ADOPTION CHECKLIST

ADMISSION NO: MBY 9759

CONTRACT NO: MA 0212

- [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 05/02/26
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 18/02/26.
- [x] Microchip Registration- chip number 992003000579357

Adoptee INFO:

Name & Surname Annerie Meyer

Contact INFO: 076 954 1993

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. MA0212

ADOPTION CONTRACT

Garden Route

DOG / CAT | Breed | Male/Female

Micro: 992003000579357

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

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. Elenaarskap 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 omheln 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): Annerie Meyer

HOME ADDRESS
WOONADRES: Harkerbos, Vyf brakke

TEL No (H): fontein, Rylaan 6, no 6
TELEFOON Nr (H):

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7805160119082

(B):
(W):

CELL No:
SELFOON Nr: 0769541999

FAX No:
FAKS Nr:

E-MAIL:
E-POS. anneriepaterson@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 9062

VEHICLE REG No.
VOERTUIG REG Nr. CAA 244940

VEHICLE MAKE:
VOERTUIG MAAK: Dodge

COLOUR:
KLEUR: Black

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING

DATE / DATUM: 06/02/2026

ADMISSION NO MB-1 9759

9920030005793 57

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 3-2-23 TIME: 16:48

NAME OF APPLICANT: Annerie Meyer

ADDRESS: Hartenbos, Vyf Brakke Fonteinen, Rylaan 6, No 6

HOME TEL No: CELL No: 076 954 1999

ANIMAL(S) ADOPTING: BOERBOEL x

SEX: Female AGE: 3 YRS

PRE- HOME INSPECTION:

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

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

Greate Secure and adequate Space

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☒ MEDIUM DOGS ☒ LARGE DOGS

INSPECTED BY: Lucano Bruyn SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

NOTIFICATION OF PAYMENT

To Whom It may Concern:

First National Bank hereby confirms that the following payment instruction has been received:

Date Actioned	: 2026/01/31
Time Actioned	: 10:51:28
Trace ID	: XGS11WSP

Payer Details

Payment From	MRS ANNA M MEYER
Cur/Amount	ZAR9790.00

Payee Details

Recipient/Account no	: ..706242
Name	: Seeff Mossel-Bay
Bank	: ABSA BANK LIMITED
Branch Code	: 632005
Reference	: SMB0718

END OF NOTIFICATION

To authenticate this Payment Notification, please visit the First National Bank website at fnb.co.za, select the "Verify Payments" link and follow the on-screen instructions.

Our customer (the payer) has requested First National Bank Limited to send this notification of payment to you. Should you have any queries regarding the contents of this notice, please contact the payer. First National Bank Limited does not guarantee or warrant the accuracy and integrity of the information and data transmitted electronically and we accept no liability whatsoever for any loss, expense, claim or damage, whether direct, indirect or consequential, arising from the transmission of the information and data.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Grant Duncan Meyer
   - Contact Number: 076 162 0074
   - Email Address: grantmeyer@axxess.co.za

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: 2026/02/06

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No. K 18 11				ADMISSION No. MBS29755		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 29/01/26		Time in		15:53	Date for release	29/01/26

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	X Yes / No	Lost & Found Date checked	29/01/26
Microchip/Collar or ID tag found	X Yes / No	Date scanned or checked	29/01/26	Microchip or ID Tag number	none

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) Bokm		
Breed	Boerboel x	Colour and Markings	Ten (Brown)	
Condition	Good	Sex Female	Age 3 years	
Temperament	Friendly	Sterilisation details	Name Ciara	
Coat	Tail	Teeth Condition Good	Ears up	Size medium
Area found / collected from	Hartenbos			Date 29/01/26
Reason for surrender	Owner moves			

ASSESSMENT		
GOOD WITH:	Yes	No
Children	X	
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by / Found by	Name	Annelie Meyer
Residential Address	Hartenbos, Vyf Brakke Fonteinpad Rylaan 6 nr 6	
Postal Address	none	
Tel (H) none	Tel (W) none	Cell - 0769541949
Email	none	
Donation R none	Cash	Card	EFT	(Receipt No.) none

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: / Case No: / Inspector: C Nomdoe

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 reverse 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 dis 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: _____

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
03/02/26	Trivorm D		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTES TO MY OWNER
Routine vaccines as prescribed by my veterinarian and dewormed every 2 weeks for under 12 weeks of age and every 3 months thereafter 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. it does not originate from quarantine restrictions imposed for rabies control purposes;
3. the rabies vaccine is not more than 1 year old;
4. the certificate was signed in the space below no sooner than the date on no. 2 and 3 were, then before the intended movement.

DATE

VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 05-02-2026

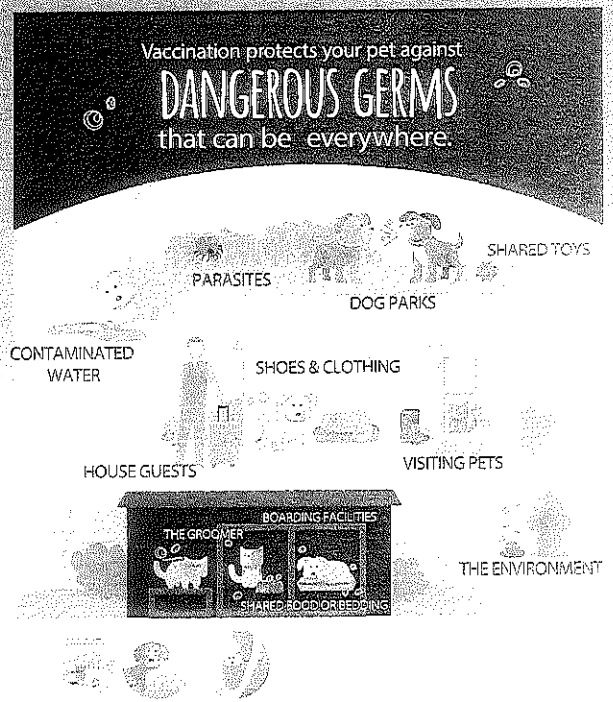
DOCTOR'S NAME Dr. AS. Muller

Garden Route SPCA
P.O. Box 258
George, 6530
Ph (044) 693 - 0824
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



PET'S NAME

DATE OF BIRTH

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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MEYER
Names:
ANNA MARIA
Sex:
F
Nationality:
RSA
Identity Number:
7805160119082
Date of Birth:
16 MAY 1978
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Account Statement

Rylaan 6 No 6

01 December 2025 to 28 February 2026

SEEFF MOSSEL BAY
35
Kaap De Goede Hoop Ave.
Hartenbos
6520

0446904477
mariki.schutte@seeff.com

Mr Grant Duncan Meyer

6 Rylaan 6
Seemeeupark
Seemeeupark
Mossel Bay
Western Cape
6500

Created on 02 February 2026

Date	Ref	Description	VAT	Billed	Paid	Balance
2025-12-01		Opening balance brought forward				0.00
2025-12-01	46942821	Rent for December 2025	0.00	9 640.00		9 640.00
2025-12-01	46942825	Handling fee	19.57	150.00		9 790.00
2025-12-01	47457113	Payment Received 2025-12-01	0.00		9 790.00	0.00
2025-12-31	48874138	Payment Received 2025-12-31	0.00		9 790.00	-9 790.00
2026-01-01	48403103	Rent for January 2026	0.00	9 640.00		-150.00
2026-01-01	48403105	Handling fee	19.57	150.00		0.00
2026-01-31	50230127	Payment Received 2026-01-31	0.00		9 790.00	-9 790.00
2026-02-01	49747296	Rent for February 2026	0.00	9 640.00		-150.00
2026-02-01	49747301	Handling fee	19.57	150.00		0.00
				Balance Due		**0.00**

Lease Summary

Lease End Date	2026-03-31
Current Rent	9 640.00
Deposit Balance	9 829.03
Interest Earned	189.03

Account Balance Summary

Total	**0.00**

SEEFF MOSSEL BAY BANK ACCOUNT

Account Name	REAL ESTATE MANAGEMENT LEADERS
Bank	ABSA
Branch Code / SWIFT	632005 / ABSAZAJJ
Account	4107706242
Payment Reference	**SMB0718**

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579357

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. * 0769541999

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

E-mail * anneriepeterson@gmail.com

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

Title * MS

Initials * A

Surname * ~~BE~~ MEYER

Street RYLAAN 6 NO 6

City

Suburb HARTENBOS

Area Code UYF BRAKKE FONTEIN

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 *

Date of Implant * 05 - 02 - 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 * BOERBOEL X

Colour TAN

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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MEYER
Names:
ANNA MARIA
Sex:
F
Nationality:
RSA
Identity Number:
7805160113082
Date of Birth:
16 MAY 1978
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
17 MAR 2019

110182991