ADOPTION CHECKLIST

ADMISSION NO: MBY 8819

CONTRACT NO: MA0188

- [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 06/02/26.
- [x] Microchip Registration- chip number 992003000579300

Adoptee INFO:

Name & Surname Kenan Mocke

Contact INFO: 062 701 1011

Completed by: _____ Date: 16/01/2026

Manager: _____ Date: 17/01/26

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.

9920030005793oo ADMISSION NO MBY 8819

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 13/1/26 TIME: 18:00

NAME OF APPLICANT: Keran Mocke

ADDRESS: 69 E. Mira Str. Donabaey

HOME TEL No: _____ CELL No: 062 70 110 11

ANIMAL(S) ADOPTING: Collie

SEX: Female AGE: ± 2 1/2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION	1. 2 nepe		
Type and height of fence: Palisades / Fibrecrete		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	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Property Secured and safe.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Kiwi SPCA: Nelspruit SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No. K #42				ADMISSION No. MBY8819		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/11/25		Time in	16:20	Date for release	N/A

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	None	

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	Collie	Colour and Markings	White, Black	
Condition	Fair	Sex	♀	Age 6 weeks
Temperament	Good	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, the undersigned hereby certify that I DO / ~~I DO NOT~~ own the animal/s described above, that IT IS / ~~IT IS NOT~~ a stray and 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 1st Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

MY OWNER

NAME: KENAN MOCKE

POSTAL ADDRESS:

STREET ADDRESS: 69 E. Mira Street

Danabay

HOME PHONE:

WORK PHONE:

CELLPHONE: 0627611011

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: COLLIE

COLOUR: BLACK + WHITE

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000579300

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
28/11/25	Batch: A241A01 Exp.: 02-2027 MSD Animal Health + milpro	
24/12/25	Serial: 021318109 Exp.: 05-FEB-2026 MSD Animal Health + milpro	
	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	

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.

Find us on facebook.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfr
facebook.com/AskPetraSa

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Johanna Aletta Mocke
   - Contact Number: 076 235 6728
   - Email Address: alteventer@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Miranda Mocke
   - Contact Number: 084 769 8381
   - Email Address: Miranda mocke67@gmail.com

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 January 2026.

being onsite soon.

Collie & Maggie

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): Mr. Kenan Mocke

HOME ADDRESS: 69 E. Mira St. Danabaai 6506.

ID NO.: 9508175404089

POSTAL ADDRESS: 69 E. Mira St. Danabaai

TEL NO (H): (B):

CELL NO: 0627011011 FAX NO:

EMAIL: mockekenan95@gmail.com

Address where animal will be kept: 69 E. Mira St. Danabaai

Occupation: Building Inspector (Architect)

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

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

Reason for wanting animal: Looking for a dog to join 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? Medium Sized Dog.

Can you afford private fees? yes. Who is your vet? DanaBaai Vet Clinic Michelle

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

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? 0 CATS? 0 OTHER? 0

Which animals do you still have, and what happened to the others? Previous dog of 15 years Passed in 2021

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

Full description of the fencing and gate: Vibracrete and Palisade Height: 1.6m - 1.8m

What shelter is provided: OUTDOORS Igloo Doghouse KENNEL OTHER Indoor Be

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

Pre Home Inspection Fee: 100.00 Receipt No: MBY8593.

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 29/12/2025

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MOCKÉ
Names:
KÉNAN
Sex:
M
Nationality:
RSA
Identity Number:
9508175404089
Date of Birth:
17 AUG 1995
Country of Birth:
RSA
Status:
CITIZEN

Signature:

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 60 11 90

Date of Issue
14 JUN 2024

119767046

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000579300

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. * 0627011011

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

E-mail * mockekenan95@gmail.com

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

Title * MR Initials * K Surname * MOCKE

Street 69 E. MIRA STR City

Suburb DANABAY 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 * 06 - 02 - 2026

Date of Implant * 15 - 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 * COLLIE

Colour BLACK + 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

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA01.88 DATE: 16/01/2026

between MOSSELBAY SPCA

and

0627011011
mockekenan95@gmail.com
9508175404089

Name KENAN MOCKE

Address 69 EC MIRA DANAR AAI

Telephone Numbers (H) (B) 0627011011

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

Animal's Name Sex Female Age 2 Months

Description Cattle

On (due date) MARCH Adoption Form No.

on the understanding that you will arrange to have this done at the Veterinary Hospital MOSSELBAY

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 his/her 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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	86-006635-008-6
DATE OF ACCOUNT:	19/12/2025
LAST RECEIPT DATE:	18/12/2025
PREPAID METER NUMBER:	04207315534

VAT REG. NO.
Name:
MOCKE K & JA
Street Address:
69 E MIRASTRAAT DANABAAI
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
2170.00	6635000	1325000	11

DATE	DETAILS				AMOUNT
	B/F BALANCE				2140.87
18/12/2025	0420731553 ELECTRICITY				496.69 *
	BASIC			431.91	
	VAT/BTW			64.78	
18/12/2025	652295 ESTIMATE				300.60 *
	BASIC			261.39	
	VAT/BTW			39.21	
18/12/2025	652295 ESTIMATE				315.12 *
	ESTIMATED (30 Kl 30 Days)				
	07/25	5.92 @	0.000 =	0.00	
	.	13.81 @	10.030 =	138.51	
	.	9.86 @	13.038 =	128.56	
	.	0.41 @	16.950 =	6.95	
	VAT/BTW			41.10	
18/12/2025	400011 SEWERAGE				365.61 *
18/12/2025	300011 REFUSE				320.62 *
18/12/2025	RATES INSTALLMENT				464.10
	RECEIPTS				2140.87-
	Balance Carried Forward				0.74-

VAT ON '*' ITEMS: 234.59 ACB TOT: 0.00

ARREARS ON TENANTS -6886.68

CREDIT	60 DAYS	30 DAYS	CURRENT	Amount Due
0.00	0.00	0.00	2262.74	2262.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/01/2026	2262.00

VAT No. / BTW Nr. 4830118370

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. 860066350086

EasyPay >>>>>9152686006635008 68

pay@ 11379 860066350086

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

MOCKE K & JA
69 E MIRASTRAAT
DANA BAY
6510

86-006635-008-6

Fold and tear on perforation.