ADOPTION CHECKLIST

ADOPTION NO: MBY9950

CONTRACT NO: MA0253

- [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 992003000548125 11/04/26

Adoptee INFO:

Name & Surname: Mrs Roelfse

Contact INFO: 0732583758

Completed by: _____ Date: 10/04/26

Manager: _____ Date: 10/04/26

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.

992003000548125

Vet Practice Number *

Cell no. * 0732583758

E-mail * octoberlinelle@gmail.com

Title * MRS Initials * L

Surname ROGLESE

Street 64 John Brown

City

Suburb

Area Code EXT 13

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 * 11 - 04 - 2024

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 Name

Date of birth

Species * CANINE

Breed * RIDGEBACK X

Colour BROWN

Markings

Gender (Male) Female

Sterilised (Yes) No

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

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 6864
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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Rayden Raelfse
   - Contact Number: 0747844057
   - 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: _____

Ridge

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): MRS ROELFSE / Lichaan October

HOME ADDRESS: 64 JOHN BROWN STREET, EXT. 13

ID NO.: 8501110079083 / 8507190474088

POSTAL ADDRESS: -

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

CELL NO: 0732583758 FAX NO: -

EMAIL: octoberlinelle@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Vehicle Clerk.

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/(N)

Reason for wanting animal: Companion

Is the animal for yourself? (YES/N)

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/(

What breed of dog or cat are you interested in? Ridgeback X

Can you afford private fees? Yes Who is your vet? Heidevand + Dotsure

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 NONE

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? Passed of old age

Is your property fenced and has a proper gate? Yes Will you chain/ an animal? Never

Full description of the fencing and gate: Proper palisade Height: -

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? -

Pre Home Inspection Fee: R100 Receipt No: 9195

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** 20/3/2026

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
01/03/26	Trivorm		
01/04/26	Trivorm		

Drontel

Exitel Plus

Exitel Plus XL

DEWORMING FOR HAPPIER, HEALTHIER DOGS

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 2026

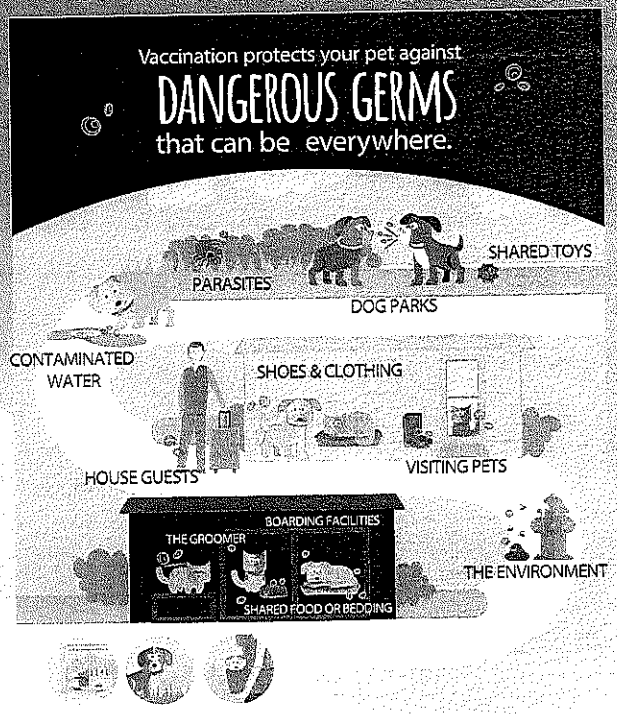
DOCTOR'S NAME Dr. AS. Muller

Garden Route SPCA
P.O. Box 258
George, 6530
Tel: (044) 803 - 0531
PRACTICE STAMP

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

MY OWNER

NAME	Mrs Roelfse
POSTAL ADDRESS	
STREET ADDRESS	64 John Brown Street
	EXT 13
HOME PHONE	
WORK PHONE	
CELLPHONE	0732583758
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	x Breed
COLOUR	Brown
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548125
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
09/03/26	Nobivac® Puppy DP PLUS Batch: A264B01 Exp.: 09-2027	
01/04/26	RABISIN	

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 (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

facebook.com/BravectoSouthAfrica
facebook.com/MsdPetsSA

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No. 96				ADMISSION No. MAY9950		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 19/2/26			Time in 8:00	Date for release		

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked 19/02/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked 19/2/26	Microchip or ID Tag number None

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) E/T	
Breed		Colour and Markings Tan and white	
Condition Fair		Sex ♂	Age 3months
Temperament Friendly		Sterilisation details No	Name (Simba)
Coat S	Tail L / Teeth Condition Fair	Ears Down	Size S
Area found / collected from Glentana			Date 19/02/26
Reason for surrender Stray puppie			

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	No postal				
Tel (W) No num	Tel (W) No num		Cell		
Email					
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~~ die/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: _____

One of the Global One money management products or services

Proof of Account Details

CAPITEC

SkyQR reference: 5657-2b72-7639

Capitec Bank

10/04/2026
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 Linelle Roelfse has the following account(s) at Capitec Bank Limited on 10/04/2026:

Client Details

Name:	Lineile W Roelfse
ID/Passport Number:	8501110079083
Residential Address:	64 John Brown Street, Extension 13, Mossel Bay, 6500
Postal Address:	64 John Brown Street, Extension 13, Mossel Bay, 6500

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	2332314195
Bank Name:	Capitec
Branch Code:	470010
Date Opened:	2024-11-27

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.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
ROELFSE
Names
LINELLE WENDILYN
Sex
F
Nationality
RSA
Identity Number
8501110079083
Date of Birth
11 JAN 1985
Country of Birth
RSA
Status
CITIZEN

Signature

9920030005481 25

ADMISSION NO MBY 9950

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 25.8.25 TIME: 18:00

NAME OF APPLICANT: Mrs Roelofse

ADDRESS: 64 John Brown Street, Ext 13

HOME TEL No: CELL No: 0732583758

ANIMAL(S) ADOPTING: Ridgeback X

SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall Brick		Suitability of fence (i.e. small pets can't escape): 18	
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?	Not
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		Alone			
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Lindani Bingo SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE