ADOPTION CHECKLIST

ADMISSION NO: MBY 8997

CONTRACT NO: MA 0229

- [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 26/02/2026.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 12/03/26 992003000579472

Adoptee INFO:

Name & Surname W.L. Jones

Contact INFO: 082 351 4669

Completed by: _____ Date: 27/02/2026

Manager: _____ Date: 27/02/26

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.

? maltese p. light face.

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): MS W L JONES

HOME ADDRESS: 40 BLOMMEKLOOF STREET, DENNEOORD, GEORGE

ID NO.: 6109220080082

POSTAL ADDRESS: AS ABOVE

TEL NO (H): 082 351 4669 (B): /

CELL NO: " FAX NO: /

EMAIL: joneswl23622@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: RETIRED

Do you own or rent your property: OWN Do you have consent from owner / Body Corporate? YES

YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: COMPANY

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 MIX

Can you afford private fees? YES Who is your vet? GEORGE ANIMAL HOSPITAL OR SHIGNAULT

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

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

Are all your animals sterilised? Give details /

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

Which animals do you still have, and what happened to the others? ALL DIED OF OLD AGE

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

Full description of the fencing and gate: VIBRACRETE & METAL GATE 6FT Height: 6FT

What shelter is provided: OUTDOORS SHADE KENNEL NO OTHER WILL SLEEP INSIDE

Have you previously had pets from an SPCA? YES Are there children under 10 in your household? 0

Pre Home Inspection Fee: R100 Receipt No: 9113

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 ms (WJONES) **Date of application** 23/2/26

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 27/2/2026 TIME: 10 30 am.

NAME OF APPLICANT: WENDY JONES

ADDRESS: 40 BLOMMEKLOOF ST, DANEWOOD.

HOME TEL No: CELL No: 082 351 4669

ANIMAL(S) ADOPTING: PUPPY. - MALTESE X TERRIER.

SEX: F AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: low wall		Suitability of fence (i.e. small pets can't escape): Good.	
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?	Wood 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?	NIL.

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 HAD 3 OLD DOGS. IN TIME ALL PASSED PREMOLD AGE. INSIDE DOG. EXCELLENT HOME

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: H. CHURCH SPCA: GREEN POINT SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE RADIOLOGY

Account Queries
☎ 044 803 5050
🖷 087 220 4092
✉ xaccounts@gardenrouteradiology.com

Practice No : 3803244 **Branch : GEORGE** **Date : 14/05/2025**

ID Number : 6109220080082 **Invoice No : GR050096**

Authorisation Number : **Hospital Claim :** ☐

Miss WENDY L JONES

40 BLOMMEKLOOF STREET
DENNEOORD
GEORGE
6529

☎ 0823514669
📱 0823514669
✉ joneswl23622@gmail.com

Patient : JONES, W
ID Number: 6109220080082
Dep. No : 2
Date of Birth : 22/09/1961

Referring Doctor Details
Doctor : NEETHLING, M
Practice No : 0456454

Scheme: MOMENTUM HEALTH
Plan: INCENTIVE ANY
Med Aid No: 6673685

Practice Details
P O BOX 999
GEORGE
6530

Banking Details
Account Holder : Dr WE Scribante & Partners Inc
Bank : Standard Bank
Branch : George
Branch Code : 05-02-14
Account No : 08 286 138 2
VAT No. 4100182783

SnapScan
Snap here to pay

TERMS OF PAYMENT Interest will be charged on overdue accounts.

Procedures

Date of Service	ICD10 Codes	Tariff Code	Description	Tariff Price
31/03/2025	T14.0 W01.99	51110	X-ray cervical spine, 1 or 2 views	R529,34
31/03/2025	T14.0 W01.99	61135	X-ray right shoulder	R611,99
31/03/2025	T14.0 W01.99	52100	X-ray thoracic spine, 1 or 2 views	R564,51

Total R1 705,84

Receipts

Date Created	Date Paid	Type	Receipt No.	Amount
30/04/2025	25/04/2025	Electronic Remittance Advice	E0009136-49	R0,00

Balance R1 705,84

MY OWNER

NAME	W.L. Jones
POSTAL ADDRESS	
STREET ADDRESS	40 Blommekloof Str.
	Denneoord, George
HOME PHONE	
WORK PHONE	
CELL PHONE	082 351 4669
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	MALTESE X TERRIER
COLOUR	BRINDLE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579472
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
10/01/26	Nobivac Puppy DP PLUS Batch: A256B01 Exp.: 06-2027 + milpro	
04/02/26	352210 R3 Ser: Exp: + milpro	
	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	

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.

Loaded

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No. MBY8997		
Stray	Surrender X	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 9/01/26			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	9/01/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	9/01/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY					
Dog X	Cat	Other species (Specify)			
Breed	Poodle X	Colour and Markings	Brindle - with cream.		
Condition	Good	Sex	F	Age	
Temperament	Good	Sterilisation details	None	Name	
Coat	Tail	Teeth Condition	Ears Up	Size	Puppy
Area found / collected from	De nova			Date	09/01/26
Reason for surrender	Can't keep them all				

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	E Burmeister
Residential Address	6 MJ Harris Str		
	De nova		
Postal Address	None		
Tel (H) None	Tel (W) None	Cell 0640618613	
Email	E burmeister@gmail.com		
Donation R 200.00	Cash	Card	EFT (Receipt No.) 8636

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	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: _____

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579472

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. * 082 351 4669

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

E-mail * joneswl23622@gmail.com

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

Title * MS Initials * W L Surname * JONES

Street 40 Blommekloof STR City

Suburb DENNEOORD Area Code GEORGE

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 * 12 - 03 - 2026

Date of Implant * 27 - 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 DARCY Date of birth

Species * CANINE Breed * MALTESE x TERRIER

Colour BRINDLE 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 _____ (W JONES)

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:
JONES
Names:
WENDY LYNNE
Sex:
F
Nationality:
RSA
Identity Number:
6109220080082
Date of Birth:
22 SEP 1961
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:
18 JUN 2024

RSA

119741378

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: N/A
- Contact Number: _____
- Email Address: _____

2. Additional Family Member/Friend Details

- Full Name: MEGAERA JONES
- Contact Number: 079 522 4980
- Email Address: _____

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No)
- If yes, when? LAST IN 2011
- Where? GEORGE
- What animal did you adopt? DOGS - 3.

1. Adoption Contract Acknowledgment

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: [signature]
Date: 27/2/26