ADOPTION CHECKLIST

ADMISSION NO: MBY 9446

CONTRACT NO: MA 0194

- [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 22/01/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000578729 11/02/26.

Adoptee INFO:

Name & Surname CHRIS + Trudie Smit

Contact INFO: 0843272424

Completed by: _____ Date: 23/01/2026

Manager: _____ Date: 30/01/26

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.

JE/Mingin Ghost 9446.

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): Chris & Trudie Smit

HOME ADDRESS: Watsonia 240A Wilderness Hoogte

ID NO.: 5704045093080

POSTAL ADDRESS: —

TEL NO (H): — (B): —

CELL NO: 084 321 2424 FAX NO: —

EMAIL: —

Address where animal will be kept: Watsonia 240A Wildernishoogte

Occupation: Retired Dominee

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

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

Reason for wanting animal: Lost our previous pet to liver Cancer

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? Jack Russel

Can you afford private fees? Yes Who is your vet? George Animal Clinic

How many animals live on the property? DOGS? 2 CATS? 1 OTHERS —

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

Are all your animals sterilised? Give details Yes

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 dog - (the other 2 went are tenant's.

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

Full description of the fencing and gate: Farm Height: Farm Fenci

What shelter is provided: OUTDOORS — KENNEL — OTHER Sleep in hou

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY. 8673.

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 — **Date of application** 15/1/26.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Christiaan Jacobus Smit.
   - Contact Number: 084 240 5414
   - Email Address: smitc 3959@gmail.com.

2. **Additional Family Member/Friend Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

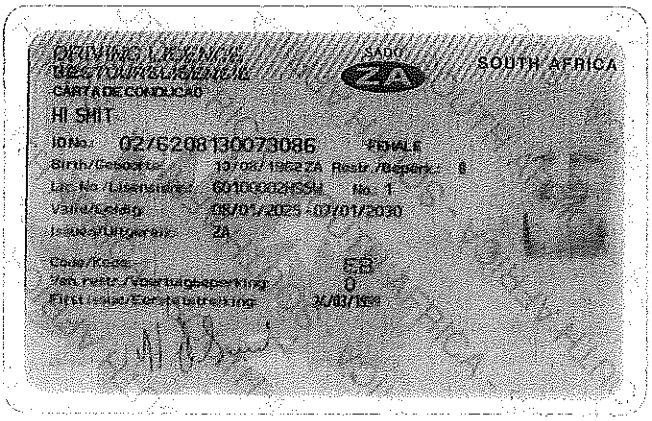
3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? _____
   - Where? _____
   - What animal did you adopt? _____

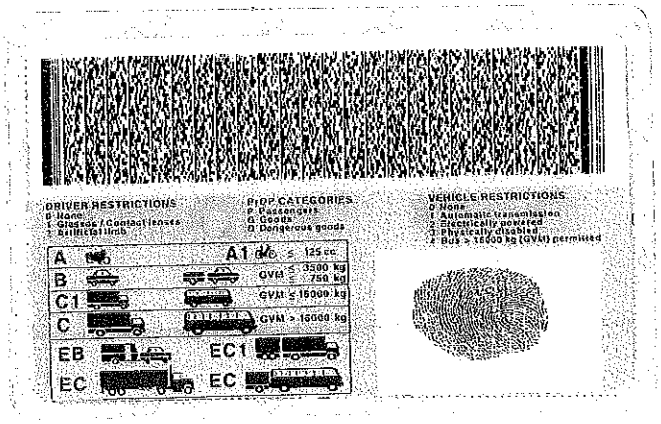
1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 23/01/26


DRIVING LICENCE
SADC
SOUTH AFRICA
CARTA DE CONDUCAO
HI SHIT
ID No: 02/6208130073086 FEMALE
Birth/Geboorte: 13/08/1962 ZA Restr./Beperk.: 0
Lic. No / Lisensie nr: No. 1
Valid/Geldig: 08/01/2025 - 07/01/2030
Issued/Uitgereik: ZA
Code/Kode: EB
Veh. restr./Voertuigbeperking: 0
First issue/Eerste uitreiking: 30/03/199


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
PrDP CATEGORIES
P Passengers
G Goods
D Dangerous goods
VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted
A
A1 ≤ 125 cc
B
GVM ≤ 3500 kg
≤ 750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC

9920030005787 29 , ADMISSION NO MBY9446

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 26/1/2026 TIME: 2h10

NAME OF APPLICANT: Trudie Smit

ADDRESS: Watsonia 240 A, Wildernis Hoogte

HOME TEL No: _____ CELL No: 084 327 2424

ANIMAL(S) ADOPTING: Jack Russel X Minpin

SEX: Female AGE: 2 YRS

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		Suitability of fence (i.e. small pets can't escape): Good. Suitable	
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?	N/A
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify: N/A	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property? 3.	

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

OTHER INFORMATION / COMMENTS Very nice property. Very big yard. All animals in good condition

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☒ LARGE DOGS

INSPECTED BY: Hendrico Pyers SPCA: George SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Chris + Trudie Smit
POSTAL ADDRESS	
STREET ADDRESS	240 A Watsonia
	Wildernis Hoogte
HOME PHONE	
WORK PHONE	
CELLPHONE	084 327 2424
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	JACK RUSSEL X
COLOUR	BROWN + WHITE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000578729
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
16/01/26	352210 R3 Ser: [illegible] Exp: [illegible] (Nobivac® [illegible]) MSD Animal Health	[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	

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	
	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. G3680 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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No. K25 41				ADMISSION No. MBY9446		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 14/01/26		Time in		Date for release		

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	14/01/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	14/01/26	Microchip or ID Tag number	14/01/26

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) B/I		
Breed	Jack Russel | X Min pin	Colour and Markings	Brown & white	
Condition	Fair	Sex ♀	Age	
Temperament	Good	Sterilisation details NO	Name Ghost	
Coat Short	Tail M.	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from H/Bay			Date 14/1/26	
Reason for surrender Loaded after the 2 dogs owner dog not tame				

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	[illegible] Pienaar		
Residential Address	12 [illegible] Str				
Herbertsdale					
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell [illegible]			
Email	No email.				
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A	

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 reverse 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: _____

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000578729

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. * 084 327 2424

E-mail * Smitc5959@gmail.com

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

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

Title * MRS Initials * T Surname * SMIT

Street 240 A Watsonia City

Suburb Area Code Wilderness Heights

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 * 11 - 02 - 2026

Date of Implant * 22 - 01 - 2026

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * JACK RUSSEL X

Colour WHITE + BROWN 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

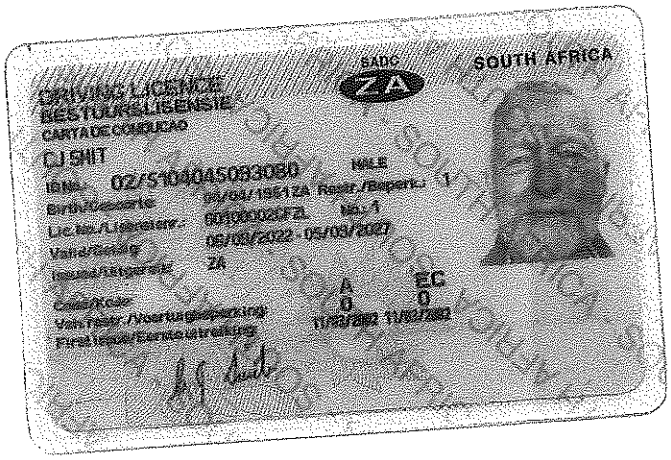
Medical Insurance Phone

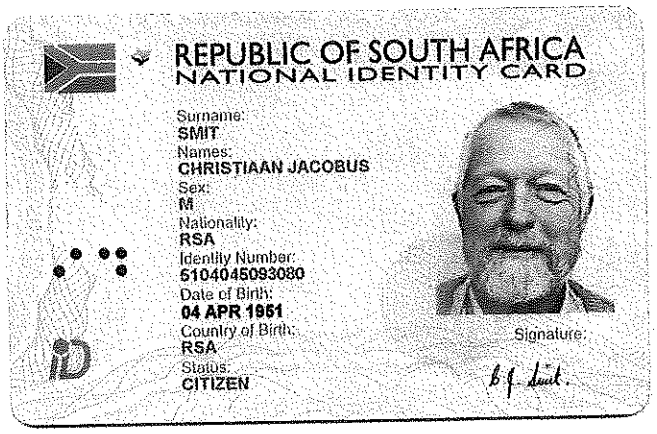
PROTECTION OF PERSONAL INFORMATION LAW

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, he / she by consents to its personal 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


SADC
ZA
SOUTH AFRICA
CJ SMIT
MALE
A
0
EC
0


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
SMIT
Names:
CHRISTIAAN JACOBUS
Sex:
M
Nationality:
RSA
Identity Number:
5104045093080
Date of Birth:
04 APR 1951
Country of Birth:
RSA
Status:
CITIZEN
Signature:

GEORGE MUNISIPALITEIT
Belasting Faktuur

GEORGE
BTW Nr. 4630193664
POSBUS 19, GEORGE, 6530
(044) 801-9111 086 589 6402
EPOS: accounts@george.gov.za

EMAIL

GRG 1001334349

Mnr./Me. CJ SMIT
POSBUS 90
WILDERNESS
6560

DATUM VAN REKENING	24/10/2024
BELASTING FAKTUUR NR.	11827173
REKENING NR.	GRG 1001334349
KWITANSIES GEPOS TOT	23/10/2024
WAARBORG / DEPOSITO	
AREA	52 240 00001
WAARDASIE	
LIGGING:	WATSONIALAAN
VERSKULDIG DEUR HUURDERS	0.00
KLIËNT BTW NR.	

DIENS	OPENINGS BALANS	KWITANSIES	HEFFING	RENTE	REGSTELLINGS	BTW	SLUITINGS BALANS
	0.00	0.00	271.51	0.00	0.00	40.73	312.24
	0.00	0.00	272.32	0.00	-257.13	40.85	56.04
	-257.13	0.00	0.00	0.00	257.13	0.00	0.00
TOTAAL	-257.13	0.00	543.83	0.00	0.00	81.58	368.28

TOTALE BTW	AGTERSTALLIG	HUIDIGE	BETAAL DATUM	BEDRAG BETAALBAAR
81.58	0.00	368.28	15/11/2024	R368.28

	TOEKOMSTIGE	HUIDIGE	30 DAE	60 DAE	90 DAE	90 DAE +
MAANDELIKS	0.00	368.28	0.00	0.00	0.00	0.00
JAARLIKS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAAL	0.00	368.28	0.00	0.00	0.00	0.00

SIEN ASSEBLIEF KEERSY VIR BELANGRIKE NOTA

KANTOOR URE

08H00 -15H30 MAANDAG - VRYDAG PUBLIEKE VAKANSIE DAE UITGESLUIT

BETAALPUNTE

MUNISIPALE KANTORE: GEORGE, UNIONDALE, HAARLEM, POSKANTORE, PICK 'N PAY, SPAR, PEP STORES EN EASY PAY PUNTE LANDWYD.

BOODSKAP

LET ASSEBLIEF DAAROP DAT U REKENINGNOMMER TEN ALLE TYE VERSKAF MOET WORD, INDIEN ENIGE REKENINGNAVRAE, OF DUPLIKAAT REKENINGE VERLANG WORD.

Aandag alle verbruikers

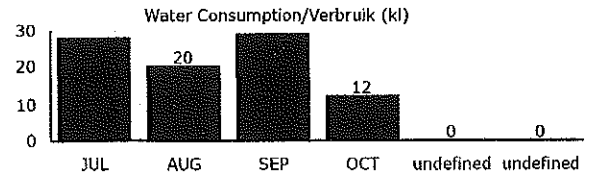
UPDATE YOUR DETAILS HERE

Dit is die verantwoordelikhied van elke verbruiker om navraag te doen by die Munisipaliteit indien geen rekening ontvang was voor die sperdatum nie. Navrae met betrekking tot rekeninge kan soos volg gemaak word:

1)E-pos: Accounts@george.gov.za
2) Telefoon: (044) 801 9111

Dankie.

Water:1401	Cons/Days New	12	28.00		
Water:1401	Basic New	1	147.46	169.58	22.12
Water:1401	0-6 New	6	20.81	143.59	18.73
Water:1401	Free New	6-	20.81	143.59-	18.73-
Water:1401	6-15 New	6	20.81	143.59	18.73



Elec Prepaid Basic Domestic 30 271.51 312.24 40.73
01352023780 30

Tp.	Meter Nr.	Vorige	Nuwe Lesing	Faktor	Verbruik	Periode	dag gemid
W	CBRL5682	2274	2286		12.000	10/09-08/10	.42

Log & report faults, pay municipal bills, submit self-meter readings and more with the My Smart City App. Become a part of the Improvement Movement with George and My Smart City. Improve your city. Be part of the change. Download the app now!

BETALINGSADVIES

REKENING: GRG 1001334349

AANWYS 0118
REKENINGNOMMER 1001334349

Smart Water Meter
UniPay
My Smart City

FNB
TAKKODE: 210554
REKENNINGNOMMER: 62869623150

9153 0000 0100 1334 3490

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579281

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VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 072 089 0598

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

E-mail * willem@labournet.com

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

Title * MR Initials * WC Surname * DE Jager

Street Reedvalley wine estate City

Suburb Area Code MOSSDUSTRIA

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 * - -

Date of Implant * 09 - 01 - 2026

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name BOESMAN Date of birth

Species * CANINE Breed * Jack Russel

Colour WHITE + BROWN 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

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Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

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4. By App	Download the Virbac Backhome Africa App