ADOPTION CHECKLIST

ADMISSION NO: MBY 9743

CONTRACT NO: MA 0281

- [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 Done 16/04/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 24/04/26.
- [x] Microchip Registration- chip number 992003000645778

Adoptee INFO:

Name & Surname: Leandri van Jaarsveld

Contact INFO: 084 5169779

Completed by: _____ Date: 17/04/26

Manager: _____ Date: 17/04/26

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Hanlie van Jaarsveldt
- Contact Number: 073 885 1458
- Email Address: hanlievjaarsveldt@gmail.com

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: HJaarsveldt

Date: 17/04/2026

9920030006454778 ADMISSION NO MBY9743

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 15/4/26 TIME: 11:16

NAME OF APPLICANT: Ms L. van Jaarsveld

ADDRESS: 5 Swartwitpens, Rheebok

HOME TEL No: CELL No: 084 516 9779

ANIMAL(S) ADOPTING: Daxi "Attie"

SEX: Male AGE: ± 4 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Slaps		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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Daxi	DSH	DSH		
CONDITION	Fair	Fair	Fair		
WELFARE (good?)	Good	Good	Good		
SEX & AGE	Male / ± 4yrs	Female /	Female /	/	/
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: Wally Wagener SPCA: M.Bay SPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Attie

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 Leandri van Jaarsveldt

HOME ADDRESS: 5 Swartwitpens, Rheebok

ID NO.: 8812170046080

POSTAL ADDRESS: 5 Swartwitpens, Rheebok

TEL NO (H): (B):

CELL NO: 084 516 9779 FAX NO:

EMAIL: marks.leandri5@gmail.com

Address where animal will be kept: 5 Swartwitpens, Rheebok

Occupation: Branch Supervisor

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

YES/N

Are you a student with consent to keep pets:

Reason for wanting animal: We would love a companion for our dog, as our spaniel passed away. We are so used to having two dogs.

YES/N

Is the animal for yourself?

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

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

Can you afford private fees? Yes Who is your vet? Eden Small Animal Ho

How many animals live on the property? DOGS? 1 CATS? 2 OTHERS

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

Are all your animals sterilised? Give details Yes all of them.

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 2 OTHER?

Which animals do you still have, and what happened to the others? 1 Dog and 2 Cats

Is your property fenced and has a proper gate? Yes Will you chain/ an animal? Never

Full description of the fencing and gate: Fibergrate and wood Height: 2 meters

What shelter is provided: OUTDOORS Roof and cage gate KENNEL OTHER

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

Pre Home Inspection Fee: R100.00. Receipt No: MBY. 4917.

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 Jaarsveldt **Date of application** 13/04/20

ADMISSION, ASSESSMENT AND HISTORY RECORD 4.8 KB loaded

DBV SPCA
Garden Route

KENNEL No. K 22 31				ADMISSION No. MBY 9743		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 28/03/26			Time in 10:13	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 X	Cat	Other species (Specify)		
Breed	Miniature Dachshund	Colour and Markings Brown		
Condition	Good	Sex Male	Age 5	
Temperament	Friendly	Sterilisation details N/A	Name Alfie	
Coat S	Tail	Teeth Condition	Ears	Size
Area found / collected from	George.			Date
Reason for surrender				

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	Stephanie Müller.		
Residential Address	Outeniqua Ploaj			
	Wilderness			
Postal Address	6504			
Tel (H)	Tel (W)	Cell 077 770 2837		
Email	Stephaniegarda@yahoo.com.			
Donation R 1000.00	Cash	Card	EFT	(Receipt No.) MBY 9247

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 reverse 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: _____

Owner *Eienaar*

Owner:
Eienaar: Leandy van Jaarsveld

Residential address:
Woonadres: 5 Swartwortpers

Rhoebok

Code:
Kode:

Tel home:
Tel huis:

Work:
Werk:

Mobile no:
Selnr: 1) 084 5169779 2)

Owner:
Eienaar:

Residential address:
Woonadres:

Code:
Kode:

Tel home:
Tel huis:

Work:
Werk:

Mobile no:
Selnr: 1) 2)

PET

Pet's name: Attie

Registered name:

Date of birth: 18 October 2020

[X] Male
[ ] Female
[X] Dog
[ ] Cat

Photo or nose print

Colour: Brown

Breed: Dachshund

Microchip t: 999003000645778

Tattoo position and no:

Distinguishing features/marks:

Date	Vaccine name & batch number & expiry date	Signature of veterinarian	Official practice stamp or address	Next vaccination due
10/2/26	 + Trivorm O.			

VETERINARY HISTORY

Date	Diagnosis

STERILISATION CERTIFICATE

This is to certify that the animal as identified on page 1 of this document was sterilised on:

by Dr:

Signature:

Practice Stamp

GARDEN ROUTE SPCA
PO BOX 258
GEORGE 6530
TEL: 044 [illegible] 3824 / 072 281 1761

- Sterilisation of your pet is generally performed at 6 months of age. Earlier sterilisation is possible. Consult your veterinarian.
- Sterilisation has benefits for both pet and owner:
  - It will prevent medical conditions in females such as uterine infection (pyometra) and mammary tumours (if sterilised before the second heat). Heat (oestrus) will stop in female animals.
  - In male dogs, prostatic enlargement and subsequent infection is less likely.
  - Behavioural characteristics such as roaming, urine marking and inter-dog/cat aggression may be limited with early castration in male dogs and cats.
- Sterilisation has no detrimental effect on a pet's temperament. Guarding and protective instincts are unaffected.
- Your pet may be inclined to gain weight after sterilisation, but this can be managed with diet and exercise.
- By sterilising your pets you play your part in helping to reduce the number of stray and unwanted animals.
- Your veterinarian will be able to provide you with more information regarding this procedure.

992003000645778

Vet Practice N...

Cell No. 084 5169779

E-mail marks.leandri5@gmail.com

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

Title * MRS

Initials * L

Surname VAN JAARSVELDT

Street 5 Swartwitpens

City

Suburb

Area Code RHEEBOK

Country

Province

Phone - Day time

Phone - Night time

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Registration Date * 24 - 04 - 2026

Date of Implant * 16 - 04 - 2026

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

Name of Vet who implanted the Chip KAY IGUERS

Pet Name ATTIE

Date of birth

Species * CANINE

Breed * DACHSHUND

Colour BROWN

Markings

Gender (Male) Female

Sterilised (Yes) No

Are you a KUSA Registered Member? Yes No

Medical Conditions

KUSA Registration Number

Medical Insurance Company

Pet Registered Name

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

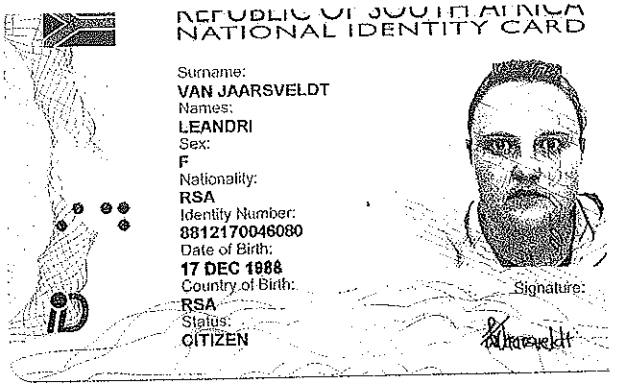
The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The 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 he personal information being used by ______________ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE ______ VJaarsveldt ______

1. On-line — Log onto www.backhome.co.za. Complete the registration process.

2. By fax — Fax this completed form to BackHome on 0860 222 546 (TOLL FREE) or 011 852 6164

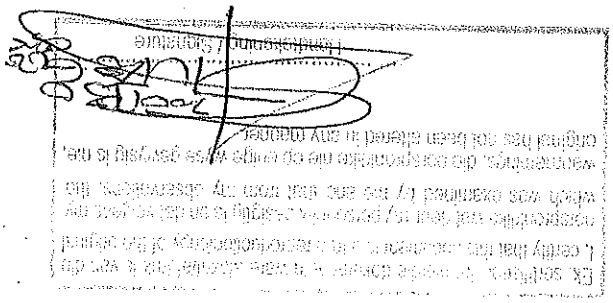
3. By email — Scan and Email the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za

4. By App — Download the Virbac Backhome Africa App

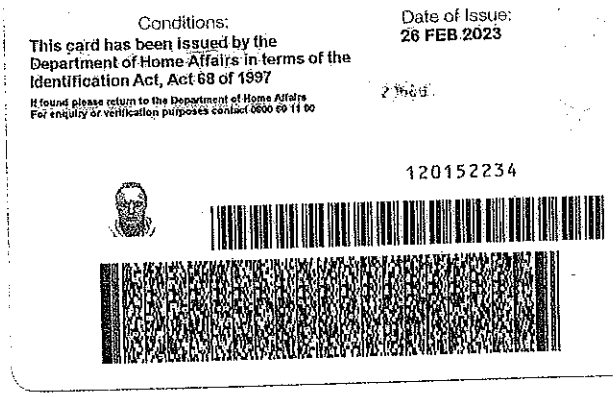

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN JAARSVELDT
Names:
LEANDRI
Sex:
F
Nationality:
RSA
Identity Number:
8812170046080
Date of Birth:
17 DEC 1988
Country of Birth:
RSA
Status:
CITIZEN

Signature:



SUID-AFRIKAANSE POLISIEDIENS
PACALTSDORP
COMMUNITY SERVICE CENTRE
11 JUL 2023
PACALTSDORP
GEMEENSKAPS DIENS SENTRUM
SOUTH AFRICAN POLICE SERVICE


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:
26 FEB 2023

120152234

GARDEN ROUTE RADIOLOGY

Account Queries
044 803 5050
087 220 4092
xaccounts@gardenrouteradiology.com

Practice No : 3803244 **Branch : GEORGE** **Date : 19/03/2026**

ID Number : 8812170046080 **Invoice No : GR087417**

Authorisation Number : 347089236 **Hospital Claim :** ☐

MRS LEANDRI VAN JAARSVELDT

5 SWARTWITPENS STREET
RHEEBOK, LITTLE BRAK RIVER
MOSSEL BAY
6503

0845169779
0845169779
marks.leandri5@gmail.com

Patient : VAN JAARSVELDT, L
ID Number: 8812170046080
Dep. No : 0
Date of Birth : 17/12/1988

Referring Doctor Details
Doctor : KENT, ML
Practice No : 0785601

Scheme: DISCOVERY
Plan: DISCOVERY
Med Aid No: 754950930

Practice Details
P O BOX 999
GEORGE
6530

Banking Details
Account Holder : Dr WE Scribante & Partners Inc
Bank : Standard Bank
Branch : George
Branch Code : 05-02-14
Account No : 08 286 138 2
VAT No. 4100182783

SnapScan
Snap here to pay

TERMS OF PAYMENT Interest will be charged on overdue accounts.

Procedures

Date of Service	ICD10 Codes	Tariff Code	Description	Tariff Price
22/02/2026	N20.0	42300	CT renal tract for a stone	R3 239,17
22/02/2026	N20.0	01020	Emergency call out, subsequent case/TELERAD	R415,24

Total R3 654,41

Receipts

Date Created	Date Paid	Type	Receipt No.	Amount
06/03/2026	04/03/2026	Electronic Remittance Advice	E0010470-567	-R3 654,41

Balance R0,00