ADOPTION CHECKLIST

ADMISSION NO: MBY 9443

CONTRACT NO: MA 0214

- [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 05/02/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 19/02/26. 992003000579356

Adoptee INFO:

Name & Surname Stephan Terblanche

Contact INFO: 083242 0513

Completed by: _____ Date: 06/02/2026

Manager: _____ Date: 06/02/26

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.

ADMISSION No.
TOELATINGSNR. MA0214

ADOPTION CONTRACT

DBV SPCA
Garden Route

DOG / CAT	Breed	Male/Female	
Microchip	992003000579356		

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

DBV SPCA
Garden Route

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV **terug** te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal **nie die dier vasketting of gehok hou nie**, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte gebruik word.
14. My erf is behoorlik omheen en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Stephan Terblanche

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7604165053085

HOME ADDRESS
WOONADRES: PLAAS LONETREE

TEL No (H):
TELEFOON Nr (H):

(B):
(W):

CELL No:
SELFOON Nr: 083242 0513

FAX No:
FAKS Nr:

E-MAIL:
E-POS. stephan.lonetree@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 4065

VEHICLE REG No.
VOERTUIG REG Nr: CBS 30453

VEHICLE MAKE:
VOERTUIG MAAK: Isuzu

COLOUR:
KLEUR: silver

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING:

DATE / DATUM: 06/02/2026.

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579356

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. * 0832420513

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

E-mail * stephan.lonetree@gmail.com

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

Title * MR Initials * S Surname * TERBLANCHE

Street PLAAS LONETREE City

Suburb Area Code MOSSELBAAI

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 * 19 - 02 - 2026

Date of Implant * 05 - 02 - 2026

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name ZUES Date of birth

Species * CANINE Breed * ROTTWEILER

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

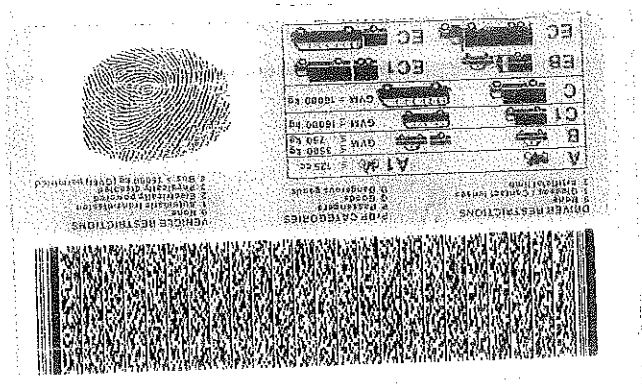
Medical Insurance Phone

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 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



DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCÃO
STERBLANCHE
ID No. 02/760416S053085 MALE
Birth/Geboorte 16/04/1976 ZA Restr./Beperk.: 1
Lic No./Lisensienr. 2015000110JF No.: 1
Valid/Geldig 06/02/2025 - 05/02/2030
Issued/Uitgereik ZA
Code/Kode A EC
Veh restr./Voertuigbeperking 0 0
First issue/Eerste uitreiking 01/01/2006 16/05/1995
SADC
SOUTH AFRICA
First driving permit: C.F.
Eerste bestuurslisensie
Expiry date: 02/02/2027
Vervaldatum

TJEK REKENINGSTAAT

TERMINAL : LANGEBERG MALL 2 TERMINAL NUMBER: 09853
DATE : 2026/02/06 TIME : 13:01:13
SEQUENCE NUMBER: 004359
CARD NUMBER : **********6626

MNR S TERBLANCHE
PLAAS LONETREE
MOSSELBAAI
6506

REKENING NOMMER : 4098775900
STAAT VIR PERIODE 2026/01/01 - 2026/02/06

DATUM	TRANSAKSIE	VERWYSING	BEDRAG	BALANS
	SALDO OORGEDRA			10 869.12+
010126	MNDELIKSE REK-FOOI		150.00-	10 719.12+
020126	ACB DEBIET:EKSTRNE		110.75-	10 608.37+
		AFRIFORUM _299616772_600019755		
020126	ACB DEBIET:EKSTRNE		1 993.66-	8 614.71+
		ORIGIN 260103225 10002X3H		
020126	DIGITALE BETAAL KT		1 800.00+	10 414.71+
		ABSA BANK Maderie		
020126	DIGITALE OORPL DT		3 600.00-	6 814.71+
		ABSA BANK Plaas oor vanaf 4098		
020126	DIG OORPLASING KT		1 000.00+	7 814.71+
		ABSA BANK Plaas oor vanaf 4550		
020126	ACB DEBIET:EKSTRNE		295.00-	7 519.71+
		EDENCONNEC383424634 NETCASH		
030126	LUGTYD DEBIET	LS 427	50.00-	7 469.71+
		VODACOM: 0712026461		
	KAART NR. 5900			
030126	TRANSAKSIEFOOI		1.50-	7 468.21+
LUGTYD DEBIET	(EFF:030126 AMT:	50.00-)		
040126	Payshap Eks Debiet		1 380.00-	6 088.21+
		LS-5Q2JQ3		
040126	TRANSAKSIEFOOI		5.50-	6 082.71+
Payshap Eks Debiet	(EFF:040126 AMT:	1380.00-)		
040126	TRANSAKSIEFOOI		1.25-	6 081.46+
BETALINGSBEWYS SMS	(EFF:040126 AMT:	0.00)		
040126	TRANSAKSIEFOOI		1.00-	6 080.46+
BETAAL BEWYS E-POS	(EFF:040126 AMT:	0.00)		
100126	DIGITALE BETAAL KT		288.00+	6 368.46+
		ABSA BANK groceries		
110126	POS AANKOPE		266.56-	6 101.90+
	(EFFEKTIEF 100126)	PnP Fam Fraaiuitsig	KLEIN	
	KAART NR. 6626			
110126	LUGTYD DEBIET	LS 427	100.00-	6 001.90+
		MTN: 0633336559		
	KAART NR. 5900			
110126	TRANSAKSIEFOOI		1.50-	6 000.40+
LUGTYD DEBIET	(EFF:110126 AMT:	100.00-)		
150126	LUGTYD DEBIET	LS 427	50.00-	5 950.40+
		VODACOM: 0712026461		
	KAART NR. 5900			
150126	TRANSAKSIEFOOI		1.50-	5 948.90+
LUGTYD DEBIET	(EFF:150126 AMT:	50.00-)		
150126	ACB DEBIET:EKSTRNE		163.00-	5 785.90+
		OLD MUTUAL252158810 260115		
160126	DIGITALE BETAAL KT		3 050.70+	8 836.60+
		ABSA BANK URE & STROKIES		
160126	DIGITALE OORPL DT		2 600.00-	6 236.60+
		ABSA BANK Plaas oor vanaf 4098		

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No. K0 ~~26~~ 35				ADMISSION No. MBY9443		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 13/01/26			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	13/01/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	13/01/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog / Cat / Other species (Specify) BI.				
Breed Rotweiler		Colour and Markings Black & Tan.		
Condition Fair.		Sex ♂		Age Juvi
Temperament Friendly.		Sterilisation details No		Name Zeus
Coat S.	Tail L	Teeth Condition Fair.	Ears Down.	Size L
Area found / collected from Danabaai				Date 13/01/26
Reason for surrender Dog to stand for the lady.				

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	Melissa Mybergh		
Residential Address	5 Fynbosch Park Tide Laan Mosselbaai				
Postal Address	No num / Postal				
Tel (H) No num	Tel (W) No num	Cell 082 487 4472			
Email	No email.				
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: 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 MM	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: _____

MY OWNER

NAME	
POSTAL ADDRESS	Stephan Terblanche
STREET ADDRESS	
	PLAAS LONETREE
HOME PHONE	083 242 0513
WORK PHONE	
CELLPHONE	
OTHER DETAILS	

ME

NAME	K9
BREED	Rottweiler
COLOUR	Black & Tan
SEX	♂
DATE OF BIRTH	
MICROCHIP NO.	992003000645547
FEATURES/MARKS	992003000579356 new

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
15/01/25	352210 R3 MSD + Triworm	[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	

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 (isoqinoline) 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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Maderie Terblanche
   - Contact Number: 083 207 4479
   - Email Address: maderieh1@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: 06/02/2026