ADOPTION CHECKLIST

ADOPTION NO: MBY 9136

CONTRACT NO: MA 0265

- [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 08/04/26
- [x] Microchip Registration- chip number 992003000548126

Adoptee INFO:

Name & Surname: Jurie Janse van Rensburg

Contact INFO: 0722463975

Completed by: _____ Date: 02/04/2026

Manager: _____ Date: 02/04/26

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: Natasja
   - Contact Number: 0794977325
   - Email Address: Natasja1986@yahoo.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: 2/4/26

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0265 DATE: 02/04/26

between Masselbay SPCA

8202145020081

and Julie@steelpipesmb.co.za

Name Julie Janse van Rensburg

Address 13 Lambert Street

Telephone Numbers (H) 0722463975 (B)

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

Animal's Name Sex Female Age 2 months

Description Lab X

On (due date) END MAY Adoption Form No. MA 0265

on the understanding that you will arrange to have this done at the Masselbay 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: _____

9920030005485126

ADMISSION NO MBY 9136

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 31/03/26 TIME: 1621

NAME OF APPLICANT: Jurie Janse van Rensburg

ADDRESS: 13 Lambda Street, Mosselbay

HOME TEL No: _____ CELL No: 0722463975

ANIMAL(S) ADOPTING: Lab x

SEX: Female AGE: 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wire mesh/Palisades 2 meter		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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Staffy				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	Male / 3 years	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

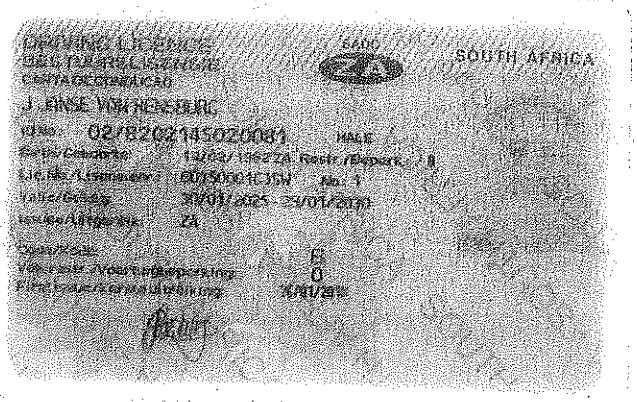
- ☒ CATS
- ☒ SMALL DOGS
- ☒ MEDIUM DOGS
- ☒ LARGE DOGS

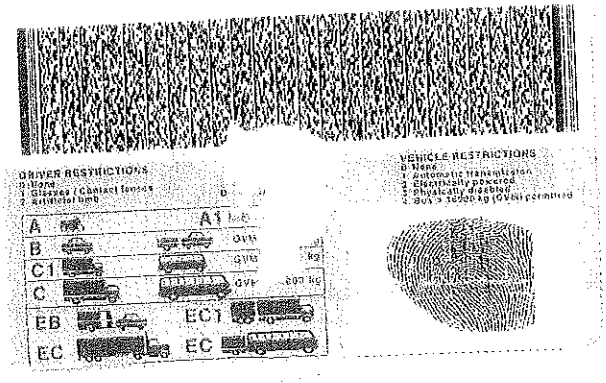
INSPECTED BY: Keet SPCA: Mosselbay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


SOUTH AFRICA
MALE


DRIVER RESTRICTIONS
VEHICLE RESTRICTIONS
A
A1
B
C1
C
EB
EC1
EC

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/02/2026	ANIMAL NAME	
KENNEL NUMBER	K10	BREED	X Breed
CARD NUMBER	MB Y 9136	STERILIZED	NO
COLOUR	Cream	MALE/FEMALE	♀ Female
VACCINATED		AGE	9 weeks
PROOF OF VACC		STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	1.9kg		
TEMPERATURE	38.2°C		
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

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		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	Cat	Other species (Specify)		
Breed		Colour and Markings		
Condition		Sex	Age	
Temperament		Sterilisation details	Name	
Coat	Tail / Teeth Condition	Ears	Size	
Area found / collected from			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			
Residential Address					
Postal Address					
Tel (H)	Tel (W)		Cell		
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

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 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: _____

MY OWNER

NAME	Jurie Janse van Rensburg
POSTAL ADDRESS	
STREET ADDRESS	13 Lambda Street
	Mosselbaai
HOME PHONE	
WORK PHONE	
CELLPHONE	0722463975
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	LAB X
COLOUR	CREAM
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548126
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: A264B01 Exp.: 09-2027	[signature]
18/03/26	352210 R3 Ser: [illegible] Exp: [illegible] [illegible]	[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.

Mweb (Pty) Ltd
[illegible]

TAX INVOICE

Computer Generated Copy

To: Mr Jurie Janse Van Rensburg
13 LAMBDA ST
MOSSEL BAY CENTRAL
6500

INVOICE DATE	10-03-2026
DUE DATE	01-04-2026
INVOICE NUMBER	IAB47170704
ACCOUNT NUMBER	64199362

Attention: Mr Jurie Janse Van Rensburg
Tel: 0446950163, Cell: 0722463975
Email: junejansevanrensburg42@gmail.com

Mweb - Billing and Accounts
Telephone: +27 87 700 2121
For more information go to:
https://myaccount.mweb.co.za

No	Description	Reference	Period	Price	Qty	Total (Excl VAT)	VAT	Total (Incl VAT)
1	Uncapped Including 60/60Mbps Fibre Line - Frogfoot	56969067 - Jurie jvr	01-04-2026 - 30-04-2026	720.87	1	720.87	108.13	829.00
					TOTAL	R720.87	R108.13	R829.00

Banking Details
Account Holder: Mweb

Bank Name	Nedbank
Account	1031349898
Branch Code	198765

Deposit Reference 64199362

Contact Us

Sales:	+27 87 700 5000
Technical Support:	+27 87 700 0777
Account Queries:	+27 87 700 2121

Westies

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): Jurie Jonse van Rensburg

HOME ADDRESS: 13 lambda Str Mossel Baai

ID NO.: 8202145020081

POSTAL ADDRESS: -

TEL NO (H): - (B): -

CELL NO: 0722463975 FAX NO:

EMAIL: Jurie@Steelpipes mb.co.za

Address where animal will be kept: 13 lambda Str. Mosselbaai

Occupation: Verkoops persoon.

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

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

Reason for wanting animal: Companion.

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? labrador Cross.

Can you afford private fees? Who is your vet? Mosselbaai dierekliniek

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

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

Are all your animals sterilised? Give details YES.

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

Which animals do you still have, and what happened to the others? 1 Dog / Past a way.

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

Full description of the fencing and gate: palisade fence + wall Height: 1.8

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: 9251

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** 30/03/2026

992003000548126

Vet Practice Number *

Cell No. * 0722463975

E-mail * Janie@steelpipesmb.co.za

Title * MR Initials * J Surname * Janse van Rensburg

Street 13 Lambda City

Suburb Area Code MOSSELBAY

Country Province

Phone - Day time Phone - Night time

OWNER DETAILS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

IMPLANT DETAILS

Registration Date * 03 - 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 IEWERS

PET DETAILS

Pet Name WAFFLES Date of birth

Species * CANINE Breed * LAB X

Colour CREAM Markings

Gender Male (Female) Sterilised (Yes) No

ADDITIONAL INFORMATION (NOT COMPULSORY) **MEDICAL**

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

REGISTRATION PROCESS - PLEASE CHOOSE ONE OF THE FOLLOWING OPTIONS FOR REGISTRATION PROCESS

1. On-line — Log onto www.backhome.co.za. Completes the registration process.
2. By fax — Fax this completed form to Backhome on (+27) 222 546 (TOLL FREE) or 011 852 6864
3. By e-mail — Scan and E-mail the completed form to backhome@virbac.co.za or backhome's support external@virbac.co.za
4. By App — Download the Virbac Backhome Africa App