ADOPTION CHECKLIST

ADOPTION NO: MBY 004928 10610

CONTRACT NO: MA0290

- [✓] Admission Form
- [✓] Application for adoption
- [✓] Pre-Home Inspection Report
- [✓] Adoption contract
- [✓] Copy of Identity Document or Driver's License
- [✓] Proof of Residence
- [X] Letter from Body Corporate
- [X] Sterilization Contract and Date of sterilization Contract Done 24/04/26
- [✓] Copy of Vaccination Record/ Certificate
- [✓] Microchip
- [✓] Microchip Registration- chip number 992003000645833

Adopter INFO:

Name & Surname: Shf de Jager

Contact INFO: 0729719867

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.

992 003 000 645833 ADMISSION NO: MBY 10610

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO (YES circled) DATE UNDERTAKEN: 24-4-26 TIME: 15:00

NAME OF APPLICANT: Francois de Jager

ADDRESS: Reedvalley wine farm

HOME TEL. No: CELL No: 0729719867

ANIMAL(S) ADOPTING: Collie X

SEX: Male AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		Suitability of fence (i.e. small pets can't escape):	YES ☐ / NO ☐
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?	

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED	DSH				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	♀ / Adult	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Groot Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: Luciano Bry SPCA: [signature] SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Kiki Rear bo

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): SHF de Jager (Francois)

HOME ADDRESS: Reed Valley wine farm

ID NO.: 9901255169088

POSTAL ADDRESS:

TEL NO (H): 0446981022 (B):

CELL NO: 0729719867 FAX NO:

EMAIL: frenzodejager@gmail.com

Address where animal will be kept: Reed Valley wine farm

Occupation: Wine Maker.

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

YES/N

Are you a student with consent to keep pets:

Reason for wanting animal: Love & companionship.

YES/

Is the animal for yourself?

YES/

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary

What breed of dog or cat are you interested in? Cross

Can you afford private fees? Yes Who is your vet? Heidevand Hospital

How many animals live on the property? DOGS? 3 CATS? 1 OTHERS

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 3 CATS? 1 OTHER?

Which animals do you still have, and what happened to the others? all Nothing

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

Full description of the fencing and gate: farm fenced Height:

What shelter is provided: OUTDOORS KENNEL OTHER Indo

Have you previously had pets from an SPCA? Multiple. Are there children under 10 in your household?

Pre Home Inspection Fee: R100 Receipt No: 9952

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** 23/04/2026

Swissquote

Username: vxny7662

Account number:	2983929		
Title:	Mr.		
First name:	Gregory	Last name:	Wilson
Street/No.:	Reedvalley Wines		
Postal code:	6500	City:	Mossel Bay
Country:	South Africa		
Nationality:	South Africa	Date of birth:	13/03/1995
Occupation:		E-mail:	gregoryjohn.w@gmail.com

(Hereinafter referred to as **the Client**)

The Client represents and warrants that the information supplied above or otherwise related to the account and/or safe custody account at the Bank and all other information requested by the Bank and provided by the Client is true, accurate and complete.

1. Opening of the account
The Client asks Swissquote Bank SA (hereinafter **the Bank**) to open a current account for the Client in Swiss francs (CHF), American dollars (USD) and euros (EUR), a metal account in the metal(s) offered by the Bank from time to time, as well as a safe custody account (hereinafter referred to collectively as **the Account**) according to the information set out above.

The Client is aware that no transactions linked with the Account will be executed in cash. The metal account only grants the Client the right of payment in a government-issued currency. The metal account does not grant the Client the right of physical delivery of the underlying metal.

The Bank reserves its right to refuse the opening of the Account at any time and without further explanation.

2. Account conditions
The Account conditions (interest rates, commissions, withdrawal limits, etc.) are published in an appropriate form. The Bank reserves the right to adapt the Account conditions at any time and to notify the Client by appropriate means.

3. Designation of safe custody account
The Bank undertakes the safekeeping of securities and assets, which it receives from the Client in a safe custody account bearing the same number as the Account.

4. Correspondence
Unless otherwise instructed by the client, all correspondence relating to the Account and the safe custody account will be sent to the Client at the address indicated above. The Client authorizes the Bank to put some or all correspondence at the Client's disposal in a mailbox on the Bank's website and/or to inform him accordingly in electronic form (e.g. by e-mail or by a message deposited in the Client's online account in a manner chosen by the Bank).

5. Establishment of the beneficial owner's identity (Form A pursuant to the Agreement on the Swiss banks' code of conduct with regard to the exercise of due diligence, CDB)

☑ The contracting partner hereby declares that he/she is the sole beneficial owner of the assets concerned.

The following fields should only be completed if the holder of the Account is not also the beneficial owner of the Account, i.e. if the account holder is not the "economical owner" of the assets that will be deposited in the Account. The beneficial owner is the person who has a financial interest in the deposited assets. ***The status of beneficial owner should not be confused with that of holder of a power of***

10. Applicable law and jurisdiction

The contract and the present declarations, respectively, are exclusively governed by Swiss law. Place of performance, place of enforcement against all Clients including Clients residing abroad and exclusive place of jurisdiction for any and all proceedings is Gland, Switzerland. However, the Bank reserves the right to take legal action against the Client in the court of competent jurisdiction of the Client's place of residence or before any other competent authority, Swiss law remaining exclusively applicable.

In this document, where applicable, the masculine form includes the feminine and the singular includes the plural, and/or vice versa.

I entrust the Bank with opening the Account according to the foregoing information. To the extent the consent of the spouse is legally required for the opening of the Account, the Bank is entitled to assume such consent being duly given.

Date:

Signature:

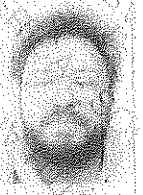
12/08/2025 10:34
Gregory Wilson
swissquote.ch
Swissquote Bank Ltd
Vaud, Switzerland

SADC

SOUTH AFRICA

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

SHF DE JAGER



IDNo. 02/9901255169088 HALE

Birth/Geboorte: 25/01/1999 ZA Restr /Beperk: 1

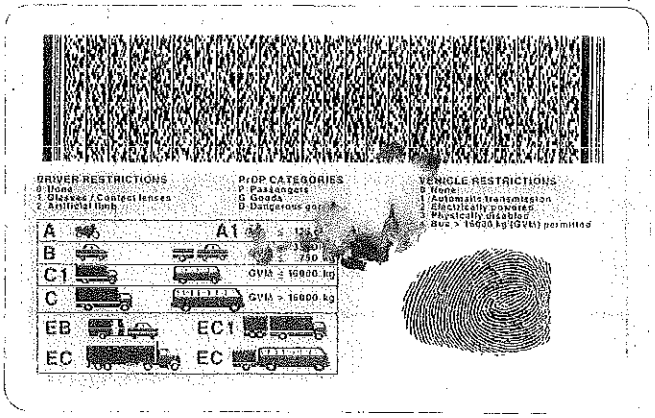
Lic.No./Lisensie: 6015000 1FDHC No.: 1

Valid/Geldig: 06/03/2023 - 05/03/2028

Issued/Uitgereik: ZA

Code/Kode: B
Ver.restr./Voertuigbeperking: 0
First Issue/Eerste uitreiking: 1/09/2017

Prof. driving permit: G,P
Professionele bestuurslisensie
Valid until: 20/11/2024
Geldig tot



DRIVER RESTRICTIONS
0. None
1. Glasses / Contact lenses
2. Artificial limb

PrDP CATEGORIES
P. Passengers
G. Goods
D. Dangerous goods

VEHICLE RESTRICTIONS
0. None
1. Automatic transmission
2. Electrically powered
3. Physically disabled
Bus > 16000 kg (GVM) permitted

A		A1	
B			GVM ≤ 3500 kg
C1			GVM ≤ 16000 kg
C			GVM > 16000 kg
EB		EC1	
EC		EC	

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: Gregory John Wilson
   - Contact Number: 0833544145
   - Email Address: g.wilson@gmail.com

2. Additional Family Member/Friend Details
   - Full Name: Heidi de Jager
   - Contact Number: 0825028446
   - Email Address: Sunmoonlake16@gmail.com

3. Previous SPCA Adoption
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? Last year
   - Where? SPCA Mossel Baai
   - What animal did you adopt? Cat

1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 25/04/2026

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	IG2341			ADMISSION No.	MBY10610	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11/04/26		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	11/04/26.
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	11/04/26	Microchip or ID Tag number: None.

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	BI.	
Breed	Collie X.	Colour and Markings	Wit & Brown.	
Condition	fair.	Sex ♂	Age	
Temperament	Friendly.	Sterilisation details No	Name Rambo	
Coat S.	Tail L	Teeth Condition fair.	Ears Down.	Size M.
Area found / collected from	Vleeskaai.			Date 11/04/26.
Reason for surrender	Rambo chase sheep			

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	Wynand
Residential Address	Vleeskaai		
Postal Address	No postal.		
Tel (H) No num	Tel (W) No num	Cell 0648579534	
Email	No email.		
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: 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 uitdrukliik 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 L. Flokes	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: _____

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
04/26	Trivorm D		

Drontal

WORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER,HEALTHIER DOGS.

DEAR OWNER

Further treatment is prescribed by my veterinarian and
should be given every 2 weeks or under 12 weeks of age and every 3
months when my litter are very important in keeping me healthy!

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 24.04.2026.

DOCTOR'S NAME E. Basson

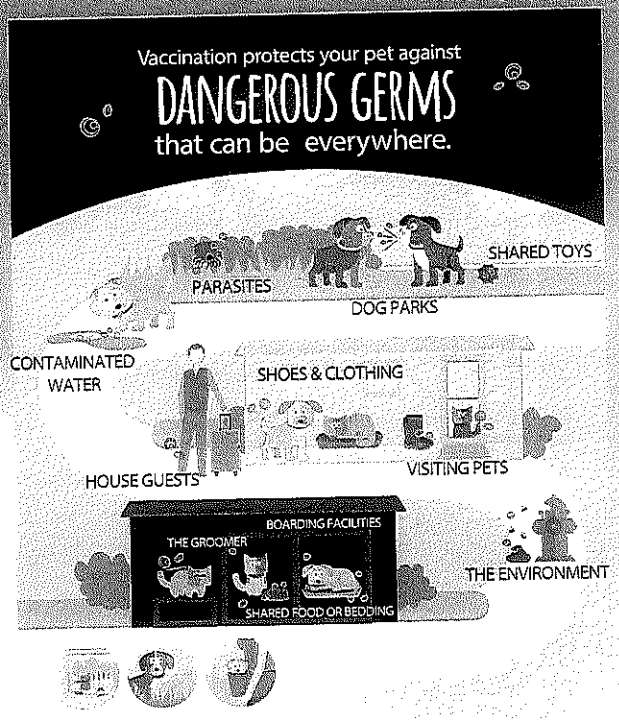
Garden Route SPCA
P.O. Box 256
George,6530
Ph [illegible]

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
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-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.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

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000645833

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. * 0729719867

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

E-mail * frenzodejager@gmail.com

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

Title * MR Initials * SHF Surname * Dager

Street Reedvalley wine Farm City

Suburb Area Code Reedvalley

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 * 24 - 04 - 2026

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

Name of Vet who implanted the Chip KAY IGUERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * COLLIE X

Colour WHITE + 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 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