ADOPTION CHECKLIST

ADOPTION NO: MBY 9935

CONTRACT NO: MA 0263

- [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 01/04/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548124

ADOPTEE INFO:

Name & Surname: Heloise Lemley vd Merwe

Contact INFO: 082 924 9883

18/04/26

Completed by: _____ Date: 07/04/2026

Manager: _____ Date: 07/04/26

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.

Leo.

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): HELOISE LEMLEY VD MERWE

HOME ADDRESS: 36 GROENKLOOF REEBOK, SEESAND STREET

GREAT BRAKRIVER 6525 ID NO.: 4809070077086

POSTAL ADDRESS: 36 GROENKLOOF REEBOK, SEESAND STREET GBR 652

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

CELL NO: 0829249883 FAX NO: _____

EMAIL: heloiseydm@gmail.com

Address where animal will be kept: 36 GROENKLOOF REEBOK

Occupation: PENSIONER

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: COMPANIONSHIP

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? MALTESE

Can you afford private fees? YES Who is your vet? GREAT ANIMAL HOSPITAL

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

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? 1 CATS? 0 OTHER? 0

Which animals do you still have, and what happened to the others? NONE - DIED

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

Full description of the fencing and gate: SECURITY COMPLEX Height: 1.8m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER INDOORS

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

Pre Home Inspection Fee: R100 Receipt No: 9231

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** 2026-05-27

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Day time *

Cell No. * 082 9249 883

Email * helo iseudm@gmail.com

Title * MRS Initials * H

Street 36 Groenkloof, Seesandstreet

Suburb

Country

Phone - Day time

Surname * V D MERWE

City

Area Code Groatbrak

Province

Phone - Night time

OWNER DETAILS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

REGISTRATION

Registration Date * 10 - 04 - 2026

Date of Implant * 01 - 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

Species * CANINE

Colour WHITE

Gender (Male) Female

Date of birth

Breed * MALTESE

Markings

Sterilised (Yes) No

KUSA MEMBERSHIP DETAILS

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 WIRBAC (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 his personal information for marketing purposes and unless expressly stated otherwise by the client consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

BACK HOME REGISTRATION PROCESS - PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS TO REGISTER YOUR PET WITH BACK HOME SERVICES

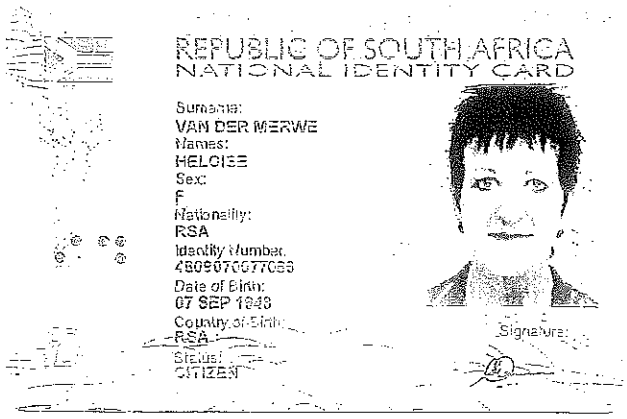
1. On-line — Log onto www.backhome.co.za. Complete the registration process.
2. By fax — Fax this completed form to back home on 0800 222 546 (TOLL FREE) or 011 852 6964
3. By e-mail — Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App — Download the Virbac Backhome Africa App

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/02/2026	ANIMAL NAME	
KENNEL NUMBER	K17	BREED	Maltese
CARD NUMBER	MBY 9935	STERILIZED	NO
COLOUR	white	MALE/FEMALE	Male
VACCINATED		AGE	Adult
PROOF OF VACC		STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	5.05		
TEMPERATURE	37.8		
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


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN DER MERWE
Names:
HELOISE
Sex:
F
Nationality:
RSA
Identity Number:
4809070077083
Date of Birth:
07 SEP 1948
Country of Birth:
RSA
Status:
CITIZEN

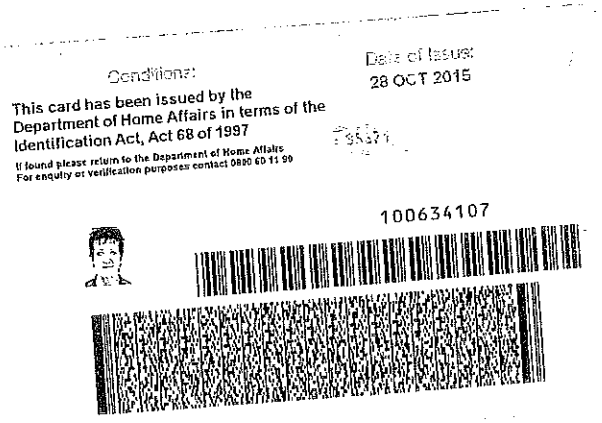
Signature:

I certify that this document is a true, unaltered copy of the original

20/02/2026

Signature Date

Michiel Daniel Burger
Commissioner of Oaths V1700
5 Jan Smuts Street, George, 6529


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 99

Date of Issue:
28 OCT 2015

100634107


DS. MD BURGER
Vrederegter V1700
Commissioner of Oaths
Kommissaris van Ede

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	25-002266-002-9
DATUM VAN REKENING:	23/02/2026
LAASTE KWITANSIE DATUM:	20/02/2026
VOORAFBETAALDE METERNOMMER:	01351146715

BTW REG. NO.
Naam:
VAN DER MERWE H
Liggingsadres:
36 GROENKLOOF ANNEKS REEBOKHOOGTE
SELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	750.00	ERF NOMMER:	2266000	TOTALE WAARDASIE:	0	WYK No:	4

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				545.49
19/02/2026	01351146711ELEKTRISITEIT				248.35 *
	BASIES			215.96	
	VAT/BTW			32.39	
19/02/2026	60157397 WATER 12/12/2025-16/01/2026				394.02 *
	616 - 631 (15 Kl 35 Dae)				
	BASIES			261.39	
	07/25	6.90 @	0.000 =	0.00	
	.	8.10 @	10.030 =	81.24	
	VAT/BTW			51.39	
	KWITANSIES				550.00-
	Balans Oorgedra				0.86-

BTW OP '*' ITEMS: 83.78 ACE TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	637.86	637.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	16/03/2026	637.00

VAT No. / BTW Nr. 4630116370

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 options / Betaling keuse moontlik

Standard Bank **PREDEFINED BENEFICIARY.**
MOSSEL BAY MUNICIPALITY
REF NO. 250022660029

easypay >>>>>9152625002266600294

pay@ 11379 250022660029

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.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

VAN DER MERWE H
POSBUS 596
GROOTBRAKRIVIER
6525

25-002266-002-9

Fold and tear on perforation

9920030005481 24 ADMISSION NO MBY 9935

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 30/05/16 TIME: 11:15

NAME OF APPLICANT: Heloise van der Merwe

ADDRESS: 36 Groenkloof, Rectek, Seesand Straat, Groatbrak

HOME TEL No: CELL No: 082 924 9883

ANIMAL(S) ADOPTING: Maltese

SEX: Male AGE: 7 - 8 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall brick Complex		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					
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: Kuyr SPCA: Rosslyn SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

Lucky

DBV SPCA
Garden Route

KENNEL No. K 27				ADMISSION No. MBY9935		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 13/02/26			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	X Yes / No	Lost & Found Date checked	13/02/26
Microchip/Collar or ID tag found	X Yes / No	Date scanned or checked	13/02/26	Microchip or ID Tag number	NONE

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Maltese		Colour and Markings White	
Condition	Bad, dirty + matted		Sex ♂	Age Adult
Temperament	Fair		Sterilisation details NO	Name
Coat SHORT M	Tail L	Teeth Condition Dirty	Ears DOWN	Size M
Area found / collected from	Hermelkop Farm			Date 13/02/26
Reason for surrender	Brought in on 16/02/26, can't afford			

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	Sheryl Voige			
Residential Address	Hermelkop Farm				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell NONE			
Email	N/A				
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: Luciano

STATEMENT OF SURRENDER

I do hereby certify that I DO / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO / I 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 Refer to MBY 9892	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
17/04/26	Triworm		
18/04/26	Triworm		

Quamel

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER, HEALTHIER BUDDIES

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 01.04.2021

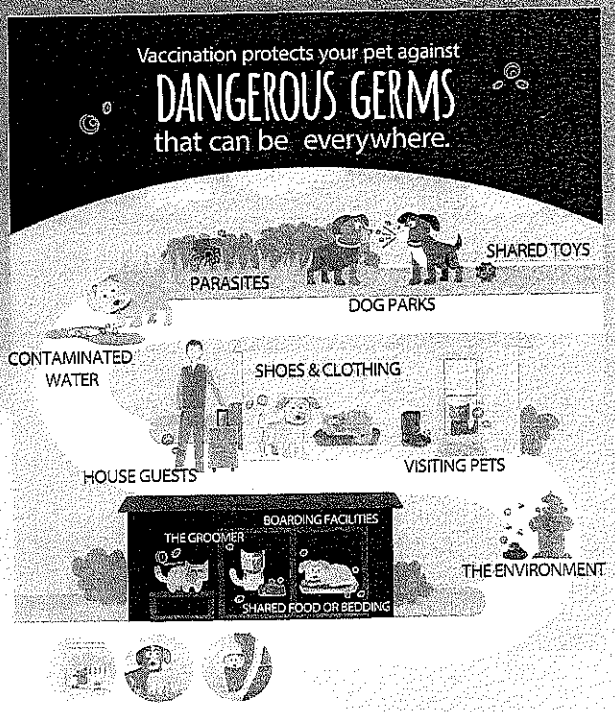
DOCTOR'S NAME Dr. AS. Muller

Garden Route SPCA
P.O. Box 258
George, 6530
PH: (PRACTICE STAMP) 024

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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: n.a.
- Contact Number: _____
- Email Address: _____

2. Additional Family Member/Friend Details

- Full Name: GEORGE EDWARD LEMLEY
- Contact Number: 0746598109
- Email Address: nadialemley37@gmail.com

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: 2026-04-07.