ADOPTION CHECKLIST

ADMISSION NO: MBY 8782

CONTRACT NO: MA 0204

- [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 of March
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 23/02/26.
- [x] Microchip Registration- chip number 992003000578720

Adoptee INFO:

Name & Surname Dionné Fritz

Contact INFO: 064 638 8169

Completed by: _____ Date: 30/01/2026

Manager: _____ Date: 30/01/2026

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 Dionné Fritz

HOME ADDRESS: 58 Rylaan 5 Seemeeupark

Hartenbos ID NO.: 0603200142082

POSTAL ADDRESS: 6520

TEL NO (H): (B): –

CELL NO: 064 638 8169 FAX NO: –

EMAIL: dionnéfritz992@gmail.com

Address where animal will be kept: 58 Rylaan 5 Seemeeupark

Occupation: Student.

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

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

Reason for wanting animal: 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? Crossbreed.

Can you afford private fees? yes. Who is your vet? deciding

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

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

Are all your animals sterilised? Give details NA

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

Which animals do you still have, and what happened to the others? NA

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

Full description of the fencing and gate: steel Height: 2m

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER indoor

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

Pre Home Inspection Fee: R100 Receipt No: 9015

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** 26/01/26

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

992003000578720

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. * 064 638 8169

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

E-mail * dionnefritz992@gmail.com

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

Title * MS Initials * D Surname * Fritz

Street 58 Rylaan 5 seemeepark City

Suburb Seemeepark Area Code Seemeepark

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 * 29 - 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 Dionne Date of birth

Species * CANINE Breed * XBREED

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

9920030005787 20 ADMISSION NO MBY8782

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 29-1-26 TIME: 9:30

NAME OF APPLICANT: Dianne Trite

ADDRESS: 58 Rylaan S, Secmeerpark

HOME TEL No: CELL No: 064 638 8169

ANIMAL(S) ADOPTING: X Breed pup

SEX: Female AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall bricks		Suitability of fence (i.e. small pets can't escape): 2mm	
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?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	None				
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☒ LARGE DOGS

INSPECTED BY: Luciano Borgi SPCA: 1170880/Borg SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. 15				ADMISSION No. MBY8782		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 4-12-25			Time in	08:06	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked		Yes / No	Lost & Found Date checked	N/A
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	N/A	Microchip or ID Tag number	None	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Mixed	Colour and Markings	Brown	
Condition	Fair	Sex	Female	Age Adult
Temperament	Fair	Sterilisation details	None	Name
Coat Short	Tail Long	Teeth Condition Fair	Ears Hanging	Size Small
Area found / collected from	In Quarantine			Date 4-12-2025
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	In Patrecia Duiker		
Residential Address	2E. Fernkloof.				
	In Quarantine				
Postal Address					
Tel (H)		Tel (W)		Cell 060 897 7045	
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 / I 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 MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	42-017342-004-5
DATUM VAN REKENING:	22/01/2026
LAASTE KWITANSIE DATUM:	21/01/2026
VOORAFBETAALDE METERNOMMER:	07602789922

BTW REG. NO.
Naam:
FRITZ JD & BMJ
Liggingsadres:
1 RYLAAN 8 HARTENBOS X2
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 1618.00	ERF NOMMER: 17342000	TOTALE WAARDASIE: 2425000	WYK No: 7

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				2054.00
21/01/2026 AMR1206197	WATER 17/11/2025-17/12/2025				1465.59 *
	1617 - 1678 (61 Kl 30 Dae)				
	BASIES			261.39	
	07/25	5.92 @	0.000 =	0.00	
	.	13.91 @	10.030 =	138.51	
	.	9.86 @	13.038 =	128.56	
	.	9.86 @	16.950 =	167.12	
	.	9.86 @	25.424 =	250.68	
	.	9.86 @	38.136 =	376.02	
	.	1.82 @	57.204 =	104.11	
	VAT/BTW			39.20	
21/01/2026 07602789922	ELEKTRISITEIT				496.69 *
	BASIES			431.91	
	VAT/BTW			64.78	
21/01/2026 07602789925	0% Pens. Korting				248.35- *
21/01/2026 321007	VULLIS				320.62 *
21/01/2026 403007	RIOOL				385.61 *
21/01/2026 403007	Riool 50% korting				192.81- *
21/01/2026	BELASTING PAAIEMENT				444.76
	KWITANSIES				2054.00-
	Balans Oorgedra				0.11-
BTW OP 'A' ITEMS:	137.25	ACB TOT:	0.00		

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	2662.11	2662.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	16/02/2026	2662.00

page 1 of 1

VAT No. / BTW Nr. 4630116370

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. 420173420045

>>>>>9152642017342004 57

11379 420173420045

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

FRITZ JD & BMJ
RYLAAN 5 NO 58
SEEMEEUPARK
6520

42-017342-004-5

Fold and tear on perforation.

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

SADC
ZA
SOUTH AFRICA

D FRITZ

ID No.: 02/0603200142082 FEMALE

Birth/Geboorte: 20/03/2006 ZA Restr./Beperk: 0

Lic. No./Lisensienr.: 60150001L4H4 No: 1

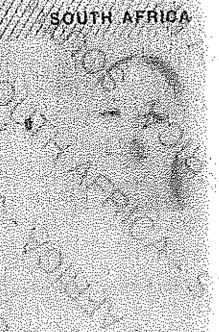
Valid/Geldig: 18/02/2025 - 17/02/2030

Issued/Uitgereik: ZA

Code/Kode: B

Veh. restr./Voertuigbeperking: 0

First issue/Eerste uitreiking: 17/02/2025



DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb

PrDP CATEGORIES
P Passengers
G Goods
D Dangerous goods

VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted

A	A1	≤ 125 cc
B		GVM ≤ 3500 kg; ≤ 750 kg
C1		GVM ≤ 16000 kg
C		GVM > 16000 kg
EB	EC1	
EC	EC	

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0204 DATE: 30/01/26

between Mosselbay SPCA

and dionnefritz992@gmail.com

Name Dionné Fritz 0603280114 2082

Address 58 Lybaan's Seemeeupark

Telephone Numbers (H) 064 638 8169 (B)

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

Animal's Name Sex Female Age 8 weeks

Description Brown x Breed

On (due date) END MARCH Adoption Form No. MA 0204

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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Nathan Roux
   - Contact Number: 083 250 1084
   - Email Address: nathan@sefas.co.za

2. **Additional Family Member/Friend Details**
   - Full Name: Joey Fritz
   - Contact Number: 082 718 9979
   - Email Address: fritzjoey416@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? 2013
   - Where? Pretoria
   - What animal did you adopt? dog

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 29/01/2026

GARDEN ROUTE SPCA MOSSELBAY			
DATE	09/12/25	ANIMAL NAME	
KENNEL NUMBER	ISO 11	BREED	X Breed
CARD NUMBER	NBY 8782	STERILIZED	NO
COLOUR	Brown	MALE/FEMALE	Female
VACCINATED	Yes	AGE	± 6 weeks
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	1.7 kg		
TEMPERATURE	38.3		
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

MY OWNER

NAME	Dianné Fritz
POSTAL ADDRESS	
STREET ADDRESS	58 Rylaan S
	Seemeerpark
HOME PHONE	
WORK PHONE	
CELL PHONE	0 64 638 8169
BREEDER DETAILS	

ME

BREEDS	CANINE
BREED	X BREED
COLOUR	BROWN
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000578720
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
09/12/25	Nobivac® Puppy DP PLUS Batch: A241A01 Exp.: 02-2027	
15/01/26	352210 R3 Ser.: Exp.:	
	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	
	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.