

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-Home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 18/12/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip-number 11/02/26

ADMISSION NO:

MBY 8344

CONTRACT NO:

MA0182

Adoptee INFO:

Name & Surname Margie Candy

Contact INFO: 083 6802 985

Completed by: [Signature]

Date: 19/12/25

Manager: [Signature]

Date: 19/12/25



992003000579307

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Colin Dickinson
- Contact Number: 066 423 1863
- Email Address: meandy@mweb.co.za

2. Additional Family Member/Friend Details

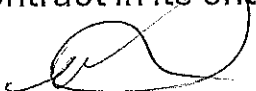
- Full Name: Carol Dickson
- Contact Number: 083 326 0614
- Email Address: caroldickson1@yahoo.com

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No)
- If yes, when? around 1983
- Where? Germiston
- What animal did you adopt? Dachshund X

1. Adoption Contract Acknowledgment

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

Signature: 

Date: 19/12/2025

MICROCHIPPED ANIMAL REGISTRATION FORM



992003000579307

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0836802985

E-mail * m.candy@mweb.co.za

Title * MS Initials * M

Street 14 P Venusta

Suburb

Country

Phone - Day time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * 11 - 2 - 2006

Date of Implant * 18 - 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

Species * CANINE

Colour BROWN + BLACK

Gender Male ☒ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

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 its 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 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

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

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.

Surname * CANDY

City

Area Code DANABAY

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth 2025

Breed * XBREED

Markings

Sterilised ☒ Yes ☐ No

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

Mandi
K34.

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): Ms Margie Candy

HOME ADDRESS: 14 p Venusta St.

Dana Bay ID NO.: 590717 0277 082

POSTAL ADDRESS: as above

TEL NO (H): _____ (B): _____

CELL NO: 083 680 2985 FAX NO: _____

EMAIL: mcandy@nweb.co.za

Address where animal will be kept: 14 p Venusta St

Occupation: Energy Therapist - 2m at home

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

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

Reason for wanting animal: Companion for other dog & us.

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? Daschund / Jacko

Can you afford private fees? Yes Who is your vet? Nossel Bay Vet

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

What are the sexes of your animals? DOGS: Male _____ Female 1 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? 2 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 1, 16 1/2 yr old died

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

Full description of the fencing and gate: walls Height: high

What shelter is provided: OUTDOORS Indoors KENNEL _____ OTHER dog door

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: 8546

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 [Signature] Date of application 9/12/2005

GARDEN ROUTE SPCA MOSSELBAY			
DATE	10/11/2025	ANIMAL NAME	
KENNEL NUMBER	K13	BREED	X Breed
CARD NUMBER	MBY 8344	STERILIZED	NO
COLOUR	Brown	MALE/FEMALE	Female
VACCINATED	Yes	AGE	3 months
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Abandoned

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.5 kg.		
TEMPERATURE	37.7		
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



992003000579307

ADMISSION NO

MBY 8344

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 15/12/25

TIME: 16:10

NAME OF APPLICANT: Mrs Margie Candy

ADDRESS: 14 P Venusta Street, Danabai

HOME TEL No:

CELL No: 0836802985

ANIMAL(S) ADOPTING: Daxi / Foxie

SEX: Female

AGE: 6 months

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence: 4/6 concrete 1.2m	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?	1

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	JR X				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	Female 6 months	1	1	1	1
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: Kest

SPCA: Russell

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



MOSSEL BAY MUNICIPALITY
UMASIPALA WASEMOSSELBAYI

VAT REG. NO.

Name:
DICKINSON CR & CANDY MCH

Street Address:
14 P VENUSTASTRAAT DANABAAI

TAX INVOICE MONTHLY ACCOUNT

ACCOUNT NUMBER:	86-007594-005-0
DATE OF ACCOUNT:	21/11/2025
LAST RECEIPT DATE:	20/11/2025
PREPAID METER NUMBER:	04207324585

SERVICE DEPOSIT:	1100.00	SFE NUMBER:	7594000	TOTAL VALUATION:	2400000	WARD No:	11
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DATE	DETAILS	AMOUNT
20/11/2025	B/F BALANCE	2436.89
		496.69 *
	BASIC	431.91
	VAT/BTW	64.78
20/11/2025	WATER 06/10/2025-05/11/2025	
	6764 - 6777 (13 KL 28 Days)	
	BASIC	261.39
	07/25	5.52 @ 0.000 = 0.00
		7.48 @ 10.030 = 75.02
	VAT/BTW	50.46
20/11/2025	REFUSE	320.62 *
20/11/2025	SEWERAGE	365.61 *
20/11/2025	RATES INSTALLMENT	879.85
20/11/2025	RECEIPTS	2436.00-
	Balance Carried Forward	0.53-
	VAT ON '** ITEMS:	204.74
	ACB TOT:	0.00

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
0.00	0.00	0.00	2450.53	2450.00
PAYMENT MUST BE MADE ON OR BEFORE DUE DATE				15/12/2025
DUE DATE				15/12/2025
AMOUNT DUE				2450.00



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 / Betaalings Besonderhede

PREDEFINED BENEFICIARY.
Standard Bank MOSSEL BAY MUNICIPALITY
REF NO. 860075940050

EasyPay >>>>>>915268600759400502

pay@ 11379 860075940050

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.



DICKINSON CR & CANDY MCH
PO BOX 11288
DANA BAY
6510



86-007594-005-0

Hierdie rekening word ooreenkomstig die Raad se toepasslike beleid
gelewer.

Rekeningen is betaalbaar wanneer geleverd. De spendatum op die rekening is slegs van toepassing op die lopende rekening en nie op die agterstallige gedeelte van die rekening nie. Bedrae wat onverkoef is na die vervaldatum is agterstallig en die dienste kan ongeskied word sonder verdere kennisgewing.

L. POSORDERS moet gekruis en aan Mosselbaai Municipaliteit betaalbaar gemaak word.

2. Betalings sal eerstens toegewys word na die oudste skulde(ongeingewysde prioriteitsvolgorde), waarna dit in _ voorafbepaalde prioriteitsvolgorde watter tipe diens), waarna dit in _ toegewys sal word.

3.1 by enige van die MUNISIPALE KANTORE Maandae tot Vrydae (vakansiedae uitgeles) 08:00 tot 15:30 (Mosselbaai kantoer) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nongaba kantore).

- 3.2 bij enige PICK & PAY, SHOPRITE, CHECKERS of SPAR winkel.

3.4 deur outomatiese BANKAFTREKKINGS. Vorms hiervoor is beskikbaar by enige van die Munisipale kantore.

RENIE: Rente sal ingevolge die Raad se beleid op agterstallige bedrae gehef word.

Die toevoer van dienste mag, indien enige bedrag na die spendadum verskuldig is, sonder verdere kennisgewing opgestort word. Die deposito sal tselfseldfertyd herstein word en toeslag, soos van tyd tot tyd deur die Raad bepaal, sal byvervoers word onseag of die toevoer fisies gesmaak is al dan nie.

REKENINGE:
Indien geen rekening ontvangst is teen die 10de van 'n maand nie, moet 'n afskrif vanaf die Munisipaliteit aangeva word. Die rekening moet te alle tye gesoon word wanneer 'n betaling gemaak word.

Wanneer 'n perseel ontruim word moet die vertekende verbruiker die Munisipaliteit minstens 15 dae vooraf skriftelik kennis gee. Versuim hiervan sal tot gevolg hê dat die persoon aanspreeklik bly vir kostes gehef tot daarn van die kennisgewing ontvang en verwerk is.

VOORAFBETAALDE KGO:
 Waar in voorafbetaalde elektrisiteit meter in gebruik is en enige van die
 andere
 dienste op die perseel agterstallig is, sal slegs eenhede vir 'n gedeelte van
 die bedrag, wat aangebied word, uitgereik word terwyl die res van die
 bedrag teen die uitstaande rekening verdiskomeer sal word. (Die persentasie
 verdeling word tyd tot tyd deur die Raad bepaal)

This account has been rendered in terms of Council's relevant policies.

ACCOUNTS PAYABLE. Accounts are payable when rendered. The due date on the account is only applicable on the current portion of the account and not the arrear portion. Amounts, which remain unpaid after the due date, are in arrears and services may be suspended without any further notice.

1. POSTAL ORDERS must be crossed and be made payable to Mossel Bay Municipality.

2. Payments will always be appropriated to the oldest account (notwithstanding the kind of service), where after it will be appropriated in order of a predetermined priority.

3.1 at any of the MUNICIPAL OFFICES from Mondays to Fridays (public holidays excluded) 08:00 to 15:30 (Mosel Bay Office) and 08:00 to 15:00 (Great Brak River, Hartenbos, D'Almeida and Kwa Nongqaba offices).

- 3.2 at any PICK n PAY, SHOPRITE, CHECKERS and SPAR shop.
Please note that at least 48 hours should be allowed for processing of all third party payments.

3.4 by way of an automatic debit order. These forms are available at any of the Municipal Offices,

INTEREST.
Interest will be levied on arrear accounts in terms of Council's policy.

The supply of services may be disconnected without any notice, if any amount is due after the expiry date. The deposit will simultaneously be revised and a surcharge, as determined by council from time to time, will be added whether the supply had been physically disconnected or not.

ACCOUNTS.
If no account has been received by the 10th of a month, a copy should be obtained from the Municipality. The account must at all times be produced when payments or enquiries are made.

When premises are vacated, the consumer leaving such premises must give the Municipality 15 day's written notice prior to leaving. Failing to do so will result in this person being held liable for any levies until the date a written notice is received.

Where a pre-paid electricity meter is in use and any of the other services on the property is in arrears, only units to the value of a portion of this amount tendered will be issued, the rest of the amount will be allocated to the arrear account. (The percentage of the division will be as determined by Council from time to time)

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded



Garden Route

KENNEL No. <i>1943 36</i>				ADMISSION No. <i>MBY8344</i>		
☒ Stray	☒ Surrender	☒ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in <i>11/12/25</i>		Time in <i>15H20</i>		Date for release		

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

DESCRIPTION & HISTORY	Dog ☒	Cat	Other species (Specify)		
	Breed	<i>Blood</i>		Colour and Markings	<i>Brown</i>
	Condition	<i>Healthy</i>		Sex	<i>Female</i>
	Temperament	<i>Friendly</i>		Sterilisation details	<i>16</i>
	Coat	Tail	Teeth Condition	Ears	Size
	<i>Short</i>	<i>Long</i>		<i>Drop</i>	<i>Small</i>
	Area found / collected from				Date
	<i>W. Cape</i>				
Reason for surrender <i>Abandoned</i>					

ASSESSMENT		Surrendered by		Name	
GOOD WITH:		Found by			
Children	☐ Yes ☐ No	Residential Address		<i>1111 Main St</i>	
Cats	☐	Postal Address			
Other Dogs	☐	Tel (H)		Tel (W)	Cell
Livestock/Other	☐	Email			
DO THEY:	☐ Yes ☐ No	Donation R		Cash	Card
Jump Fences	☐			EFT	(Receipt No.)
Run Away	☐				
COMMENTS:					

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: *1943* Case No: *1943* Inspector: *Theresa*

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 sides"

Hiermee verklaar ek dat ek 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 uitdruklik 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 first Applicant	Details of second Applicant
	Details of third Applicant

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



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
CANDY

Names:
MARGARET CAROLINE
HALCRO

Nationality:
RSA

Identity Number:
5907170277082

Date of Birth:

17 JUL 1959

Country of Birth:
RSA

Status:
CITIZEN

Sex:
F

Signature:



Conditions:

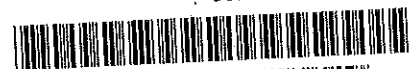
This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 50

Date of Issue:
20 MAR 2018



002246803



I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
03/11/25	milpro		
03/12/25	milpro		

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

18-12-2025
Dr. AG. Mbulu

Garden Route SPCA

P.O. Box 258

Garden Route SPCA

007110 60293

PRACTICE STAMP

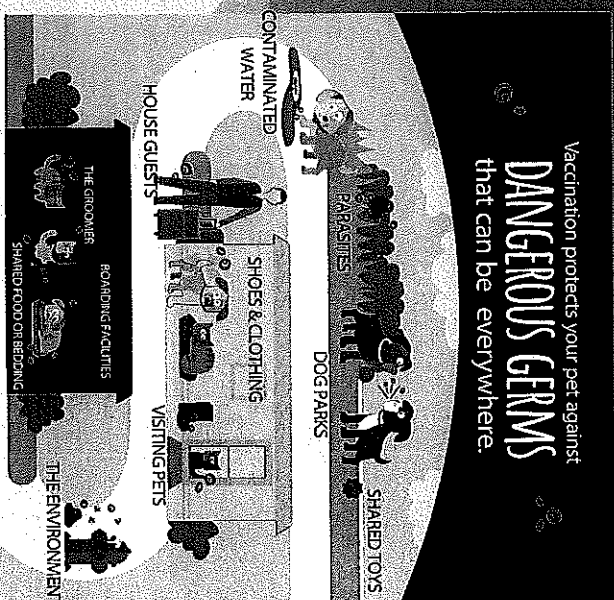


Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1997/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV211200001

VACCINE RECORD CARD

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME

MY VET

GARDEN ROUTE SPCA

MOSEL BAY

18 BILL JEFFERY AVE

KWANONQABA

044 693 0824

072 287 1761

theatre@mgsrpspa.co.za

Consulting Hours

Monday and Friday: 09:00-16:00

Wednesday: Closed

Tuesday and Thursday: 09:00-16:00

Saturday: 09:00 - 11:00