

ADOPTION CHECKLIST

ADMISSION NO:

MBY10179

CONTRACT NO:

MA 0266

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-Home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract End May
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000645735

Adopter INFO:

Name & Surname Jerry Venter

Contact INFO: 0818885012

Completed by: [Signature]

Date: 28/04/26

Manager: [Signature]

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 0266DATE: 28/04/2026

between

Mosselbay

SPCA

and

winterjan.venter@gmail.com

Name

Jerry Venter5001105 009 081

Address

Friemerskern, P.O. 78

Telephone Number (H)

081 888 5012

(B)

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

Animal's Name

Brolox

Sex

Male

Age

3 months

Description

Boxer X

On (due date)

End 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 and in 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:



992003000645735

ADMISSION NO

MBY 10179

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES ☐ NO

DATE UNDERTAKEN: 06/26 TIME: 18H50

NAME OF APPLICANT: Jerry Venter

ADDRESS: Farm PG 7 B, Friemersheim

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	— / 18m	1	1	1	1
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Very Spacious - Good people

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ MEDIUM DOGS☒ SMALL DOGS☒ LARGE DOGS

INSPECTED BY: Thembu

SPCA: M. Bay

SIGNATURE: [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, PG 7B

POSTAL ADDRESS: 5001105009081
Soos bo of P/A Wiggertstr 18 Grootbark

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/

Are you a student with consent to keep pets: _____

Reason for wanting animal: Companion / watch dog YES/

Is the animal for yourself? Yes 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? Heidevant d kliniek

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

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

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? 0

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 [Signature] Date of application 30/03/19

ADMISSION, ASSESSMENT AND HISTORY RECORD



arden Route

KENNEL No. <u>34</u> <u>K-12 33</u>		ADMISSION No. <u>MBY10179</u>				
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>9/3/20</u>		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>9/3/20</u>
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	<u>9/3/20</u>	Microchip or ID Tag number	<u>None</u>

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify) <u>B/I</u>		
	Breed	<u>Boston / JACK RUSSEL</u>		Colour and Markings	<u>Brindle</u>
	Condition	<u>fair</u>		Sex	<u>♂</u>
	Temperament	<u>friendly</u>		Sterilisation details	<u>No</u>
	Coat	Tail	Teeth/Condition	Ears	<u>Down</u>
	Area found / collected from	<u>Branchway</u>		Date	<u>9/03/20</u>
	Reason for surrender	<u>Surrender</u>			

ASSESSMENT		Surrendered by		Name	
FOOD WITH: Yes No		Found by		Name	
Children		Residential Address		<u>WINDYKOP, SEAFER STR.</u>	
Cats		Postal Address		<u>FRIENHOUTHILL</u>	
Other Dogs		Tel (H)		Tel (W)	Cell
Livestock/Other		<u>082 805 7557</u>			
DO THEY: Yes No		Email		<u>Kcidvza@gmail.com</u>	
Jump Fences		Donation R		Cash	Card
Run Away		<u>N/A</u>		<u>N/A</u>	<u>N/A</u>

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 WEE / NIE WEE 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

OWNER Jerry Venter

POSTAL ADDRESS

STREET ADDRESS PG 7 B, Friemersheim

HOME PHONE

WORK PHONE 081 888 5012

CELL PHONE

RESUE DETAILS K. SCHRAEDER
082 805 7555

ME

SPECIES COMB BOSTON TERRIER X

BREED JACK RUSSEL

COLOR Boston Terrier / Boston Terrier

SEX Female

DATE OF BIRTH 10/01/2026

MOCKUP/FASTAG 992003000645735

FEATURES/MARKS

NEXT VACCINATION DUE

DATE 25.3.26 DATE

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

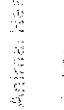
25.2.26



27.03.26



28/04/26



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 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 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 (benzimidazole) 500 mg/tablet, Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 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®

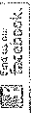
Quantel®

Exitel Plus

Exitel Plus XL

Bravecto®

facebook.com/BravectoSouthAfrica
facebook.com/MSdPetSa





REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VENTER
Name:
JEREMIA JESAJA
Sex:
M
Nationality:
RSA
Identity Number:
5001105009081
Date of Birth:
10 JAN 1980
Country of Birth:
RSA
Status:
CITIZEN



Signature:

B. Venter

ID

Conditions:

Date of Issue:

This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997

02 SEP 2024

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 50

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:

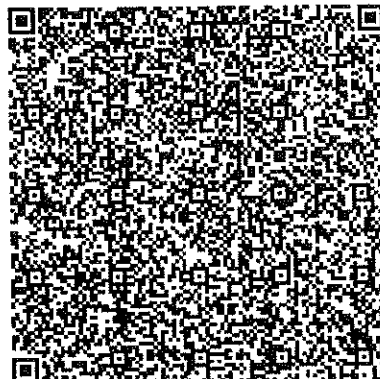
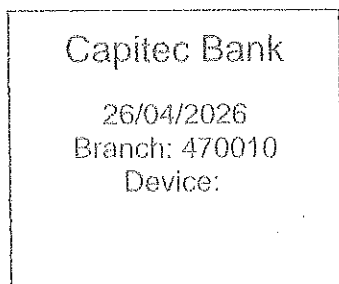
K.A. Schrader

A handwritten signature in black ink, appearing to be 'K.A. Schrader', with a small dot at the end.

Proof of Account Details



SkyQR reference: 6354-6f39-4a72



SkyQR
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 *

Vet Practice Name *

Vet Practice Address *

Vet Practice Phone *

Cell No. * 081 888 5010

E-mail * Winterjanventer@gmail.com

Title * MR Initials * J

Street Friemersheim PG 7B

Suburb

Country

Phone - Day time

Phone - Night time

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

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 LEUERS

Pet Name

Pet Name BLOLLOX

Species * CANINE

Colour BRINDLE

Gender ☒ Male ☐ FemaleAre you a KUSA Registered Member? ☐ Yes ☐ No

KUSA Registration Number

Pet Registered Name

Only mobile numbers are accepted for the registration process.

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

Surname * VENTER

City

Area Code

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth

Breed * BOXER X

Markings

Sterilised Yes ☒ No

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 its 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 his personal information being used by _____ and Virbac RSA (Pty) for the above-mentioned purposes. SIGNATURE _____

I, _____, hereby declare that the information provided is true and correct.

1. Online

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

2. By fax

Fax this completed form to backhome on 011 222 546 (TOLL FREE) or 011 852 6164

3. By email

Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support@virbac.co.za

4. By app

Download the Virbac Backhome Africa App

www.backhome.co.za Tel: 011 852 8120 or 011 027 8837 Fax: 0800 222 546

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Flinett 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