ADOPTION CHECKLIST

ADMISSION NO: MBY 10651

CONTRACT NO: MA 0292

- [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 May
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645770

Adoptee INFO:

Name & Surname: Mrs R.Y. Headley

Contact INFO: 082 856 2540

Completed by: _____ Date: 25/04/26

Manager: _____ Date: 25/04/26

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.

9920030006945770

ADMISSION NO MBY 10651

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) NO DATE UNDERTAKEN: 28-4-26 TIME: 15 ish

NAME OF APPLICANT: R. Y. Hendry

ADDRESS: 8 E Dubia Street, Dana bay

HOME TEL No: CELL No: 082 856 2540

ANIMAL(S) ADOPTING: Boerboel x

SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		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?	none
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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	J Russel				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	♂ / Adult	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☒ LARGE DOGS

INSPECTED BY: Lumano Bay SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MAO292 DATE: 25/04/2026

between Mosselbay SPCA

611 01901 39080

and rusren@mweb.co.za

Name R. Y. Hendry

Address 8 E/Dubai Street Dana Bay

Telephone Numbers (H) 082 856 2540 (B) —

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

Animal's Name Rex Sex Male Age 3 months

Description Boerboel X

On (due date) End May Adoption Form No. MAO292

on the understanding that you will arrange to have this done at the Mosselbay 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: Hendry For SPCA:

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

of 42.

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): R.H. HENDRY

HOME ADDRESS: 8 E DUBIA STREET, DANA BAY

ID NO.: 6110190139080

POSTAL ADDRESS: —

TEL NO (H): — (B): —

CELL NO: 082 856 2540 FAX NO: —

EMAIL: rusren@mweb.co.za

Address where animal will be kept: 8 DUBIA STREET, DANA BAY

Occupation: RETIRED

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: Lots of pet love to share

Is the animal for yourself? (YES)/N

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? Boerboel x.

Can you afford private fees? YES Who is your vet? DR HENK BASSON

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 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? Dog — PASSED.

Is your property fenced and has a proper gate? YES Will you chain/ an animal? NO!

Full description of the fencing and gate: PALISADE FENCING Height: —

What shelter is provided: OUTDOORS SHED KENNEL — OTHER INDOORS

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

Pre Home Inspection Fee: R100 Receipt No: 9957

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** 24/4/26

MICROCHIPPED ANIMAL REGISTRATION FORM

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

VETERINARIAN DETAILS

Vet Practice Number *

Vet Practice Name *

Vet Practice Physical Address *

OWNER'S DETAILS

Cell No. * 082 856 2540

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

E-mail rusven@mweb.co.za

If possible, please provide a back-up email and a company email *

Title * MRS Initials * R.V. Surname * Hendry

Street 86. Dubia Street City

Suburb Area Code Dana Bay

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 * 25 - 04 - 2026

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

Name of Vet who implanted the Chip KAY LEVERS

Pet DETAILS

Pet Name REX Date of birth

Species * CANINE Breed * BOERBOEL X

Colour BROWN 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 agree 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 his 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 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 (+27) 220 546 (TOLL FREE) or 011 852 6964
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 Alert App

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: Russell Henory
   - Contact Number: 082 496 7779
   - Email Address: rusren@mweb.co.za

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: R Henory

Date: 25/04/26

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	K 2142		ADMISSION No.	MBY10651		
Stray ✓	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	8-4-2026		Time in	14:40	Date for release	

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		Yes ✓ / No	Lost & Found Date checked	8-4-2026			
Microchip/Collar or ID tag found	Yes ✓ / No	Date scanned or checked	8-4-2026	Microchip or ID Tag number	None		

DESCRIPTION & HISTORY					
Dog ✓	Cat	Other species (Specify)			
Breed	Boerbul x Lab		Colour and Markings	Brown	
Condition	Fair		Sex	♂	Age 10 Yrs
Temperament	Fair		Sterilisation details	Not	Name
Coat	Short	Tail Up	Teeth Condition Fair	Ears Hanging	Size Small
Area found / collected from	Nova				Date 8-4-2026
Reason for surrender	Stray				

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		
Stray		

Surrendered by / Found by	✓ Name	Heidi Calitz			
Residential Address	4 Sicle Iain Lyn Nova				
Postal Address					
Tel (H) —	Tel (W) —	Cell 066 225 8834			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

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: _____

Discovery Bank

Income Tax Certificate IT3b

Mrs RY Hendry
8E Dubia Street
Dana Bay
Mosselbay
6051

Accountholder name	Mrs RY Hendry
ID or passport number	6110190139080
Income tax reference number	
Certificate as at	21 May 2025
Tax period	1 Mar 2024 - 28 Feb 2025

Dear Client

This certificate contains important information to help you complete your tax return.

We'll forward this information to the South African Revenue Service (SARS). Remember to declare the total interest you've earned on your tax return.
Keep this certificate in a safe place for at least five years in case you need to provide SARS with proof of interest earned.

Account number	Account type	Total interest
10770198653	Credit Card Account	R0.40
19189654329	Savings Account	R0.00
	Total interest earned	**R0.40**
	Tax source code	**4201**

Note: Interest accrued on your Fixed Deposit Account is included in the tax year in which it's earned even though it isn't yet paid to your account.

MY OWNER

NAME: R.Y. Hendry

POSTAL ADDRESS:

STREET ADDRESS: 9 E Dubia Street

Dana Bay

HOME PHONE:

WORK PHONE:

CELL PHONE: 082 856 2540

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: BOERBOEL X

COLOUR: BROWN

SEX: MALE

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000645770

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
14/04/26	Nobivac® Puppy DP PLUS Batch: A264B01 Exp.: 09-2027	

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.

Find us on facebook

MSD Animal Health

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfr
facebook.com/MsdPetsSa

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
HENDRY
Names:
RENEE YVONNE
Sex:
F
Nationality:
RSA
Identity Number:
6110190139080
Date of Birth:
19 OCT 1961
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:
16 MAY 2023

122114073