELBAAI
6506

Account Number	**9106**
File Number	**09803**
Date Printed	**2026-01-23**
Medical Scheme	BANKMED
Option / Plan	CORE SAVER
Membership Number	518658480
Member ID Number	5008145037089
Member VAT Number	
Home Number / Work Number	/
Cell Number / Email	0760845077 /

PATIENT RECEIPT

Receipt Date	Document Date	Receipt Number	Receipt Type	Receipt Amount
2026-01-23	2026-01-23	72370	Credit Card	R 700.00

RECEIPT ALLOCATIONS

Invoice Number	Treatment Date	Total Invoiced	Funder Outst	Patient Outst	Funder Alloc	Patient Alloc	Journal Alloc
00041498	2025-12-05	R 2,081.97	R 0.00	R 660.67	R 0.00	-R 700.00	R 0.00

ACCOUNT INFORMATION

AccNo	FileNo	Account Name/Main Member	Patient Balance
9106	09803	VAN STADEN, MNR CH	R 660.67

Funder/Scheme	Member Number
BANKMED	518658480

Plan/Option	Patient
CORE SAVER	VAN STADEN, MNR CORNELIUS H CH

booked

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K23 31				ADMISSION No. MBY9502		
(Stray)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 06/1/25			Time in	13:30	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	X Yes / No	Lost & Found Date checked	06/01/26
Microchip/Collar or ID tag found	X Yes / No	Date scanned or checked	06/01/26	Microchip or ID Tag number	none

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)	
Breed	Yorkie	Colour and Markings ~~Black~~ Brown & White	
Condition	Good	Sex Female	Age Adult
Temperament	Friendly	Sterilisation details none	Name —
Coat long	Tail long / Teeth Condition Good	Ears Down	Size Small
Area found / collected from Dana baai			Date 06/1/26
Reason for surrender Stray			

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	Jakkie knox		
Residential Address	21 P. Lorea Danabaai				
Postal Address	none				
Tel (H) none	Tel (W) none	Cell 0795374508			
Email none					
Donation R none	Cash	Card	EFT	(Receipt No.) none	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Christopher

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: 06/01/25

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
16/01/26	Triworm		

Quantel — Exitel Plus — Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS.

NOTE TO MY OWNER:
My vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months after that 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 [signature] (BVSc).

DATE 22-01-2026

DOCTOR'S NAME Dr. A.S. Muller

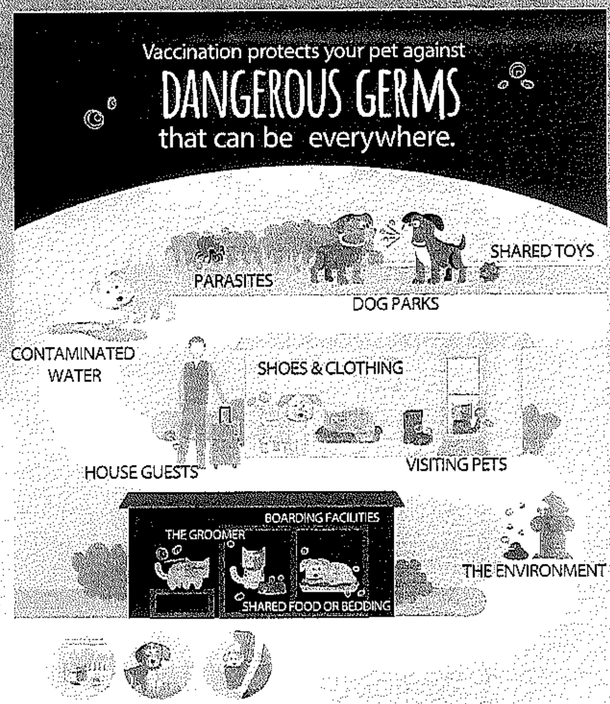
Garden Route SPCA
P.O. Box 258
George, 6530

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

9920030005787 28

ADMISSION NO MBY 9502

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 27/1/26 TIME: 14:30

NAME OF APPLICANT: Hennie van Staden

ADDRESS: 12 B Roper Straat, Island View

HOME TEL No: CELL No: 082 443 4983

ANIMAL(S) ADOPTING: Yorkie

SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibre crete 1.2 meter		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	Mongrel				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	♀ Unknown	1	1	1	1
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Adequate space for both dogs.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☒ SMALL DOGS
- ☒ MEDIUM DOGS
- ☒ LARGE DOGS

INSPECTED BY: Kim SPCA: Noffelmann SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE