ADOPTION CHECKLIST

ADOPTION NO: MBY 9932

CONTRACT NO: MA0247

- [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 17/03/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579241 ✓

Adoptee INFO:

Name & Surname: Gertina Elizabeth van Zyl

Contact INFO: 066 210 1016

Completed by: [signature] Date: 19/03/26

Manager: [signature] Date: 19/03/26

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.

Trixie.

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): Gertina Elizabeth VAN ZYL

HOME ADDRESS: Rylaan 6 Nr 31 Seemeeupark Harterbos ID NO.: 6811080043080

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 066 210 1016 FAX NO:

EMAIL: elize.vzyl11@gmail.com

Address where animal will be kept: Rylaan 6 Nr 31 Seemeeupark Harterbos

Occupation: Pensioner

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

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

Reason for wanting animal: To Give a forever home and Love

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? Harterbos dierekliniek

How many animals live on the property? DOGS? 4 CATS? OTHERS

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 4 CATS? OTHER?

Which animals do you still have, and what happened to the others? STILL HAVE ALL

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

Full description of the fencing and gate: Automated Height:

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? No

Pre Home Inspection Fee: R100 Receipt No:

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** 16/3/2026

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingevolge word by of gepos word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 681108 0043 08 0

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

VAN ZYL

VOORNAME/FORENAMES

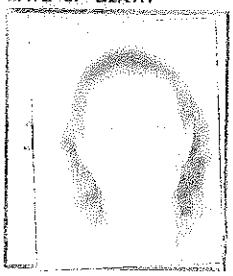
GERTINA ELIZABETH

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1968-11-08



DATUM UITGEREIK
DATE ISSUED

1993-04-23

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: K. Van Staden
   - Contact Number: 0616029288
   - Email Address: Kevin.van.staden12353@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: 19/3/2026

MICROCHIPPED ANIMAL REGISTRATION FORM

Virbac

[illegible]

992003000579241

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

[illegible]

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Day time *

[illegible]

Cell no. * 066210 1016

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

E-mail * elize.vzyl11@gmail.com

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

Title * MRS

Initials * G. E.

Surname * VAN ZYL

Street 31 Rylaan 6

City

Suburb

Area Code Seemeeupark

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 * 25 . 03 . 2026

Date of Implant * 18 - 03 - 2026

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

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name TRIXIE

Date of birth

Species * CANINE

Breed * YORKIE

Colour Black + Brown

Markings

Gender Male Female (circled)

Sterilised Yes (circled) 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 abovementioned purposes. SIGNATURE [signature]

REGISTRATION PROCESS – please use one of the following options 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 6564
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

www.backhome.co.za • Tel: 011 852-6128 or or 011 027 8857 Fax: 0800 222 546

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No.	K12 36			ADMISSION No.	MBY9892	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/02/26		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	☑ Yes ☐ No	Lost & Found Date checked	13/02/26
Microchip/Collar or ID tag found	☐ Yes ☑ No	Date scanned or checked	13/02/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	Yorkie	Colour and Markings	Black + Brown	
Condition	Dirty and matted	Sex	♀	Age Adult
Temperament	Fair	Sterilisation details	NO	Name
Coat L	Tail L	Teeth Condition Dirty	Ears up	Size Medium
Area found / collected from	Hemelkop Farm			Date 13/02/26
Reason for surrender	Brought in on 10/02/26, can't afford			

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	Sheryl Voige
Residential Address	Hemelkop Farm	
Postal Address	N/A	
Tel (H) N/A	Tel (W) N/A	Cell None
Email	N/A	
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: Luciano

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 Refer to MBY 9892	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: _____

ADMISSION NO: MB-1 9934

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO (YES circled) DATE UNDERTAKEN: 17-3-23 TIME: 11:34

NAME OF APPLICANT: Gertina van Zyl

ADDRESS: Rylaan 6 Nr 31 Seemeeupark, Hartenbos

HOME TEL No: ___ CELL No: 066210 1016

ANIMAL(S) ADOPTING: Yorkie

SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Morden Fence		Suitability of fence (i.e. small pets can't escape): 2m	
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?	Steel gate
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? 4	

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	Maltes/yorkie	Maltes/yorkie	Foxiey	Maltese/yorkie	
CONDITION	good	good	good	good	
WELFARE (good?)	good	good	good	good	
SEX & AGE	M / [illegible]	M /	♀ / 9mths	M /	/
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☒	YES ☒ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ CATS
- ☐ SMALL DOGS
- ☒ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: Luciano SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/02/2026	ANIMAL NAME	
KENNEL NUMBER	K 12	BREED	Yorkie
CARD NUMBER	MBY 9932	STERILIZED	NO
COLOUR	Grey + brown	MALE/FEMALE	Female
VACCINATED		AGE	Adult
PROOF OF VACC		STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	3.3 kg.		
TEMPERATURE	38.7°		
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

MY OWNER

NAME: Gertina van Zyl

POSTAL ADDRESS:

STREET ADDRESS: Rylaan 6, Nr 31
Seemeeupark, Hartenbos

HOME PHONE:

WORK PHONE:

CELL PHONE: 066 210 1016

BREEDER DETAILS:

ME

SPECIES: Canine

BREED: Yorkie

COLOUR: Black + Brown

SEX: Female

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000579241

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/02/26	RABISIN R 924507 Lot/Batch: Ut. av./Exp.:	
17/02/26	F48436 27/04/2026	
18/03/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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 (isoquinoline) 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.

MSD Animal Health

Nobivac... Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook

facebook.com/BravectoSouthAfrica
facebook.com/MsdPetsSa

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	42-017242-002-0
DATUM VAN REKENING:	23/02/2026
LAASTE KWITANSIE DATUM:	20/02/2026
VOORAFBETAALDE METERNOMMER:	07602686888

BTW REG. NO.
Naam:
VAN ZYL GE
Liggingsadres:
31 RYLAAN 6 HARTENBOS X2
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1618.00	17242000	2225000	7

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				2579.26
19/02/2026	0760268688 ELEKTRISITEIT				496.69 *
	BASIES			431.91	
	VAT/BTW			64.78	
19/02/2026	AMR1206588 WATER 17/12/2025-20/01/2026				550.67 *
	1139 - 1166 (27 Kl 34 Dae)				
	BASIES			261.39	
	07/25	6.71 @	0.000 =	0.00	
	.	15.65 @	10.030 =	156.96	
	.	4.64 @	13.038 =	60.50	
	VAT/BTW			71.82	
19/02/2026	300007 VULLIS				320.62 *
19/02/2026	400007 RIOOL				365.61 *
19/02/2026	BELASTING PAAIEMENT				812.17
	KWITANSIES				2579.00-
	Balans Oorgedra				0.02-

BTW OP '*' ITEMS: 226.10 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	TE BbetaaL
0.00	0.00	0.00	2546.02	2546.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	16/03/2026	2546.00

VAT No. / BTW Nr. 4830116370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details /Betalings Besonderhede

Standard Bank

PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 420172420020

EasyPay >>>>>9152642017242002O2

11379 420172420020

Message /Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay
MUNICIPALITY

VAN ZYL GE
PRIVAT BAG X 1
SUITE 81
HARTENBOS
6520

42-017242-002-0

Fold and tear on perforation.