ADOPTION CHECKLIST

ADMISSION NO: MBY10179

CONTRACT NO: MA 0266

- [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 992003000645735

Adoptee INFO:

Name & Surname: Jerry Venter

Contact INFO: 0818865012

Completed by: _____ Date: 28/04/26

Manager: _____ Date: 28/04/26

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.

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0266 DATE: 28/04/2026

between Mosselbay SPCA

and winterjanventer@gmail.com

Name Jerry Venter 5001105 0090 81

Address Friemersheim, PG 7B

Telephone Numbers (H) 081 888 5012 (B)

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

Animal's Name Brolex Sex Male Age 3 months

Description Boxer X

On (due date) 6th May Adoption Form No. MA 0266

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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

9920030006645735 ADMISSION NO MBY1017a

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 08/26 TIME: 18H50

NAME OF APPLICANT: Jerry Venter

ADDRESS: Farm PG 7 B, Enemersheim

HOME TEL No: CELL No: 081 888 5012

ANIMAL(S) ADOPTING: Boxer x

SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Mesh fence		Suitability of fence (i.e. small pets can't escape): Yes	
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 Very Specious - Good people

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: Member SPCA: N. Bay. SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Brindle.

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 Jerry VENTER

HOME ADDRESS: Friemersheim, PG7B. ID NO.: 5001105009081

POSTAL ADDRESS: Soos bo of P/A Wiggets tr 18 Groothoek

TEL NO (H): (B):

CELL NO: 0818885012 FAX NO:

EMAIL: winterjanventer@gmail.com

Address where animal will be kept: PG 7B Friemersheim

Occupation: Pensionaris (SAP)

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: Companion | watch dog

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? Boston Cross

Can you afford private fees? Yes Who is your vet? Heidelevant d Klinieh

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? 0 CATS? 0 OTHER? C

Which animals do you still have, and what happened to the others? 0

Is your property fenced and has a proper gate? Yes Will you chain/ an animal? Only on w

Full description of the fencing and gate: Farm fencing Height:

What shelter is provided: OUTDOORS KENNEL OTHER Indoor

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

Pre Home Inspection Fee: R100 Receipt No: 9268

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** 30/03/19

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

KENNEL No.	(3) K43			ADMISSION No.	MBY10179	
Stray	(Surrender)	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	9/3/20		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	(Yes) / No	Lost & Found Date checked	9/3/20
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	9/3/20
Microchip or ID Tag number	None		

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)	B/I.		
Breed	Boston / Jack Russell	Colour and Markings	Brindle		
Condition	Fair.	Sex	♂	Age	8
Temperament	Friendly	Sterilisation details	No.	Name	Buffy.
Coat	Tail	Teeth/ Condition	Ears	Down	Size S.
Area found / collected from	Brandwag		Date	9/03/20.	
Reason for surrender	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	Karin Schrader
Residential Address	Wonderkep, Benecke Str. Hoekwil.	
Postal Address		
Tel (H) 082 805 7557	Tel (W)	Cell
Email	kadvza@gmail.com.	
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 uitdruklik 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 [signature]	Witness for Society [signature]
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ ________________ On Date: ____________

MY OWNER

NAME: Jerry Venter

POSTAL ADDRESS:

STREET ADDRESS: PG 7 B, Friemersheim

HOME PHONE:

WORK PHONE: 0818885012

CELL PHONE:

RESCUE DETAILS: K. SCHRADER
082 805 7555.

ME

SPECIES: Canine

BREED: BOSTON TERRIER X JACK RUSSEL

COLOUR: Brindle White.

SEX: Male ♂

DATE OF BIRTH: 10/01/2026

MICROCHIP/TATTOO: 992003000645735

FEATURES/MARKS:

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
25.2.26	394550 R2	
27.03.26	392210 R0	
28/04/26	392210 R3	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

NEXT VACCINATION DUE

DATE	DATE	DATE
25.3.26		

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.

MSD Animal Health

Nobivac® Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on Facebook.

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VENTER
Names:
JEREMIA JESAJA
Sex:
M
Nationality:
RSA
Identity Number:
6001105069081
Date of Birth:
10 JAN 1960
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:
02 SEP 2024

115822899

Proof of Address

To whom it may concern. 27-04-2026

I, Karin A Schrader hereby confirm that Jerry Venter rents the property known as Rooikat Rus, Beneke Str 7C, Friemersheim, 6525, It is part of Windskep, Por 31 of Moordkuyl 38, Friemersheim, and is owned by me, Karin A. Schrader, ID 5702100110085.

Signed:
K.A. Schrader

One of the Global One money management products or services

Proof of Account Details

CAPITEC

SkyQR reference: 6354-6f39-4a72

Capitec Bank

26/04/2026
Branch: 470010
Device:

SkyQR App Store Google Play
Validate this document by using the SkyQR App
or visit www.capitecbank.co.za/verify-authenticity

To Whom it May Concern

We hereby confirm that Mrs Karin Schrader has the following account(s) at Capitec Bank Limited on 26/04/2026:

Client Details

Name:	Karin A Schrader
ID/Passport Number:	5702100110085
Residential Address:	Windskep Por31 Of Moordkuyl38, Friemersheim, Friemersheim, 6525
Postal Address:	Windskep Por31 Of Moordkuyl38, Friemersheim, Friemersheim, 6525

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	[redacted]
Bank Name:	Capitec
Branch Code:	470010
Date Opened:	2011-08-23

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.

992003000645735

Vet Practice Number

Cell No. * 081 888 5012

E-mail * Winterjanventer@gmail.com

Title * MR Initials * J Surname VENTER

Street Friemersheim PG 7B City

Suburb Area Code

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 *

Date of Implant * 10 - 04 - 2026

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

Name of Vet who implanted the Chip KAY IEVERS

Pet Name BROLLOX Date of birth

Species * CANINE Breed * BOXER X

Colour BRINDLE Markings

Gender (Male) Female Sterilised Yes (NO)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

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 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 _____

1. Online Log onto www.backhome.co.za. Complete the registration process.

2. By fax Fax this completed form to Backhome on 0 86 202 546 (TOLL FREE) or 011 852 6164

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: Elnett Jones
   - Contact Number: 0722635068
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Herman Venter
   - Contact Number: 0736640538
   - 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: 28 April 2026