ADOPTION CHECKLIST

ADMISSION NO: MBY 8813

CONTRACT NO: MA0186

- [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 End Jun 2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 25103 992003000579302

Adoptee INFO:

Name & Surname Albertus Kleinhans

Contact INFO: 084 798 2244

Completed by: _____ Date: 23/12/25

Manager: _____ Date: 23/12/25

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.

Your Cell C Statement

Account Number: 413926317
Statement Date: 03/11/2025

REV Albertus le Rou Kleinhans
55 Kaaimans Road
FraaiUitsig
Kleinbrak
6517

To keep delivering a reliable network and the level of service that meets our customers' needs, we are updating our subscription and Device Insurance pricing effective 1 December 2025. We've taken great care to keep this adjustment as minimal as possible, ensuring that we continue to give you great value you can rely on. Thank you for choosing Cell C and we look forward to remaining of service to you. For more information, visit https://cellc.link/3Je9yHr

STATEMENT SUMMARY

The total statement amount due as of 03 Nov 2025

R 429.00

Your selected payment date is 27 Nov 2025

STATEMENT AGE ANALYSIS

Current	R 429.00
30 Days	R 0.00
60 Days	R 0.00
90 Days	R 0.00
90+ Days	R 0.00

YOUR STATEMENT DETAIL

Date	Description	Debit	Credit	Balance
04/10/2025	**Opening Balance**			**R 429.00**
27/10/2025	Payment		R 429.00-	
02/11/2025	Invoice	R 429.00		
03/11/2025	**Closing Balance**			**R 429.00**

WAYS TO PAY YOUR ACCOUNT

Switch to Debit Order

All Customers with a Cell C contract are required to have a debit order in place.
To switch to debit order, Contact
Customer Care on 084 135.
CustomerService@cellc.co.za

Direct Deposit/Electronic Funds Transfer

Our bank details

Account Name
CEC T/A Cell C SP

Account Number
1202947719

Bank Name
Nedbank

Branch Code
196005

REF Number
413926317

Payment will take 2-4 days to reflect on our system

EasyPay

Use this EasyPay number at a retailer to pay your account
9215900004139263176
Payment will take 24 hours to reflect on our system

K37 Brown Collie ♂

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): Albereus Kleinhans

HOME ADDRESS: 55 Kaaimans Ave, Fraai Uitsig, Kleinbrak - Rivier

ID NO.: 0011105088089

POSTAL ADDRESS: 6503

TEL NO (H): (B):

CELL NO: 084 798 2264 FAX NO:

EMAIL: Roux.kleinhans@gmail.com

Address where animal will be kept: 55 Kaaimans Ave, Fraai Uitsig, Kleinbrak -Rivier

Occupation: Agricultural Equipment Operator

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: Looking for company and to keep house safe

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? Collie.

Can you afford private fees? Yes Who is your vet? ~~Sch~~ Croft

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

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

Are all your animals sterilised? Give details None

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 0 OTHER? _____

Which animals do you still have, and what happened to the others? None

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

Full description of the fencing and gate: Wire Fencing Height: 5

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER inside

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

Pre Home Inspection Fee: R100 Receipt No: 8557

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 RK **Date of application** 18/12/25

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000579302

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. * 084 798 2244

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

E-mail * rouxkleinhans@gmail.com

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

Title * MR Initials * R Surname * Kleinhans

Street 55 KAAIMANS AVE City

Suburb Area Code Kleinbrak

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 * 23 - 12 - 2025

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name CASSIE Date of birth 2025

Species * COLLIE - CANINE Breed * COLLIE

Colour BROWN + WHITE 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

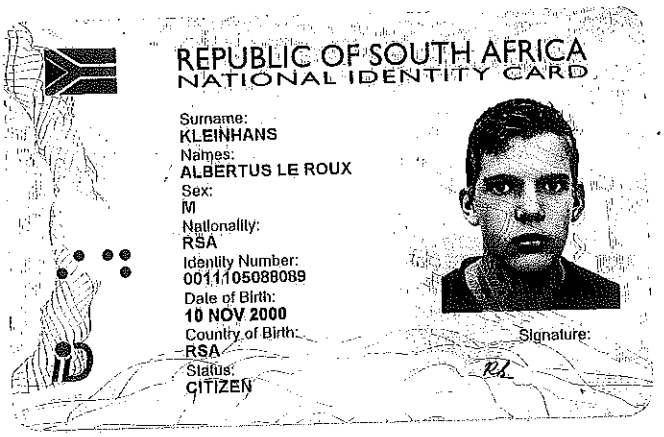
Medical Insurance Phone

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 _____

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:
KLEINHANS
Names:
ALBERTUS LE ROUX
Sex:
M
Nationality:
RSA
Identity Number:
0011105088089
Date of Birth:
10 NOV 2000
Country of Birth:
RSA
Status:
CITIZEN

Signature:

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Orpa Kleinhans
   - Contact Number: 064 170-1145
   - Email Address: orpakleinhans@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: RK

Date: 23/12/2025

ADMISSION NO MBY 8813

.9920030005793O2

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 23/12/25 TIME: 11:30

NAME OF APPLICANT: Albertus Kleinhans

ADDRESS: 55 Kooimans Avenue
Klerksbrai River

HOME TEL No: CELL No: 084 798 2244

ANIMAL(S) ADOPTING: & B. Collie

SEX: female AGE: ± 7 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibracele 1.8m.		Suitability of fence (i.e. small pets can't escape): Yes.	
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?	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?	0

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

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: M Wentzel SPCA: M Bosch SIGNATURE: M Wentzel

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Albertus Kleinhans
POSTAL ADDRESS	
STREET ADDRESS	55 Kaaimans Ave
	Kleinbrak
HOME PHONE	
WORK PHONE	
CELLPHONE	084 798 2244
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	COLLIE
COLOUR	BROWN + WHITE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579302
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
28/12/25	Batch: A241A01 Exp.: D2-2027 + milpro	
23/12/25	D2131610B 05-FEB-2026 + milpro	

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 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. K18 Var 37				ADMISSION No. MBY8813		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/11/25		Time in	16:20	Date for release	

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	13/11/25			
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	13/11/25	Microchip or ID Tag number		

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)	
Breed	Collie	Colour and Markings	Brown, white neck + spots
Condition	Fair	Sex (♀)	Age 5 weeks
Temperament	Fair	Sterilisation details NO	Name
Coat Short	Tail long / Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	Johnsonspos		Date 13/11/25
Reason for surrender	Too many dogs, collected on 12/11/25		

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	Celeste Flores			
Residential Address	Johnsonspos Vleesbaai				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 0652759909			
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: Wally

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 8718	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: _____