ADOPTION CHECKLIST

ADMISSION NO: MBY 9501

CONTRACT NO: MA 0236

- [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 05/03/26
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 11/03/26.

Adoptee INFO:

Name & Surname: Johan Hendrik Schoeman

Contact INFO: 0792536242

Completed by: _____ Date: 06/03/2026

Manager: _____ Date: 06/03/26

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: LEE-ANNE KOTZE
- Contact Number: 0723666887
- Email Address: leeannekotze84@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: _____

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SCHOEMAN
Names:
JOHAN HENDRIK
Sex:
M
Nationality:
RSA
Identity Number:
8309085097084
Date of Birth:
08 SEP 1983
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
05 JUN 2025

200585391

home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

200585391
GEORGE
YCF
SCHOEMAN JOHAN HENDRIK
ID# 8309085097084

17 HEBRON COMPLEX
GEORGE SOUTH
GEORGE
ZAF
6530NaN

Dear Applicant

The Department is pleased to present you with the attached, new Smart ID card in terms of the Identification Act, Act 68 of 1997 enabled identity document.

This card serves as identification document and replaces the green barcoded identity document which should be handed in at the Department of Home Affairs when issued with Smart ID Card.

This card must be solely used as proof of identification, should you experience any problem while identifying yourself please proceed to your nearest Home Affairs office or call 0800 60 11 90.

Please note the conditions of regular use of the card below.

Messages to clients in relation to securing their smart ID card:
Look after your Smart ID Card, secure your identity from identity theft; your Smart ID Card is your identity, please keep it safe.

Careful handling of this card is mandatory and is to be protected against the following:

- From softeners and other harmful chemical and mechanical exposure.
- Use of the card for any purpose other than proof of identity.
- Keeping the card for extended periods in extreme climatic conditions (normal climate is defined as 2[illegible] [illegible]% rH).
- Exposure to bending, stamping and puncturing.
- Exposure to extreme sunlight radiation or light.
- Exposure to fluids and aggressive gases.
- Exposure to humidity (e.g. sweat, water and other liquids).
- Exposure to ESD (electrostatic discharge).

ADMISSION NO MBY9501

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 04/03/2026 TIME: 16:00

NAME OF APPLICANT: Johan Schoeman

ADDRESS: 17 Hebron Complex, George South

HOME TEL No: _____ CELL No: 0792536242

ANIMAL(S) ADOPTING: Yorkie

SEX: Male AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick wall		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?	Wire fence
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Yorkie				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	F / 8yr	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS The house is perfect for a Yorkie and the wall is high enough. The dog will be living inside

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Vuyo Klaasen SPCA: GRSPCA SIGNATURE: Klaasen

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME: Johan Hendrik Scheeman

POSTAL ADDRESS:

STREET ADDRESS: 17 Hebron Complex

George South

HOME PHONE:

WORK PHONE:

CELL PHONE: 0792536242

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: Yorkie

COLOUR: Black + Brown

SEX: Male

DATE OF BIRTH:

MICROCHIP #: 992003000579244

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
13/03/2026		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
16/01/26	352210 R3 Exp: 27-APR-2028	
13/02/26	352210 R3 Exp: 27-APR-2028; RABISIN R; 924507; Lot/Batch: F48436; Ut. av./Exp.: 27/04-2028	

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 certain 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.

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

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. * 0792536242 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * johns83.eog@gmail.com — If possible, please provide a personal email, not a company email.

Title * mnr. Initials * Johan Surname * Goosman

Street 17 Heeron City

Suburb George Area Code

Country S.A. 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 * 10 - 03 - 2026.

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 * Breed *

Colour 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, consents to such 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

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

_____

Tel No (h): _____ Tel No (w) _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Micr and I 992003000579244 _____ Date 06/03/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
16/01/2026	Vaccination + Trivorm		
13/02/26	Vacc + Trivorm		
5/3/26.	Rx: Stenbrel DSM.		

PTS APPROVAL

NAME	SIGN