ADOPTION CHECKLIST

ADMISSION NO: MBY9920

CONTRACT NO: 0240 MA [redacted]

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Beginning May
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 13/03/26
- [x] Microchip Registration- chip number 992003000579245

Adoptee INFO:

Name & Surname Mev van Coller

Contact INFO: 082 780 1958

Completed by: [redacted] Date: 05/03/26

Manager: [redacted] Date: 05/03/26

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.

Beagle

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): MEV VAN COLLER

HOME ADDRESS: 10 Awie Dodd St, Bayview

ID NO.: 581223 0084 082

POSTAL ADDRESS: N/A

TEL NO (H): WERK 044 695 4323 (B):

CELL NO: 082 780 1968 MEV FAX NO:

082 55 39462 WIF

EMAIL: info@fancyfunctions.co.za

Address where animal will be kept: 10 Awie Dodd St BAYVIEW

Occupation: EVENT PLANNER

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~~ N/A

Reason for wanting animal:

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 - ANY DOG OLD AGE

Can you afford private fees? YES Who is your vet? MOSSELBAAI DIERE HOSPITAAL

How many animals live on the property? DOGS? N/A CATS? OTHERS

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

Are all your animals sterilised? Give details N/A

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

Which animals do you still have, and what happened to the others? NO ANIMALS AT PRESE

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

Full description of the fencing and gate: BRICK WALL SECURITY GATE Height: 2.1m

What shelter is provided: OUTDOORS STOEP KENNEL OTHER

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

Pre Home Inspection Fee: R100 Receipt No: 9139

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 03-03-202

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0240 DATE: ____________

between Mosselbay SPCA

info@fancyfunctions.co.za
581223 0084 082

and

Name Mev. van COLLER

Address 10 Awie Dodd Str Bayview

Telephone Numbers (H) (B) 082 780 1958

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

Animal's Name Sex Female Age 2 months

Description A...... X

On (due date) End April/beginning May Adoption Form No. MA 0240

on the understanding that you will arrange to have this done at the Mosselbay 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: [signature] For SPCA: [signature]

CONFIRMATION OF STERILISATION:

Vet: ____________ Signed: ____________

Date: ____________

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579245

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. * 0827801958

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

E-mail * info@fancyfunctions.co.za

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

Title * MRS Initials * Surname * VAN COLLER

Street 10 AWIE DODD City

Suburb Area Code BAYVIEW

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 - 03 - 26

Date of Implant * - -

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * AIREDALE X

Colour BLACK + 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 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

loaded

9 920030005 79245

ADMISSION NO MBY9920

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 3/03/26 TIME: 16:14

NAME OF APPLICANT: Mrs. Coller

ADDRESS: 10 Annie Dodd Road, Bayview

HOME TEL No: CELL No: 082 780 1958 / 082 5539462

ANIMAL(S) ADOPTING: Dog - Airedale X

SEX: Female AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2 metres/Mesh		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: Kent SPCA: Muizenberg SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN COLLER
Names:
CLAUDIA
Sex:
F
Nationality:
RSA
Identity Number:
5812230084082
Date of Birth:
23 DEC 1958
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Stuur terug na
Privaatsak X13, Johannesburg, 2000

MEV C VAN COLLER
AWIE DOODSTRAAT 10
BAYVIEW
MOSSELBAAI
6506

Besoek ons by:
Absa Bank
Langeberg Mall

000 446016800

Skryf aan:
Posbus 577
Port Elizabeth
6000

Web: www.absa.co.za

Depositorekening

Rekeningnommer: 93-9268-0993 Uitgereik op: 2025/09/15

U Dynamic Fixed Dep-belegging

Beleggingsbedrag:

Vervaldatum: 2025/10/25

Omdat u 'n gewaardeerde Absa-kliënt is, wil ons verseker dat u die meeste voordeel uit u belegging by ons trek. Aangesien u belegging binnekort verval, het ons gedink om u aan die talle beskikbare opsies te herinner om te verseker dat u u gedissiplineerde benadering tot belegging tot dusver ten volle benut.

Opsie 1:
U wil dalk die fondse op die vervaldatum onttrek en aanwend vir die doel waarvoor u dit belê het.

Opsie 2:
Indien u die geld nie onmiddellik nodig het nie, is dit die moeite werd om te oorweeg om dit te herbelê. Benewens u huidige beleggingsproduk, het Absa 'n aantal ander uitstekende beleggingsopsies beskikbaar om te verseker u geld werk steeds hard vir u.

Opsie 3:
Indien u ons om enige rede nie van u beleggingsvereistes in kennis kan stel voor dit verval nie, het u die gemoedsrus dat u steeds maksimum opbrengste sal geniet aangesien ons u belegging outomaties vir u sal herbelê. Hierdie hernuwing sal vir dieselfde termyn as u oorspronklike versoek wees, maar teen die rentekoers van toepassing wanneer dit herbelê word.

Indien u geld outomaties herbelê word op hierdie wyse, kan u steeds binne 30 dae na die vervaldatum die herbelegging omswaai en die fondse onttrek, die beleggingstermyne verander of in 'n ander Absa-beleggingsproduk herbelê. Indien u kies om dit te doen, sal geen rente egter betaal word vir die tydperk waartydens u fondse outomaties herbelê is nie.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
07/02/26	milpro		
20/02/20	milpro		

Quantel — DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL — DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER:
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

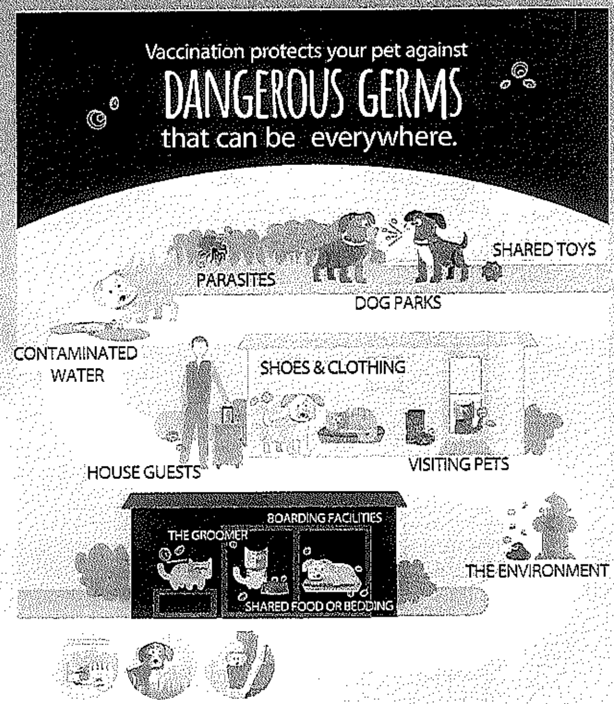
DOCTOR'S NAME

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday 09:00 - 11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD loaded

DBV SPCA
Garden Route

KENNEL No. K029 25 41				ADMISSION No. MBT9920		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	09/02/26		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	09/02/26
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	09/02/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	Airedale Terrier	Colour and Markings	Brown + Black	
Condition	Fair	Sex ♀		Age ± 4 weeks
Temperament	Fair	Sterilisation details	NO	Name
Coat S	Tail L	Teeth Condition Fair	Ears Down	Size S
Area found / collected from	Erfprag Farm			Date 09/02/26
Reason for surrender	Too many dogs, brought in on 06/02			

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	Patrick & Mary				
Residential Address	Erfprag Farm					
Postal Address	N/A					
Tel (H) N/A	Tel (W) N/A	Cell 063 693 8656				
Email	N/A					
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A		

PLEASE INSIST ON A RECEIPT

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

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 Refer to MB-19813	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: MARIUS CORNELIUS VAN COLLER
   - Contact Number: 082 55 39 462
   - Email Address: info@fancyfunctions.co.za

2. **Additional Family Member/Friend Details**
   - Full Name: CLAUDIA VAN COLLER
   - Contact Number: 082 780 1958
   - Email Address: _____

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? N/A
   - 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: _____