ADOPTION CHECKLIST

ADMISSION NO: MBY 9258

CONTRACT NO: MA0193

- [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 March
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579264 11/02/26

Adoptee INFO:

Name & Surname Chantell Strombeck

Contact INFO: 0825702752

Completed by: _____ Date: 17/01/2026

Manager: _____ Date: 18/01/26

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.

muffin

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): Ms Chantell Strombeck (Kayla)

HOME ADDRESS: 177 Hartenbos Landgoed

ID NO.: 8007240171089

POSTAL ADDRESS: 6502

TEL NO (H): (B):

CELL NO: 082 570 2752 FAX NO:

EMAIL: Chantell@fredsauto.co.za

Address where animal will be kept: 177 Hartenbos Landgoed

Occupation: Bookkeeper

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

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

Reason for wanting animal: looking for a new 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? Canine

Can you afford private fees? Yes Who is your vet? Hartenbos Animal Hos

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS

What are the sexes of your animals? DOGS: Male N.A Female N.A CATS: Male N.A Female N.A

Are all your animals sterilised? Give details N.A

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

Which animals do you still have, and what happened to the others? N.A

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

Full description of the fencing and gate: Concrete wall Height: 1.2m

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? No

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

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 Strombeck **Date of application** 13/1/26.

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. **Additional Family Member/Friend Details**
   - Full Name: Maggie Bates
   - Contact Number: 073 681 6107
   - Email Address: accounts@fredsexpress.co.za

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: 17/01/2026

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0193 DATE: 17/01/2026

between Mosselbay SPCA

and 9007240171089

chantell@fredsauto.co.za

Name Chantell Strombeck

Address 177 Harenbos Louwgreef

Telephone Numbers (H) (B) 082 570 2752

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Sex Female Age 8 weeks

Description Mastiff x Terrier

On (due date) Adoption Form No. MA 0193

on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society reserves the right to confiscate the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: Strombeck For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579264

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. * 082 570 2752

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

E-mail * chantell@fredsauto.co.za

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

Title * MS Initials * C Surname * STROMBECK

Street 177 HARTENBOS LANDGOED City

Suburb Area Code HARTENBOS

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 * 11 - 02 - 2026

Date of Implant * 17 - 01 - 2026

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

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * MALTESE X TERRIER

Colour BRINDLE 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

MY OWNER

NAME	Chantell Strombeck
POSTAL ADDRESS	
STREET ADDRESS	177 Hartenbos Landgoed
HOME PHONE	
WORK PHONE	
CELL PHONE	0825702752
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	MALTESE x TERRIER
COLOUR	BRINDLE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579264
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
07/02/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
10/01/26	Nobivac® Puppy DP PLUS Batch: A256B01 Exp.: 06-2027	milpro
	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	

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	

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.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook

facebook.com/Bravecto.SouthAfr

ADMISSION NO MBY 9258

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: _____ TIME: _____

NAME OF APPLICANT: Chantell Stroombeck

ADDRESS: 177 Harenbos Landgoed

HOME TEL No: _____ CELL No: 0825702752

ANIMAL(S) ADOPTING: Maltese X Terrier

SEX: Female AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		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?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
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: [illegible] SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Deaker

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	09/01/26		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 X	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	X	Name		
Found by				
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: _____

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER: 37-000219-233-2

DATUM VAN REKENING: 19/12/2025

LAASTE KWITANSIE DATUM: 18/12/2025

VOORAFBETAALDE METERNOMMER: 04252059821

BTW REG. NO.
Naam:
STROMBECK C
Liggingsadres:
177 HARTENBOS LANDGOED MOSSELBAAPLAAS
BELASTING FAKTUUR MAANDELIKSE REKENING

DEPOSITO	ERF NOMMER	TOTALE WAARDASIE	WYK No.
0.00	219010/177	2650000	4

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		2159.54
18/12/2025	0425205982ELEKTRISITEIT		496.69*
	BASIES	431.91	
	VAT/BTW	64.78	
18/12/2025	300004 VULLIS		320.62*
18/12/2025	400004 RIOOL		365.61*
18/12/2025	BELASTING PAAIEMENT		976.54
	KWITANSIES		2159.00-
	Balans Oorgedra		0.00

BTW OP '*' ITEMS: 154.28 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	2160.00	2160.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/01/2026	2160.00

VAT No. / BTW Nr. 4930116970

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. 370002192332

>>>>>91526370002192332G

11379 370002192332

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, 6506

Mossel Bay MUNICIPALITY

STROMBECK C
PO BOX 79167
SENDERWOOD
2145

37-000219-233-2

Fold and tear on perforation.

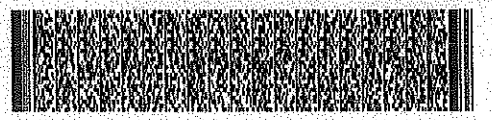
Conditions

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:
02 APR 2015

001865412



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
STROMBECK
Names:
CHANTELL
Sex:
F
Nationality:
RSA
Identity Number:
8007240171089
Date of Birth:
24 JUL 1980
Country of Birth:
RSA
Status:
CITIZEN

Signature: