ADOPTION CHECKLIST

ADOPTION NO: MBY 9779

CONTRACT NO: MA0273

- [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
- [x] Microchip Registration- chip number 23/04/26 992003000645775

Adoptee INFO:

Name & Surname: Mr L Mostert

Contact INFO: 0622110014

Completed by: _____ Date: 20/04/2026

Manager: _____ Date: 20/04/26

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: Shanette Vineesa Jerling
   - Contact Number: 065 348 3667
   - Email Address: shanettejerling@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: _____
Date: 20/04/2026

Home after 5

ADMISSION NO MBY9779

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 15/4/26 TIME: 15:36

NAME OF APPLICANT: Mr L. Mostert

ADDRESS: Gys Smalberger Str 8, Property 3A, Mosselbay

HOME TEL No: _____ CELL No: 0622 11 0014

ANIMAL(S) ADOPTING: 2 Daxi x

SEX: ♀ + ♂ AGE: 3-4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Bricks		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 APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Wally Wagenaar SPCA: Mossel Bay SPCA SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD loaded 3.9 kg

DBV SPCA
Garden Route

KENNEL No.	36			ADMISSION No.	MBT9779	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	06/02/26		Time in	14:00	Date for release	13/02/26

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	06/02/26
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked		Microchip or ID Tag number	none

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify)		
Breed	X Breed		Colour and Markings Dark Brown	
Condition	Good		Sex Female	Age 2 months
Temperament	friendly		Sterilisation details none	Name
Coat Short	Tail long	Teeth Condition Good	Ears Up	Size small
Area found / collected from	Mossel Bay			Date 06/02/26
Reason for surrender	Stray			

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	Luciano Bayi			
Residential Address	18 Kill Jeffrey Loan Bal Le				
Postal Address					
Tel (H) none	Tel (W) none	Cell none			
Email					
Donation R none	Cash	Card	EFT	(Receipt No.) none	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none 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: _____

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/02/26	ANIMAL NAME	
KENNEL NUMBER	K7	BREED	XBreed
CARD NUMBER	MBY 9779	STERILIZED	NO
COLOUR	Dark brown	MALE/FEMALE	♀ Female
VACCINATED		AGE	2 months
PROOF OF VACC		STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	1.35 kg		
TEMPERATURE	38.8°		
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

TREBLA PROPERTIES
Mossel Bay

LEON MOSTERT & SHANETTE JERLING

8C Gys Smalberger Street
Mossel Bay
Mossel Bay
6506
South Africa

Trebla Properties
Company Name: Papinka Moller One CC
Reg. No. 2000/069268/23
VAT number: 4360215307

7 Point Road
Mossel Bay
6500
Tel: 082 556 4896
E-mail: property@trebla.co.za

STATEMENT

Payment reference: GJK854
Property: 08C Gys Smalberger Street (Erf 3546, Mossel Bay)
Statement period: 2026-03-16 to 2026-04-06

Date	Ref no	Description	Method	Debit	Credit	Balance
2026-03-16		**Opening balance**				**0.00**
2026-03-16	PP19136-1	Invoice - Deposit		6,500.00		6,500.00
2026-03-16	PP19136-2	Invoice - Lease Fee		287.50		6,787.50
2026-03-16	66865633	Payment	Direct Deposit		-13,287.50	-6,500.00
2026-04-01	PP19583-1	Invoice - Monthly Rent		6,500.00		0.00
2026-04-01	PP19583-2	Invoice - Basic Water Charge		300.59		300.59
2026-04-01	PP19583-3	Invoice - Refuse Basic Charge		320.62		621.21
2026-04-01	PP19583-4	Invoice - Basic Sewerage Charge		172.00		793.21
			Balance due on 2026-04-06			**793.21**
			Damage deposit balance on 2026-04-06			6,512.36
			Interest from 2026-03-16 to 2026-04-06 (After a monthly administrative & advisory fee)			12.36

WAYS TO PAY

DIRECT DEPOSIT

Account number: **4109354825**
Bank name: **ABSA**
Branch code: **632005**
SWIFT code: **ABSAZAJJ**
Account name: **Trebla Properties**

Payment reference: **GJK854**

AT ANY OF THESE STORES

You can now pay your account at any Shoprite, Checkers, Pick n Pay, PEP, Usave, Ackermans, Boxer or selected Spar Branches. A transaction fee may apply to some Pay@ payment methods. If you need assistance, please contact your agency. Please allow 3-4 working days for your payment to reach us.

Please quote this Bill Payment Reference: **11364 0261 7000 8548 4**

Checkers Pick n Pay SPAR Shoprite PEP Usave ACKERMANS BOXER makro

Powered by PayProp
a Reapit company

PayProp, in its capacity as a licensed property practitioner, is contractually authorised to manage rental payments.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MOSTERT
Names:
LEON
Sex:
M
Nationality:
RSA
Identity Number:
8504165041081
Date of Birth:
16 APR 1985
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Date of Issue:
19 NOV 2020

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

114780275

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

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. * 0622110014

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

E-mail * Imostert785@gmail.com

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

Title * MR Initials * L Surname * MOSTERT

Street 8 Grys Smalberger

City

Suburb Property 3A

Area Code MBAY

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 * 16 - 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

Date of birth

Species * CANINE

Breed * DAXI +

Colour Brown + Black

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

Benny + June.

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. L. Mostert

HOME ADDRESS: Gys Smalberger Str. 8, property 3A, Mossel Bay ID NO.: 8504165041087

POSTAL ADDRESS: None

TEL NO (H): (B):

CELL NO: 0622110014 FAX NO:

EMAIL: lmostert785@gmail.com

Address where animal will be kept: Same as above.

Occupation: First Mate, Aquamarine

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

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

Reason for wanting animal: campanians

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? any

Can you afford private fees? Dotsure Who is your vet?

How many animals live on the property? DOGS? CATS? OTHERS None

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? CATS? OTHER?

Which animals do you still have, and what happened to the others? None

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

Full description of the fencing and gate: Fully fenced + gated Height: Very high.

What shelter is provided: OUTDOORS KENNEL OTHER Inside

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

Pre Home Inspection Fee: R100 Receipt No:

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** 09/04/26.

MY OWNER

NAME	Mr L. Mostert
POSTAL ADDRESS	
STREET ADDRESS	8 Gys Smalberger Property 3A, Mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	0622110014
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	X BEED
COLOUR	DARK BROWN
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645775
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/02/26	Nobivac® Puppy DP PLUS Batch: A264801 Exp.: 09-2027	[signature]
18/03/26	352210.R3 Ser.: 02131823D Exp.: 27-APR-2026 Nobivac® HAPPi+L	[signature]
15/04/26	352210.R3 Ser.: 02131835A Exp.: 09-JAN-2027 Nobivac® HAPPi+L	[signature]

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 (isoqinoline) 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.