

ADOPTION CHECKLIST

ADMISSION NO:

MB 7 9139

CONTRACT NO:

MA 0243



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 12/03/2026



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number



992003000579242

Completed by:

[Signature]

Date:

17/03/26

16/03/26

Manager:

[Signature]

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 DEMORMED ON

DATE PRODUCT DATE PRODUCT

17/02/06 mipe

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

*12/05/2006
Brids M. M.*

PRACTICE STAMP



Animal Health

Internet South Africa (Pty) Ltd, Reg. No. 1991/005580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 5300, Fax: +2711 392 3158, Sales Fax: 086 503 1777
www.msd-animal-health.co.za ZA4NOV-211200001

VACCINE RECORD CARD

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME

VET

GARDEN ROUTE SPCA

Bill Jeffery Avenue
KwamonQaba
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/s, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsoeklike 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 ongesteniliseer 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.) _____

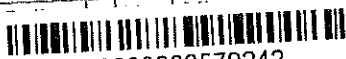
Copy Attached: Yes ☐ No

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 milpro		
12/3/26	off - treated Dr 8/1		

PTS APPROVAL

NAME

SI

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/02/2026	ANIMAL NAME	
KENNEL NUMBER	K10	BREED	PB read
CARD NUMBER	MBY 9139	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 debited on
your bank account via A/CB 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

Page 1 of 1

AGED BALANCES

	30 Days	60 Days	90 Days	120 Days	
	0.00	0.00	0.00	0.00	
CONTRACT NAME INITIALS EMP NO CAT.	PREM	SUR	SAV.	OTHER	N/A
MAR 2025 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:
8712310152009
Date of Birth:
31 DEC 1987
Country of Birth:
RSA
Status:
CITIZEN



Signature:

Basson



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 65 11 90

Date of Issue:
19 MAY 2015



002406683





992003000579 242

ADMISSION NO

MBY 9139

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES ☐ NO

DATE UNDERTAKEN: 11/03/2020

TIME: 14:53

NAME OF APPLICANT: Mrs M. Basson

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: Brick wall 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	/ 16w	/	/	/	/
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

SPCAI

GRSPCA

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



VIRBAC PRED ANIMAL REGISTRATION FORM

ANTHROPOMORPHIC
PET REGISTRATION



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

Vet Practice Number *

Vet Practice Name *

Vet Practice Email - (optional)

CONTACT DETAILS

Cell No. * 0 7302 62866

Only mobile numbers in South Africa, Botswana and Namibia will be recorded - 10 numbers

Email * moniq.dutoit@gmail.com

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

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 CONTACTS

Title * Initials *

Surname *

Cell No. *

Title * Initials *

Surname *

Cell No. *

Title * Initials *

Surname *

Cell No. *

IMPLANTATION

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 EVE

Date of birth

Species * CANINE

Breed * ROTTIE X
~~TERRIER X MALTESE~~

Colour BLACK + TAN

Markings

Gender Male ☒ Female

Sterilised ☒ YES ☐ NO

GENERAL INFORMATION (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 his 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 include 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 his personal information for marketing purposes and unless expressly stated otherwise, he / she consents to its personal information being used by Virbac RSA (Pty) for the above-mentioned purposes. SIGNATURE

TRACKING BY VIRBAC (Pty) Ltd - Please use one of the following options for registration and feed-back database

1. On-line Log onto www.backhome.co.za Complete the registration process.
2. By Fax Fax the completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 652 6964
3. By e-mail Scan and Email the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App Download the Virbac BackHome Africa App

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Gerhard Basson
- Contact Number: 083 306 2276
- Email Address: gerdbas@gmail.com

2. Additional Family Member/Friend Details

- Full Name: Suzanne Groenewald
- Contact Number: 0824653749
- 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: _____

M. Basson
16/03/2026

Rescue & Rehab

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): Mrs. M. Basson

HOME ADDRESS: 1 The Oaks Close, George

ID NO.: 8712310152089

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): _____

CELL NO: 0730252866 FAX NO: _____

EMAIL: moniq.dutoit@gmail.com

Address where animal will be kept: 1 The Oaks Close, George

Occupation: QA

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

Are you a student with consent to keep pets: YES/NO

Reason for wanting animal: We would like 2 doggies to become part of our family

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? Nothing specific Ten Rotix

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

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? 2 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? None Vizsla - Lung cancer Shauzer - 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: Brick walls, Gate Height: 1.5m

What shelter is provided: OUTDOORS Doghouse, during the day KENNEL _____ OTHER Sleep inside

Have you previously had pets from an SPCA? No Are there children under 10 in your household? Yes

Pre Home Inspection Fee: R100 Receipt No: MB4 9154

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 MBasson Date of application 07/03/20