ADOPTION CHECKLIST

ADMISSION NO: MBY 9662

CONTRACT NO: MA 0195

- [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 End March
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579265 21/01/2026

Adoptee INFO:

Name & Surname Wendy de Raux

Contact INFO: 0765350871 / 0713328398

Completed by: _____ Date: 16/01/2026

Manager: _____ Date: 16/01/26

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.

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER: 86-007830-010-5

DATE OF ACCOUNT: 22/09/2025

LAST RECEIPT DATE: 21/09/2025

PREPAID METER NUMBER: 04140425812

VAT REG. NO.

Name:
LE ROUX AP & W

Street Address:
11 P LOREASTRAAT DANABAAI

TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
2040.00	7830000	1400000	11

DATE	DETAILS				AMOUNT
	B/F BALANCE				2126.29
19/09/2025	04140425812 ELECTRICITY				372.61 *
	BASIC			323.93	
	VAT/BTW			48.58	
19/09/2025	COUI460 WATER 06/08/2025-04/09/2025				605.26 *
	3426 - 3455 (29 Kl 29 Days)				
	BASIC			261.39	
	07/25	5.72 @	0.000 =	0.00	
	.	13.35 @	10.030 =	133.90	
	.	9.53 @	13.038 =	124.25	
	.	0.40 @	16.950 =	6.78	
	VAT/BTW			78.94	
19/09/2025	400011 SEWERAGE				565.61 *
19/09/2025	300011 REFUSE				320.62 *
19/09/2025	RATES INSTALLMENT				493.10
	RECEIPTS				2126.00-
	Balance Carried Forward				0.39-

VAT ON '*' ITEMS: 217.02 ACB TOT: 0.00

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	0.00	2157.39	2157.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE

DUE DATE
15/10/2025

AMOUNT DUE
R 2157.00

VAT No. / BTW Nr. 4830116370

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. 860078300105

EasyPay >>>>>>9152686007830010 52

pay@ 11379 860078300105

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

LE ROUX AP & W
11 P LOREASTREET
DANA BAY
6510

86-007830-010-5

Fold and tear on perforation.

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579265

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. * 0765350871

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

E-mail * ler123@gmail.com

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

Title * MRS Initials * W Surname * LE ROUX

Street 11 P. Lorca Str City

Suburb Area Code Danabay

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 * - -

Date of Implant * 16 - 01 - 2026

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

Name of Vet who implanted the Chip KAY VENERS

PET DETAILS

Pet Name BELLA Date of birth

Species * CANINE Breed * X Breed

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 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

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): Wendy le Roux

HOME ADDRESS: 11 P. Lorea Street, Danabay

ID NO.: 7603040008082

POSTAL ADDRESS: N/A

TEL NO (H): (B): 0713328398

CELL NO: 0765350871 FAX NO:

EMAIL: lerl23@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Housewife

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: Animal lover

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? X Breed

Can you afford private fees? Yes Who is your vet? Heidelberg diere kliniek

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

What are the sexes of your animals? DOGS: Male Female 1 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? 1 Died on table

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

Full description of the fencing and gate: Wall Height: High

What shelter is provided: OUTDOORS KENNEL OTHER Indoors

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household?

Pre Home Inspection Fee: N/A Receipt No: N/A

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 Roux **Date of application** 16/01/2026.

9920030005792 65

~~9920030005779782~~ ADMISSION NO MBY9662

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 04-10-25 TIME: 11h00

NAME OF APPLICANT: Mrs W. Le Roux

ADDRESS: 11 P. Lorea Street, Dana Bay

HOME TEL No: CELL No: 0765350871

ANIMAL(S) ADOPTING: Chihuahua x

SEX: Female AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall 1.8		Suitability of fence (i.e. small pets can't escape): 1.8	
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?	gate
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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ M.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Species and Breed. Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: Luvuyo Bayi SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0195 DATE: 16/01/2026

between Mosselbay SPCA

0765350871

and 7603040008082

Name Wendy le Roux ler123@gmail.com

Address 11 P. Korea Str Dana bay

Telephone Numbers (H) 0765350871 (B)

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

Animal's Name Sex Female Age 2 months

Description X Breed

On (due date) End March Adoption Form No. MA0195

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 the 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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: André Le Roux
   - Contact Number: 0713328398
   - Email Address: andreler123@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Valerie
   - Contact Number: 0646587280
   - Email Address: valerie@valart.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: ~~06/10/2025~~ 16/01/2026

MY OWNER

NAME: Wendy Le Roux

POSTAL ADDRESS:

STREET ADDRESS: 11 P. Lovell Street

Dana Bay

HOME PHONE:

WORK PHONE:

CELL PHONE: 0765350871

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: XBREED

COLOUR: BROWN

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000579265

FEATURES/MARKS:

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
10/01/26	Nobivac® Puppy DP PLUS Batch: A256801 Exp: 06-2027 + milpro	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

NEXT VACCINATION DUE

DATE	DATE	DATE
07/02/26		

One of the very best things you can do is 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.

MSD Animal Health

Nobivac

Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K 36				ADMISSION No. MBY9662		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 16/01/26		Time in		Date for release		

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	16/01/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	16/01/26	Microchip or ID Tag number	

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	X Breed		Colour and Markings	Brown	
Condition	Fair		Sex	♀	Age 2 month
Temperament	Fair		Sterilisation details	No	Name
Coat S	Tail L	Teeth Condition Good	Ears	Down	Size Small
Area found / collected from	Found on 06/01/2026				Date 16/01/25
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	Name	Mariaan
Residential Address	Malva Street	
	Tarka	
Postal Address	N/A	
Tel (H) N/A	Tel (W) —	Cell —
Email	—	
Donation R —	Cash	Card	EFT	(Receipt No.) —

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: Mariaan

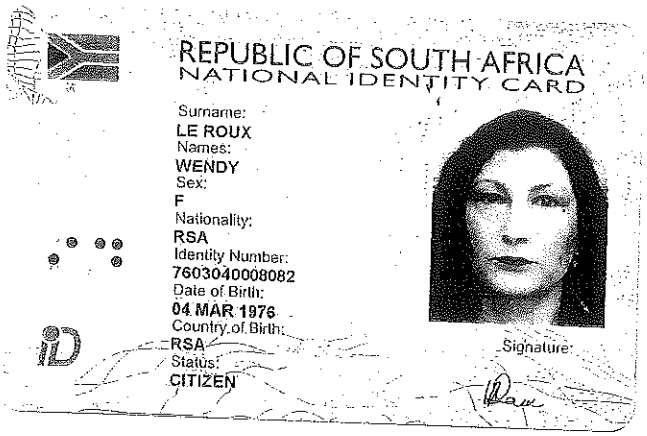
STATEMENT OF SURRENDER

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 Mariaan	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: _____



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
LE ROUX
Names:
WENDY
Sex:
F
Nationality:
RSA
Identity Number:
7603040008082
Date of Birth:
04 MAR 1976
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:
15 JUL 2016

RSA

102504905