ADOPTION CHECKLIST

ADMISSION NO: MB-1 8996

CONTRACT NO: MA 0190

- [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 March
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 31/01/26 992003000579269

Adoptee INFO:

Name & Surname Dawet Meloney Gravett

071 562 4081

Contact INFO: 082 953 5500

Completed by: _____ Date: 16/01/2026.

Manager: _____ Date: 16/01/26

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.

♀ Brindle baby

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): & Dave & Meloney Gravett

HOME ADDRESS: 12 Apiesdoring, Hederand

ID NO.: 7103230574083 5512025777086

POSTAL ADDRESS: /

TEL NO (H): Mel (B): 0785624081

CELL NO: Dave 0829535500 FAX NO:

EMAIL:

Address where animal will be kept: ABOVE address

Occupation: retired.

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 just have one doggy and needs a sister

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? shnauzer & Poodle.

Can you afford private fees? Yes Who is your vet? Dr Venter

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

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

Are all your animals sterilised? Give details steraliged at 7mths

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

Which animals do you still have, and what happened to the others? 1 Dog, died due to e

Is your property fenced and has a proper gate? Will you chain/ an animal?

Full description of the fencing and gate: full Fencking remote Height: 2 meters

What shelter is provided: OUTDOORS KENNEL OTHER inside h

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

Pre Home Inspection Fee: 100. Receipt No: MBY 8641

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 09/01/26

9920030057926 9 , ADMISSION NO MB 18996

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 12/01/2017 TIME: _____

NAME OF APPLICANT: Dave and Helene Gravett

ADDRESS: 12 Apiesdoring, Heiderand

HOME TEL No: _____ CELL No: 0715624081

ANIMAL(S) ADOPTING: Steckboard

SEX: Female AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Palisades & Precast 1.8m		Suitability of fence (i.e. small pets can't escape): Good	
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Pekinese				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	F 1 1/2 Y.O	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Well maintained property and secure.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: M. Hertzel SPCA: M. Bay SIGNATURE: M Hertzel

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

loaded

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. ~~F20 4~~ K12				ADMISSION No. MBY8996		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 09/01/26			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	(Yes) / No	Lost & Found Date checked	09/01/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	9/01/26	Microchip or ID Tag number: none

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify) B/I	
Breed: Poodle x		Colour and Markings: Brindle	
Condition: Good		Sex: ♀	Age:
Temperament: Good		Sterilisation details: none	Name:
Coat	Tail: L	Teeth Condition	Ears: Up	Size: Puppy
Area found / collected from: Da mara			Date: 09/01/26
Reason for surrender: can't keep them all			

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: E Burmeister		
Residential Address: 17 J Harris str 14 Da mara				
Postal Address: none				
Tel (H): none	Tel (W): none	Cell: 084 06 13656		
Email: E Burmeister@gmail.com				
Donation R: 200-00	Cash	Card	EFT	(Receipt No.) 8636

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 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	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: _____

CHAS EVERITT
INTERNATIONAL PROPERTY GROUP
PROPERTY RENTALS

NOTICE OF TERMINATION OR RENEWAL OF FIXED TERM LEASE

SCHEDULE			
1.1	The Landlord	GJF van der Walt (590326 5036 088) and AJP van der Walt (600828 0085 082	
1.2	The Tenant	DN Gravett (551202 5777 086)	
1.3	The Premises	12 Apiesdoring Street, Heiderand, Mosse Bay	
1.4	The Parking Bays	As per agreement	
1.5	The Termination Date	31 May 2025	
1.6	Lease to be renewed	Yes ☑	No ☐
1.7	Lease Renewal Period	12 (Twelve) Months	
1.8	Lease Renewal Commencement Date	1 June 2025	
1.9	Lease Renewal Termination Date	31 May 2026	
1.10	Material Changes		
1.10.1	Rent	R 11 900.00	
1.10.2	Deposit	R 880.00	

Initial

1.10.3	Further Material Changes:	

Kindly take note that the Lease concluded between the Landlord and the Tenant, as set out in items 1.1 and 1.2 of the Schedule, in respect of the Premises and the Parking Bays, as set out in items 1.3 and 1.4 of the Schedule, is due to expire on the Termination Date as set out in item 1.5 of the Schedule.

This document serves as notice to the Tenant by the Landlord that the Landlord intends to:

- terminate the Lease on the Termination Date; or
- renew the Lease for a further fixed-term period,

as indicated in item 1.6 of the Schedule.

Should the Landlord have elected to terminate the Lease on the Termination Date, the Tenant and all those occupying the Premises and Parking Bays through and under him, will be required to vacate the Premises and the Parking Bays and reinstate the Premises and the Parking Bays to the Landlord on or before the Termination Date. In such an event, the Tenant agrees to comply fully with all the provisions of the Lease and any other applicable legislation.

Should the Landlord have elected to renew the Lease, the Lease will continue for the Lease Renewal Period, as set out in item 1.7 of the Schedule. The Lease Renewal Period will commence on the date set out in item 1.8 of the Schedule and will terminate on the date set out in item 1.9 of the Schedule. During the Lease Renewal Period the material changes referred to in item 1.10 of the Schedule will apply to the Lease.

Should the Landlord have elected to renew the Lease, subject to the material changes set out in item 1.10 of the Schedule, the Tenant shall notify the Landlord, in writing, within 30 (Thirty) Business Days hereof that the Tenant:

- accepts the material changes to the Lease as set out in item 1.10 of the Schedule and agrees to the renewal of the Lease on the Lease Renewal Commencement Date, in which case all of the original terms of the Lease, as well as the material changes will apply and the Lease will be deemed to be a fixed-term agreement; or
- does not accept the material changes to the Lease as set out in in item 1.10 of the Schedule that would apply should the Lease be renewed, in which case the Lease will automatically terminate on the Termination Date, without further notice to the Tenant and the Tenant shall vacate and reinstate the Premises and the Parking Bays to the Landlord on or before the Termination Date.

Should the Tenant fail to notify the Landlord of his intention as aforementioned within 30 (Thirty) Business Days from the date of this notice, the Lease shall automatically continue on a month-to-month basis from the Termination Date, subject to the original terms of the Lease, as well as the material changes to the Lease as set out in item 1.10 of the Schedule. In such a case, the Lease may be terminated by either Party by giving the other Party 1 (One) Months' notice, in writing, of such Party's intention to terminate the Lease

In the instance that the Tenant accepts the material changes and agrees to the renewal of the lease agreement, the parties take note that Chas Everitt is required to collect and process the personal information of the parties herein to give effect to any of its or the parties' obligations that flow from the lease agreement and the renewal thereof. The parties agree that their personal information may be processed by Chas Everitt, and further processed as may be required, and shared with any professional parties involved in the transaction or as otherwise required by law. Chas Everitt will process the parties' information for the duration of the transaction cycle, as required, and thereafter will retain the transactional records as required by law. Chas Everitt will record the parties' personal information on its Customer Relations Management programme for future telephonic contacts and follow ups, after the transactional cycle.

Signed and dated by the landlord at the undermentioned place and on the undermentioned date, in the presence of the undermentioned witnesses. He/she being duly authorised thereto.

Signed by the Landlord at Moosselbay on this 12th day of June 2025

LANDLORD

WITNESS 1

G J & V. D. WAGT

NAME OF SIGNATORY

WITNESS 2

Initial

RESPONSE BY TENANT

Further to item 1.6 of the Schedule whereby the Landlord has given notice of his intention to renew the lease for the further period as stipulated , in items 1.7, 1.8 and 1.9 of the Schedule, and on the revised terms as per item 1.10 of the Schedule, I/ we hereby:

DECISION	INITIAL TO INDICATE CHOSEN OPTION
Accept the material changes to the Lease as set out in item 1.10 of the Schedule and agree to the renewal of the Lease on the Lease Renewal Commencement Date, in which case all of the original terms of the Lease, as well as the material changes will apply and the Lease will be deemed to be a fixed-term agreement;	
Do not accept the material changes to the Lease as set out in in item 1.10 of the Schedule that would apply should the Lease be renewed, and acknowledge that the Lease will automatically terminate on the Termination Date, without further notice and that I/we shall vacate and reinstate the Premises and the Parking Bays to the Landlord on or before the Termination Date.	X

Signed by the Tenant at _____ on this _____ day of _____ 20____

_____ _____

TENANT WITNESS 1

D. N. Gravett _____

NAME OF SIGNATORY WITNESS 2

Initial

MY OWNER

NAME: Dave + Meloney Gravett

POSTAL ADDRESS:

STREET ADDRESS: 12 Apiesdoring

Heiderand

HOME PHONE:

WORK PHONE: 0715624081

CELLPHONE: 0829535500

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: MALTESE X TERRIER

COLOUR: BRINDLE

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000579269

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
10/01/26	SD + milpro Batch: A256B01 Exp.: 06-2027	

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

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www.facebook.com/BravectoSouthAf
www.msdmsd.com/MSDAHSA

DBV SPCA

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0190

DATE: 16/01/2026

between MOSSELBAY SPCA

5512028777086
7103230579083

and

Name Dave + Melonay Garrett

Address 12 Apiesdoring, Heiderand

Telephone Numbers (H) 0829 535560 (B) 0715624081

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Sex Female Age 2 months

Description Beagle Maltese X Terrier

On (due date) March Adoption Form No. MA0190

on the understanding that you will arrange to have this done at the Mossel Bay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: [signature] For SPCA: [signature]

CONFIRMATION OF STERILISATION:

Vet: ______ Signed: ______

Date: ______

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Meloney Gravett
   - Contact Number: 071 5624081
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Shown Gravett (son)
   - Contact Number: 071 910 2475.
   - 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: 16/01/2026

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000579269

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. * 0829535500

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

E-mail *

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

Title * MR Initials * D Surname * GRAVETT

Street 12 APIESDORING City

Suburb HEIDERAND Area Code

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 * 21 - 01 - 2026

Date of Implant * 15 - 01 - 2026

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

Name of Vet who implanted the Chip RAY LEVERS

PET DETAILS

Pet Name Gravett Date of birth

Species * CANINE Breed * MALTESE X TERRIER

Colour BRINDLE 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

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Passport / Passeport

REPUBLIC OF SOUTH AFRICA / REPUBLIQUE D'AFRIQUE DU SUD

Type / Type
PA

Country code / Code du pays
ZAF

Passport No / No du passeport
A08853641

Surname / Nom
GRAVETT

Given names / Prénoms
DAVID NOEL

Nationality / Nationalité
ZAF

Date of birth / Date de naissance
02 DEC 1955

Identity No / No d'identité
5512025777086

Sex / Sexe
M

Place of birth / Lieu de naissance
ZWE

Date of issue / Date de délivrance
09 OCT 2019

Authority / Autorité
DEPT OF HOME AFFAIRS

Date of expiry / Date d'expiration
08 OCT 2029

Holder's signature / Signature du titulaire

PAZAFGRAVETT<<DAVID<NOEL<<<<<<<<<<<<<<<<<<<<

A08536417ZAF5512027M2910080551202577708 6<94