ADOPTION CHECKLIST

ADMISSION NO: MBY 9139

CONTRACT NO: MA 0243

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [ ] 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 12/03/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579242

Adoptee INFO:

Name & Surname: Mrs M. Basson

Contact INFO: 0730252866

17/03/26

Completed by: _____ Date: 16/03/26

Manager: _____ Date: 16/03/26

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.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
17/02/26	milpro		

Qtartel

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS

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. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

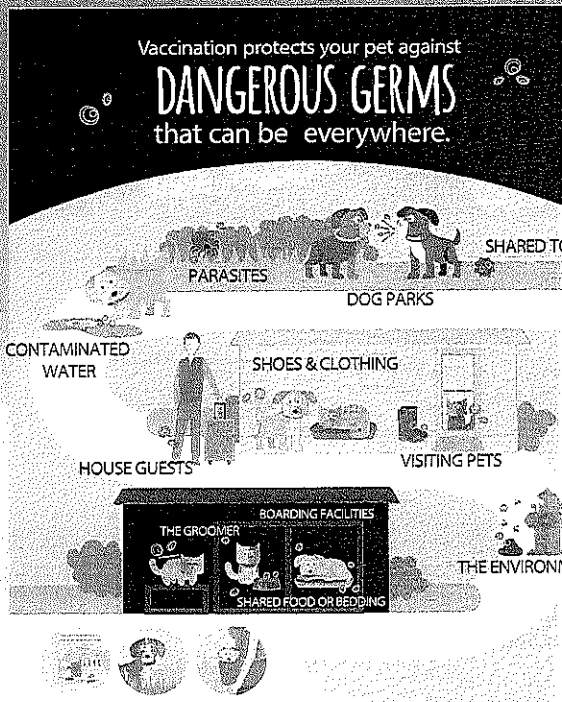
DOCTOR'S NAME

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 CA



PET'S NAME

MY VET

GARDEN ROUTE SPCA

Bill Jeffery Avenue
KwanonQaba
Mosselbay 6406

PO Box 258
George
6530
Cell: 071 658 4832/Office: 044 693 0824
Emergency No: 072 287 1761

Consulting Hours
Mon – Fri: 09:00 – 16:00
Saturday 09:00 – 11:00

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.) ____________

Copy Attached: Yes ☐ No

ID/Passport No: ____________

Vehicle Model ____________ Colour ____________ Reg. No: ____________

Signature: ____________ Witness for Society ____________

Microch and ID 992003000579242

Date 12/03/2026

MEDICAL RECORD

Date	Remarks	Treatment	Co
17/02/26	vaccination and mikro		
12/3/26	OH: Sterreel Dr S[illegible]		

PTS APPROVAL

NAME	SI

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/02/2026	ANIMAL NAME	
KENNEL NUMBER	K10	BREED	X Breed
CARD NUMBER	MBY9139	STERILIZED	NO
COLOUR	Black + brown	MALE/FEMALE	♀ Female
VACCINATED		AGE	7 weeks
PROOF OF VACC		STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	1.45		
TEMPERATURE	38.5		
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS

momentum
medical scheme

15 FEBRUARY 2026
PRIVATE AND CONFIDENTIAL

MRS M BASSON
1 OAK CLOSE
GEORGE
6529

Member number

Group number

Practice number

Our reference number

NOTICE OF DIRECT DEBIT

The amount below will be actioned on your bank account via ACB unless you advise us to the contrary 5 business days before debit date.

ACCOUNT NO
XXXXXX4376
DEBIT DATE
02/03/2026
STATEMENT NUMBER:

TOTAL AMOUNT DUE

AGED BALANCES

30 Days	60 Days	90 Days	120 Days	%
	0.00	0.00	0.00	0

CONTRACT MEMBER	NAME	INITIALS	EMP NO	CAT.	PREM	SUR	SAV.	OTHER	N/A
	BASSON	M					0.00	0.00	0.00
							0.00	0.00	0.00

BALANCES

THANK YOU FOR YOUR PAYMENT

CASH RECEIVED
BALANCE LAST MONTH
TRANSACTIONS THIS MONTH
TOTAL AMOUNT DUE

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BASSON
Names:
MONIQUE
Sex:
F
Nationality:
RSA
Identity Number:
8712310152089
Date of Birth:
31 DEC 1987
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:
19 MAY 2015

002406683

9920030000579242 ADMISSION NO MBY9139

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 11/08/2020 TIME: 14:53

NAME OF APPLICANT: Mrs M. Bassor

ADDRESS: 1 The Oaks Close, George.

HOME TEL No: CELL No: 0730252866

ANIMAL(S) ADOPTING: Dog - Rottweiler x

SEX: Female AGE: 2-3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brickwall 1:6m		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?	
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?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ M.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS No other pets on the yard should be perfect for the pup

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ CATS
- ☑ SMALL DOGS
- ☑ MEDIUM DOGS
- ☐ LARGE DOGS

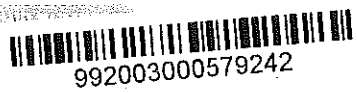
INSPECTED BY: Vuyo Klaasen SPCA: GRSPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

VIRBAC MPEDANIMAL REGISTRATION FORM



Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the Backhome Database

VETERINARY PRACTICE INFORMATION

Vet Practice Number *

Vet Practice Name *

Practice Physical Address *

OWNER'S INFORMATION

Cell no. * 0730252866 Only mobile numbers in South Africa, Botswana and Namibia will be leveraged for notifications.

E-mail * moniq.dutoit@gmail.com If possible, please provide a personal email, not a company one. *

Title * MRS Initials * M Surname * BASSON

Street 1 The Oaks Close City

Suburb Area Code

Country Province George

Phone - Day time Phone - Night time

OTHER RELATIVES

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * 18 · 03 · 2026

Date of Implant * 12 · 03 · 2026

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name EVIE Date of birth

Species * CANINE Breed * ROTTIE X ~~TERRIER X MALTESE~~

Colour BLACK + 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, client consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS - Please select the following option to register on the Backhome database

1 On-line Log onto www.bsol.home.co.za. Complete the registration process.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Gerhard Basson
   - Contact Number: 0833062276
   - Email Address: gerdbas@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Suzanne Groenewald
   - Contact Number: 0826653769
   - 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: M Basson

Date: 16/03/2026