ADOPTION CHECKLIST

ADMISSION NO: MBY 8818

CONTRACT NO: MA0187

- [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 FEB
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip Done 30/1/26
- [x] Microchip Registration- chip number 992003000645541

Adoptee INFO:

Name & Surname Leyla Claassen

Contact INFO: 071 999 9870

Completed by: _____ Date: 08/01/2026.

Manager: _____ Date: 08/01/26

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.

Backhome

Virbac

* COMPULSORY FIELDS
† PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

Microchip number

992003000645541

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. * 071 999 9870

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

E-mail * lylieclaassen@gmail.com

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

Title * MS

Initials * L

Surname * CLAASSEN

Street 33 STANDER STRAAT

City

Suburb

Area Code GROOTBRAK

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 * 31 - 01 - 2026

Date of Implant * 07 - 01 - 2026

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

Name of Vet who implanted the Chip KAT LEVERS

PET DETAILS

Pet Name NAVY

Date of birth 2025

Species * CANINE

Breed * BORDER COLLIE

Colour BLACK + 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

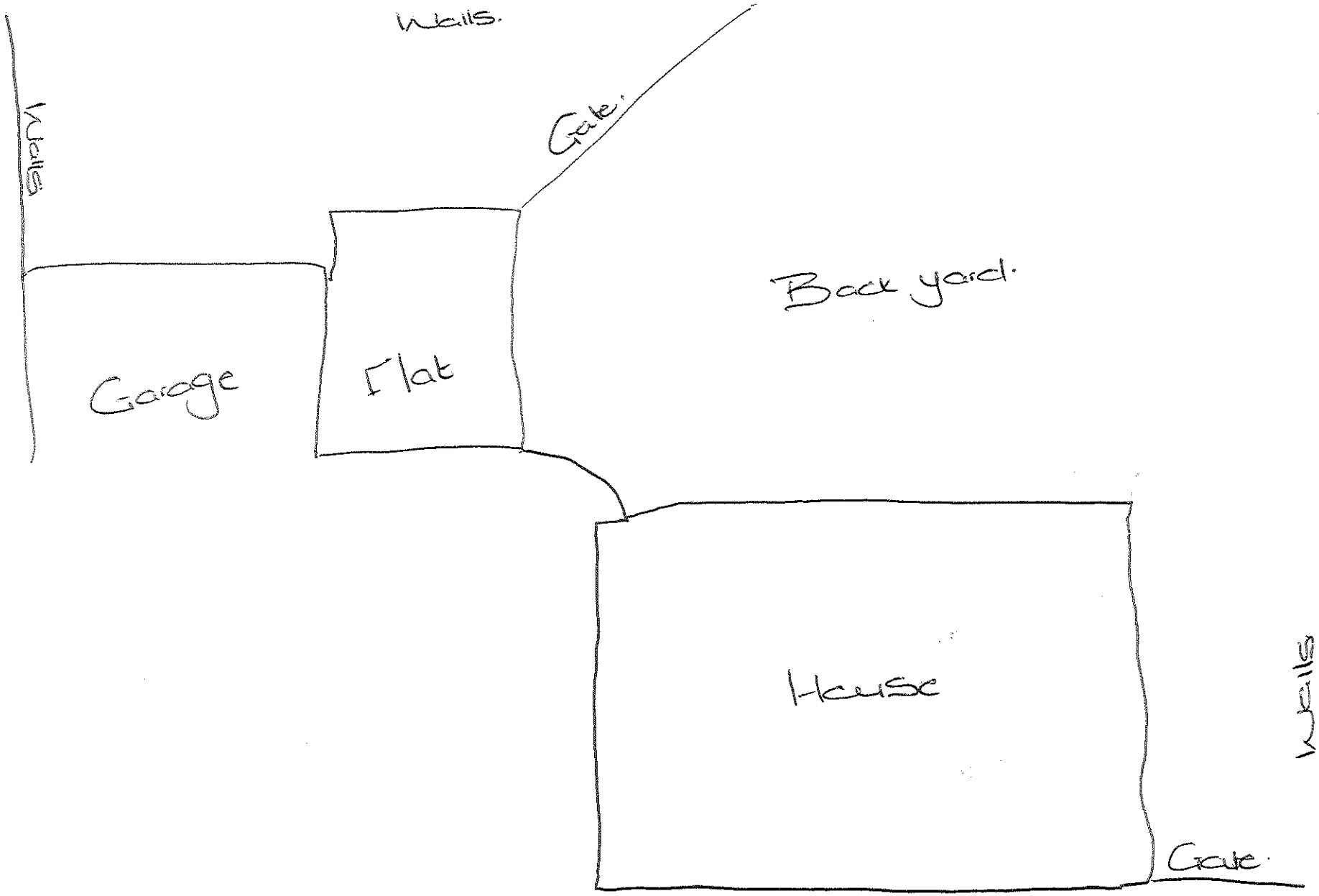
Medical Insurance Phone

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


Walls.
Walls
Gate.
Garage
Flat
Back yard.
House
Walls
Gate.

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): Miss L.C (Leyla Claassen)

HOME ADDRESS: Standerstraat 33 Grootbrakrivier 6525

ID NO.: 9708190961085

POSTAL ADDRESS: Standerstraat 33 Grootbrakrivier 6525

TEL NO (H): (B):

CELL NO: 071 999 9870 FAX NO:

EMAIL: lylieclaassen@gmail.com

Address where animal will be kept: Standerstraat 33 Grootbrakrivier

Occupation: Self employed own

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

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

Reason for wanting animal: involved in dog community (handler)

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? bordercollie

Can you afford private fees? yes Who is your vet? croft

How many animals live on the property? DOGS? 1 CATS? 3 OTHERS

What are the sexes of your animals? DOGS: Male Female ✓ CATS: Male 1 Female 2

Are all your animals sterilised? Give details yes,

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? 3 OTHER?

Which animals do you still have, and what happened to the others? have 4, no death since

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

Full description of the fencing and gate: fenced backyard Height: 1.8m +

What shelter is provided: OUTDOORS KENNEL OTHER open hous

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY. 8575

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 X **Date of application** 19 Dec 2025

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. **Additional Family Member/Friend Details**
   - Full Name: Liezel Olivier
   - Contact Number: 083 239 3585
   - Email Address: lisiandlili@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? no
   - 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: 08/01/2026

MY OWNER

NAME	Leyla Claassen
POSTAL ADDRESS	
STREET ADDRESS	33 Stander Straat
	Grootbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	071 999 9870
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Border Collie
COLOUR	Black + White
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645541
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
28/11/25	Batch: A241A01 Exp.: 02-2027 SD+ milpro Animal Health	
24/12/25	Batch: 021318108 Exp.: 05-FEB-2026 SD+ milpro 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	
	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 (isoquinoline) 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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No. K 42				ADMISSION No. MBY8818		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 13/11/25		Time in		16:10	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	13/11/25
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	13/11/25	Microchip or ID Tag number	NONE

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	Collie		Colour and Markings	Black + White
Condition	Fair		Sex ♂	Age 6 weeks
Temperament	Good		Sterilisation details NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	Johnsonspos			Date 13/11/25
Reason for surrender	Too many dogs, collected on 12/11/25			

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	Celeste Flores
Residential Address	Johnsonspos Vleesbaai	
Postal Address	N/A	
Tel (H) N/A	Tel (W) N/A	Cell 0652759909
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: Wally

STATEMENT OF SURRENDER

I do hereby certify that (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 Refer to MBY 8718	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	08-000194-001-1
DATUM VAN REKENING:	19/12/2025
LAASTE KWITANSIE DATUM:	18/12/2025
VOORAFBETAALDE METERNOMMER:	01078945928

BTW REG. NO.
Naam:
OLIVIER L
Liggingsadres:
33 STANDERSTRAAT GROOTBRAKRIVIER
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1060.00	194000	1900000	4

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				1965.01
18/12/2025	0107894592ELEKTRISITEIT				496.69 *
	BASIES			431.91	
	VAT/BTW			64.78	
18/12/2025	332615 WATER 10/10/2025-10/11/2025				743.11 *
	10773 - 10810 (37 Kl 31 Dae)				
	BASIES			261.39	
	07/25	6.12 @	0.000 =	0.00	
	.	14.27 @	10.030 =	143.12	
	.	10.19 @	13.038 =	132.86	
	.	6.42 @	16.950 =	108.82	
	VAT/BTW			96.92	
18/12/2025	300004 VULLIS				320.62 *
18/12/2025	BELASTING PAAIEMENT				686.48
	KWITANSIES				2000.00-
	Balans Oorgedra				0.91-

BTW OP '*' ITEMS: 203.52 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	2211.91	2211.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/01/2026	2211.00

VAT No. / BTW Nr. 4830118370

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. 80001940011

EasyPay >>>>>>9152608000194001 14

pay@ your payment partner 11379 080001940011

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.

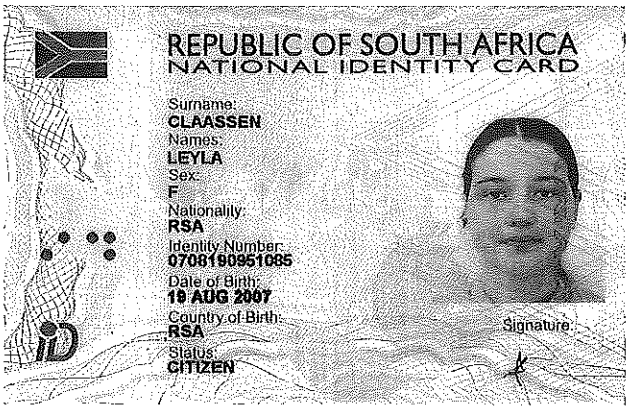
IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

OLIVIER L
POSTE RESTANTE
GROOTBRAKRIVIER
6525

08-000194-001-1

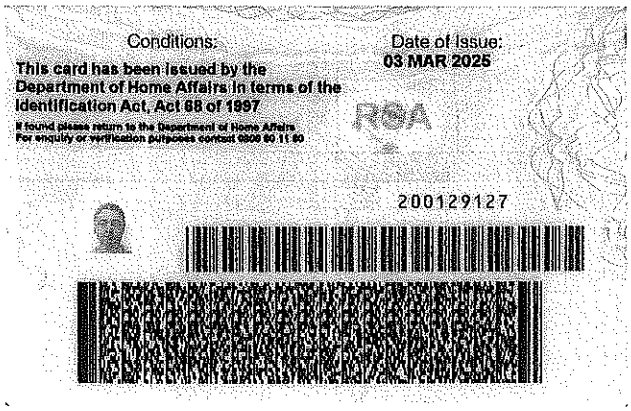
Fold and tear on perforation.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
CLAASSEN
Names:
LEYLA
Sex:
F
Nationality:
RSA
Identity Number:
0708190951085
Date of Birth:
19 AUG 2007
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 60

Date of Issue:
03 MAR 2025

RSA

200129127