ADOPTION CHECKLIST

ADMISSION NO: MBY 9555

CONTRACT NO: MA 0210

- [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 April
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579359 13/02/26.

Adoptee INFO:

Name & Surname Anzel Schoeman

Contact INFO: 0722487378

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Dean Schoeman
   - Contact Number: 0797707303
   - Email Address: dschoeman2011@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: _____

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579359

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. * 0722487378

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

E-mail * debeeranzel257@gmail.com

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

Title * | Initials * | Surname * Schoeman

Street Odorata huis 2 | City

Suburb Bonakay | Area Code

Country | Province Bonakay

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 * 13-02-2026

Date of Implant * 30-01-2026

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name | Date of birth

Species * CANINE | Breed * STAFFY X

Colour 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

9200300005799359 ADMISSION NO MBV9555

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 30-1-20 TIME: 14:30

NAME OF APPLICANT: Anzel Schoeman

ADDRESS: 10 Odorata huis 2, Danabaai

HOME TEL No: CELL No: 0722487378

ANIMAL(S) ADOPTING: Staffy x

SEX: Male AGE: 7 weeks

PRE- HOME INSPECTION:

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

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Yorkie	Wirehair			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good.			
SEX & AGE	♂ / 11 MTH	♀ / 1 YR	/	/	/
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Approved, both will be sterilized.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☒ LARGE DOGS

INSPECTED BY: SPCA: SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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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): Anzel Schoeman

HOME ADDRESS: 10 Odorata, huis 2, Danabaai

ID NO.: 0212120177085

POSTAL ADDRESS: 10 Odorata, huis 2, Danabaai

TEL NO (H): 0722687378 (B):

CELL NO: " FAX NO: "

EMAIL: deboeranzel257@gmail.com

Address where animal will be kept: 10 Odorata huis 2.

Occupation: Hause Wife

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

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

Reason for wanting animal: We LOVE them

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? Pitbull

Can you afford private fees? yes Who is your vet? Danabay vets

How many animals live on the property? DOGS? 2 CATS? _____ OTHERS _____

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

Are all your animals sterilised? Give details No

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? Yorkies

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

Full description of the fencing and gate: Walls. Height: 1.8

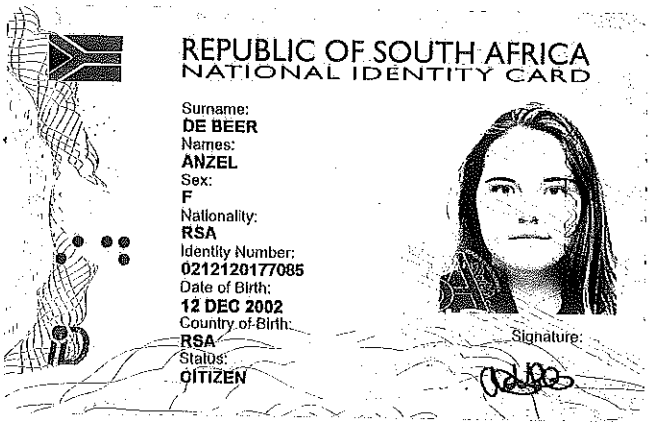
What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Indoor

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

Pre Home Inspection Fee: 100.00 Receipt No: MBY 9080

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** 30/01/2026



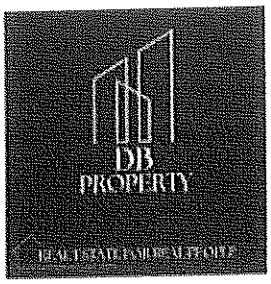
REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
DE BEER
Names:
ANZEL
Sex:
F
Nationality:
RSA
Identity Number:
0212120177085
Date of Birth:
12 DEC 2002
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Statement

Dana Bay Property



VAT No:

220 Flora Road
Dana Bay
Mossel Bay

6510

Date: 31/01/2026
Page: 1

SCHO01; Schoeman, Deon (10 Odorata 02)

Customer VAT No: debeeranzel257@gmail.com

Unit 02
10 Odorata Street
Danabaai
MOSSEL BAY
6510

Date	Reference	Description	Debit	Credit
01/01/2026		Brought Forward	R 1,296.23	
11/01/2026	RCP0005519	Payment Received		R 1,297.00
21/01/2026	INV_6584	Rental in Advance	R 15,900.00	
22/01/2026	CADJ0001470	Utilities	R 1,442.95	
26/01/2026	RCP0005555	Payment Received		R 15,900.00

Banking Details: ABSA Current Account Number 4055538494
Please use Your Account Number as Reference

Amount Due R 1,442.18

Amount Paid R 17,197.00

MY OWNER

NAME	Anzel Schoeman
POSTAL ADDRESS	
STREET ADDRESS	10 Odorata Huis 2
	Danabay
HOME PHONE	
WORK PHONE	
CELL PHONE	0722487378
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	STAFFY X
COLOUR	WHITE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579359
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
22/01/26	Nobivac® Puppy DP PLUS Batch: A256B01 Exp.: 06-2027	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on Facebook

facebook.com/Bravecto.Sou
facebook.com/MsdPets

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	T3	14139	ADMISSION No.	MBY9555		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11/01/24		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 ✓	Cat	Other species (Specify)		
Breed	X Breed		Colour and Markings	White, brown patch on eye
Condition	Fair		Sex M,	Age
Temperament	Good		Sterilisation details No	Name
Coat S	Tail L	Teeth Condition	Ears UP	Size Sm
Area found / collected from	Table Bay			Date
Reason for surrender	Do not want to give away			

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	C Jansen	
Residential Address	136 SDL Table Bay			
Postal Address				
Tel (H)	Tel (W)	Cell 0825446775		
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	See # 9555	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
P O Box 25
Mossel Bay
6500

Tel No: +27 (044) 606 5201
Faks No: +27 (044)
e-mail: admin@mosselba...ov.za
Web site: www.mosselbaymun.co.za

SURROUNDING RESIDENT'S CONSENT FORM

SUBJECT PROPERTY (Erf number, Suburb, town & Street address):

10 ~~55 E~~ P. Odorata ~~Macra~~ Street, Dana Bay, Mossel Bay, 6510

BRIEF DESCRIPTION iro APPLICATION:

Application for a third dog. We are adopting a pitbull puppy from the SPCA, we currently have 2 Yorkies.

CONSENT OF SURROUNDING RESIDENT'S:

I / We the undersigned residents of surrounding properties, confirm that I / we are informed of the applicants intention in respect of the abovementioned application and that I / we have no objection in keeping more than two (2) dogs and/or two (2) cats on the stated property. They do not cause any disturbance or nuisance.

Name of resident	Physical address	Signature
Erika Muller	55 E Macra Street, Dana Bay	EMüller
Lize Bezuidenhout	12 P. Odorata Danabaai	
Natasha + Johan Steyaert	10 Odorata str Unit 1, Danabaai	

I hereby confirm that the above signatures were obtained from the stated residents.

SIGNATURE OF APPLICANT _____ **DATE** 29/01/2026