ADOPTION CHECKLIST

ADMISSION NO: MBY 9431

CONTRACT NO: MA203

- [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 Done 29/01/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 13/02/26 992003000578727

Adoptee INFO:

Name & Surname Estelle Erasmus

Contact INFO: 0823767843

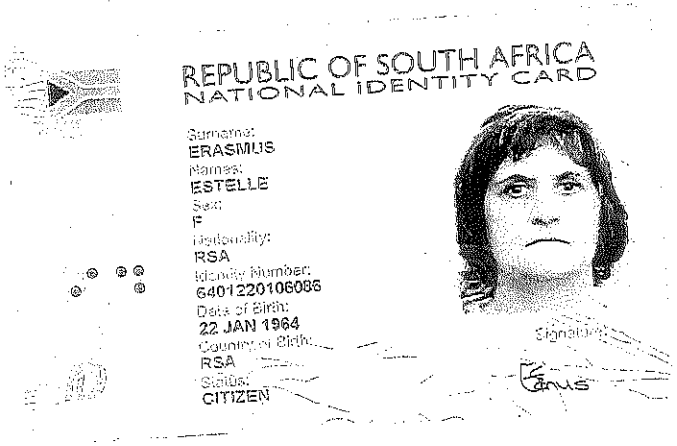
Completed by: _____ Date: 30/01/2026

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.


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
ERASMUS
Names:
ESTELLE
Sex:
F
Nationality:
RSA
Identity Number:
6401220106086
Date of Birth:
22 JAN 1964
Country of Birth:
RSA
Status:
CITIZEN
Signature:

VOU EN SKEUR AF.

HESSEQUA
MUNISIPALITEIT
MUNICIPALITY
U MASIPALA

BTW NR: 4760183258

BELASTING FAKTUUR

ERASMUS D&E
KOCHSTRAAT 3
ALBERTINIA
6695

BELASTING FAK Nr.	12611		
STAAT DATUM	2026/01/15	BTW Nr.: 0000000000	
REKENING NOMMER	5010072700	DEPOSITO	1412.00

MARK WAARDE	TARIEF BEDRAG	KORTING	AFSLAG	KORTING PERS.
220000	0.0080900	50000.00		

DIENS	XPOS/ DATUM	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	BALANS
	Basies	417.39	-417.39	362.95	54.44	0.00	0.00	0.00
	Verbrk	177.42	-177.42	77.14	11.57	0.00	0.00	0.00
	Basies	225.40	-225.40	196.00	29.40	0.00	0.00	0.00
	01/15	281.75	-281.75	245.00	36.75	0.00	0.00	0.00
	01/15	256.45	-256.45	223.00	33.45	0.00	0.00	0.00
Rates	01/15	114.61	-114.61	114.61	0.00	0.00	0.00	0.00
SUB TOTAAL		1473.02	-1473.02	1218.70	165.61	0.00	0.00	0.00
00	00/00	0.00	0.00	0.00	0.00	0.00	0.00	-113.71
EX	00/00	0.00	-1498.02	0.00	0.00	0.00	0.00	0.00
SUB TOTAAL		0.00	-1498.02	0.00	0.00	0.00	0.00	-113.71

	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	VERSKULDIG
TOTALE	1473.02	-2971.04	1218.70	165.61	0.00	0.00	-113.71

VERVAL DATUM 2026/02/09	REELING 0.00
	BEDRAG VERSKULDIG -113.71

TARIEWE

WATER	ELEKTRISITEIT
0.000 - 6.000 KL 11.0700 R/KL 7.000 - 15.000 KL 11.0700 R/KL 16.000 - 30.000 KL 12.5000 R/KL 31.000 - 40.000 KL 13.2300 R/KL 41.000 - 50.000 KL 16.7600 R/KL 51.000 - 70.000 KL 19.5900 R/KL 60 70.000 KL 23.6100 R/KL	

WATER METER LESING

2025/11/20 VORIGE	2025/12/15 HUIDIGE	VERBRUIK
311.000	318.000	7.000

ELEKTRISITEIT METER LESINGS

VORIGE	HUIDIGE	VERBRUIK

EIENDOMS INLIGTING

ERF NR	00000727	WYK	2
STRAAT ADRES	3 KOCH STREET		
DORPS GEBIED	ALBERTINIA		
GEDEELTE			
EENHEID	00000000000000000000	OPPERVLAKTE	415

AFSNY

Die verrekening van dienste mag gestaak word sonder verdere kennisgewing as enige balans onbetaald is na die betaaldatum en die deposito mag benaam word. Let asseblief op dat die betaaldatum nie van toepassing is op afgemaakte balanse.

VERSEKER ASB DAT U METERS TE ALLE TYE TOEGANKLIK IS VIR DIE METERLESERS. INDIEN NIE, SAL DIE METER VERSKUIF WORD OP U ONKOSTE.

SOUTH AFRICA
Permit Mail
P0001250

MUNICIPALITY HESSEQUA MUNISIPALITEIT
U MASIPALA

5010072700
ERASMUS D&E
KOCHSTRAAT 3
ALBERTINIA
6695

SKEUR ASSEBLIEF AF EN STUUR TERUG MET BETALING

MUNISIPALITEIT/
HESSEQUA
U MASIPALA

ERASMUS D&E

BETAAL DATUM	2026/02/09
BEDRAG	-113.71
REKENING NOMMER	5010072700

DIREKTE INBETALING
VIR U GERIEF MAG HIERDIE REKENING BY ENIGE TAK VAN EERSTE NASIONALE BANK BETAAL WORD.
TAK Nr.: 200313 REK. Nr.: 63571024174 REK. TIPE: TJEK

VERWYSING Nr.: 5010072700

GEBRUIK ASB DIE KORREKTE VERWYSINGSNO OM STAKING VAN DIENSTE TE VOORKOM

accounts@hessequa.gov.za

VOU EN SKEUR AF.

ADMISSION NO MBY 8998

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 29/01/20 TIME: 12H40

NAME OF APPLICANT: E. Erasmus

ADDRESS: 3 Koch Street, Albertinia

HOME TEL No: _____ CELL No: 0823767845

ANIMAL(S) ADOPTING: Terrier X Maltese

SEX: Female AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall 1.2m.		Suitability of fence (i.e. small pets can't escape): Yes	
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	—				
CONDITION	—				
WELFARE (good?)	—				
SEX & AGE	- / F.	/	/	/	/
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: Thembeka SPCA: Mbony SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

♀ Brindle.
8998

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): E ERASMUS

HOME ADDRESS: KOCH STR 3, ALBERTINIA

ID NO.: 6401220106086

POSTAL ADDRESS: Koch STR 3, ALBERTINIA

TEL NO (H): (B):

CELL NO: 0823767843 FAX NO:

EMAIL: estelbgreef@gmail.com

Address where animal will be kept: Koch str 3, Albertinia.

Occupation: Pensionaris.

Do you own or rent your property: No Do you have consent from owner / Body Corporate?

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

Reason for wanting animal: Ready for 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? Terrier mix

Can you afford private fees? Yes Who is your vet? Riversdal

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

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Have None

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? 0 OTHER? 0

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

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

Full description of the fencing and gate: Sliding gate Height: 1,2m

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? No

Pre Home Inspection Fee: R100 Receipt No: 9011

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 Emus **Date of application** 24/01/2026

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

992003000578727

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. * 0823767843

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

E-mail * estellegreef@gmail.com

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

Title * MRS Initials * E. Surname * ERASMUS

Street 3 KOCH STR City

Suburb Area Code ALBERTINIA

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 * 13 - 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 Molly

Species * CANINE

Colour BRINDLE

Gender Male (Female)

Date of birth

Breed * TERRIER X MALTESE

Markings

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: E. Erasmus

POSTAL ADDRESS:

STREET ADDRESS: Koch Str 3

Albertinia

HOME PHONE:

WORK PHONE:

CELLPHONE: 0823767843

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: TERRIER x MALTESE

COLOUR: BRINDLE

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000578727

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

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

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.

loaded

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No. Loo 4 K33				ADMISSION No. MBY9431		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 9/1/26			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	9/1/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	9/1/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog / Cat	Other species (Specify)		
Breed	X Poodle	Colour and Markings	Brindle
Condition	Good	Sex	Age
Temperament	Good	Sterilisation details	Name
Coat	Tail	Teeth Condition	Ears	Size
Area found / collected from	Can't keep them all.		Date 9/1/26
Reason for surrender	Da Nova.		

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	E Burmeister		
Residential Address	M.J. Harris Stk 14 Da Nova				
Postal Address	no num				
Tel (H) no num	Tel (W) no num	Cell 0840613456			
Email	E.Burmeister@gmail.com				
Donation R 200 cd	Cash	Card	EFT	(Receipt No.) 8636	

PLEASE INSIST ON A RECEIPT

9/1/26 Confiscated: OB No: N/A Case No: N/A Inspector: N/A

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 9/1/26	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: _____

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Estelle Erasmus
   - Contact Number: 082 376 7843
   - Email Address: estellegreef@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: Erasmus
Date: 30/11/2026