

ADOPTION CHECKLIST

ADMISSION NO:

MBY 9501

CONTRACT NO:

MA 0236



Admission Form



Application for adoption



Pre-Home Inspection Report



Adoption contract



Copy of Identity Document or Driver's License



Proof of Residence



Letter from Body Corporate



Sterilization Contract and Date of sterilization Contract Done 05/03/26



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number _____

Adoptee INFO:

Name & Surname Johan Hendrik Schreiner

Contact INFO: 079 2536242

11/03/26



Completed by:

[Signature]

Date:

06/03/2026

Manager:

[Signature]

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

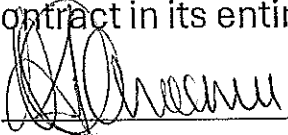
- Full Name: _____
- Contact Number: _____
- Email Address: _____

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
Name:
JOHAN HENDRIK
Sex:
M
Nationality:
RSA
Identity Number:
8309085097084
Date of Birth:
08 SEP 1963
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 69 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

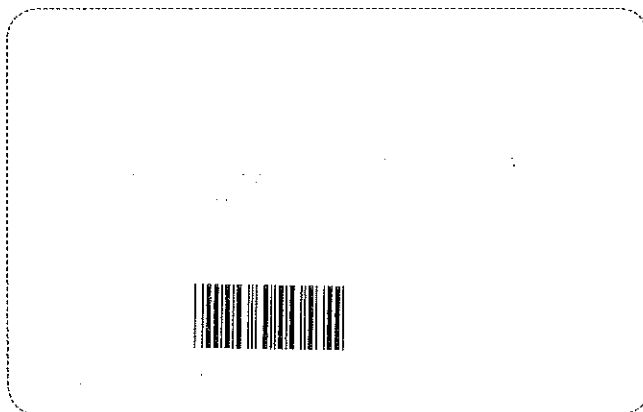
Dear Applicant

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 20° - 30° C and 40% - 70% 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	1	1	1	1
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 John Hendrik Schuman

POSTAL ADDRESS

STREET ADDRESS 17 Hebron Complex

HOME PHONE George South

WORK PHONE

CELLPHONE 0792536242

PREFERRED DETAILS

ME

SPECIES CANINE

BREED Yorkie

COLOUR Black + Brown

SEX Male

BIRTH DATE

WEIGHT

FEATURES/MARKS



992003000579244

NEXT VACCINATION DUE

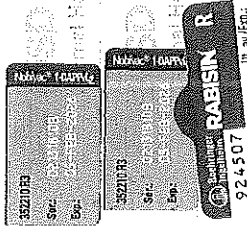
DATE 13/03/2026 DATE

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

16/01/26

13/02/26



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MICROCHIPPED ANIMAL REGISTRATION FORM



992003000579244

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. * 079 2536242

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

Email * john83.ccg@gmail.com

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

Title * mnr. Initials * Johan

Surname * Schoeman

Street 17 Hebron

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)

MEDICAL

Are you a KUSA Registered Member? Yes No

Medical Conditions

KUSA Registration Number

Medical Insurance Company

Pet Registered Name

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 in 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 the use of his / her personal information being used by 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 6354
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.
1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/s, beskryf op die keersy, ten gunste van die DBV om mes 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. 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.
2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskenningswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menselike redes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
3. Any charges endorsed hereon are due and payable on request.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesteiriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanasia 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 _____

Micro and I		
	992003000579244	

Date 06/03/2026

MEDICAL RECORD

Date	Remarks	Treatment	Cost
16/01/2026	vaccination + Trisworm		
13/02/26	vacc + Trisworm		
5/3/26	BA: Sterilised DM		

PTS APPROVAL

NAME	SIGN

Thor

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): Johan Hendrik Schoeman

HOME ADDRESS: 17 Hebron Complex, George South

ID NO.: 8309085097084

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): N/A

CELL NO: 0792536242 FAX NO: N/A

EMAIL: johan83.ccg@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Self employed - CCG

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

Reason for wanting animal: Companion and mate for my female Yorkie

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? Yorkie

Can you afford private fees? Yes Who is your vet? Vital Vet George

How many animals live on the property? DOGS? 1 CATS? - OTHERS -

What are the sexes of your animals? DOGS: Male - Female 1 CATS: Male - Female -

Are all your animals sterilised? Give details No

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? - OTHER? -

Which animals do you still have, and what happened to the others? 1 yorkie, other passed from old age

Is your property fenced and has a proper gate? Brick walls Will you chain/ an animal? Never

Full description of the fencing and gate: Brick walls and gate Height: 1.9 M

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? Yes

Pre Home Inspection Fee: R100 Receipt No: -

I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT

Date of application 2026-02-26