MBY 10631

CONTRACT ID: MA0294

- [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 29/04/26
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645689

Adoptee INFO:

Name & Surname: Geordet Myburg

Contact INFO: 071 439 3491

Completed by: _____ Date: 30/04/26

Manager: _____ Date: 30/4/26

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.

9920030006 45689, ADMISSION NO NBY 10631

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 29-4-26 TIME: 16:00

NAME OF APPLICANT: Geardet Myburg

ADDRESS: 18 A Distans, Danabeai

HOME TEL No: CELL No: 071439 3491

ANIMAL(S) ADOPTING: Boxer x Boerboel

SEX: Female AGE: Adult - older

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		Suitability of fence (i.e. small pets can't escape): 2m	
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?	wooden wall
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	/ M.	/	/	/	/
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: Luciano Bizz SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Georget Myburgh
POSTAL ADDRESS	
STREET ADDRESS	18 A Distans,
	Danabaai
HOME PHONE	
WORK PHONE	
CELLPHONE	071 439 3491
BREEDER DETAILS	

ME

SPECIES	Boxer X Boerboel
BREED	Boxer X Boerboel
COLOUR	Brown
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645689
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
28/04/26	Nobivac® DHPPi 352210 R3 Ser.: [illegible] Exp.: 09-JAN-2027; Boehringer Ingelheim RABISIN R. 924507 Lot/Batch: F72195 Ut. av./Exp.: 13/07-2026	[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's 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.

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. Additional Family Member/Friend Details
   - Full Name: Amy Mybergh
   - Contact Number: 068 942 4894
   - Email Address: amymybergh23@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: 30/04/2026

GARDEN ROUTE SPCA MOSSELBAY			
DATE	15/04/2026	ANIMAL NAME	?
KENNEL NUMBER	K18	BREED	Boerboel
CARD NUMBER.	MBY10631	STERILIZED	NO
COLOUR	BROWN	MALE/FEMALE	Female
VACCINATED	NO	AGE	Adult
PROOF OF VACC	NONE	STRAY/SURRENDER	STRAY

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	33.90 kg		
TEMPERATURE	37.9 °		
EARS	NAD	Dirty	
EYES	NAD	Red and infected	
TEETH	NAD		Fair
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		Possible flea allergy, pressure sores.
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS

Given Nexgard Spectra 30:1 - 60kg

Petcam 1.2 ml

Chloramphenicol 1% in both eyes

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	K13			ADMISSION No.	MBY10631	
Stray (circled)	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	15 Apr		Time in	11:30	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes (circled) / No	Lost & Found Date checked	15/04/26
Microchip/Collar or ID tag found	Yes / No (circled)	Date scanned or checked 15/04/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog (circled)	Cat	Other species (Specify)	B13		
Breed	Boxer X.	Colour and Markings	Brown		
Condition	Weak / Injured	Sex	♀	Age	Adult
Temperament	Friendly	Sterilisation details	N.	Name	
Coat	Tail L	Teeth Condition	Ears Down	Size	L.
Area found / collected from	Kwa[illegible]			Date	15/04/26
Reason for surrender	Stray dog found in the main road.				

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	[illegible]	
Residential Address	18 A [illegible], Dana Bay		
Postal Address	No postal		
Tel (H) No num	Tel (W) No num	Cell 071 529 3491	
Email	geo[illegible].art78@gmail.com		
Donation R 500	Cash	Card	EFT	(Receipt No.) 0921

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 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 [signed]	Witness for Society [signed]
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
28/04/26	Triworm O		

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 [signature]

DATE 29.04.2026

DOCTOR'S NAME Dr. E. Senekal

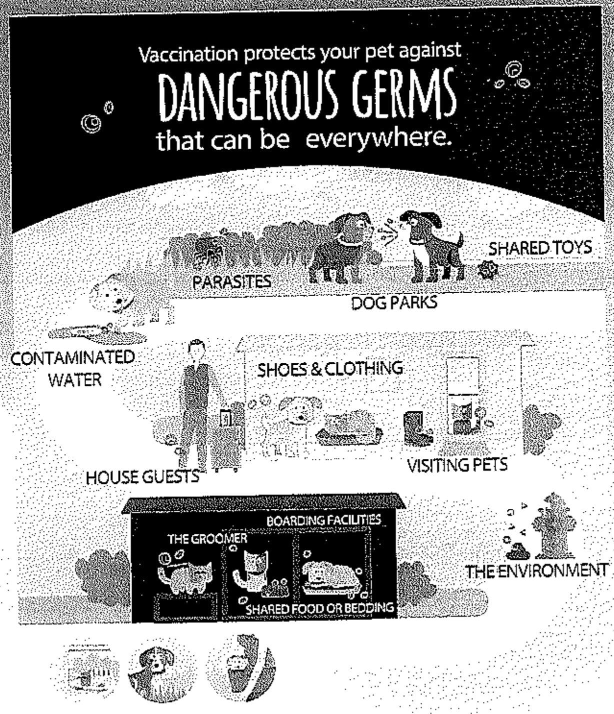
Garden Route SPCA
P.O. Box

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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MYBURGH
Names:
GEORDET
Sex:
F
Nationality:
RSA
Identity Number:
7808270181083
Date of Birth:
27 AUG 1978
Country of Birth:
RSA
Status:
CITIZEN

Signature:

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
29 DEC 2017

105588978

K18-

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): Ms Georde Nyburgh

HOME ADDRESS: 18 A Distons, Dondaai

ID NO.: 7808270181083

POSTAL ADDRESS: Same

TEL NO (H): ______ (B): ______

CELL NO: 071 439 3491 FAX NO: ______

EMAIL: geordetm@ just property

Address where animal will be kept: 18 A Distons

Occupation: Sales Rep

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/NO

Reason for wanting animal: Love animals

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? ______

Can you afford private fees? Sometimes Who is your vet? In Dondaay

How many animals live on the property? DOGS? 2. CATS? ______ OTHERS ______

What are the sexes of your animals? DOGS: Male 1 Female 1 CATS: Male ______ Female ______

Are all your animals sterilised? Give details Dog yes. Girl too young.

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? ______ OTHER? ______

Which animals do you still have, and what happened to the others? n/a.

Is your property fenced and has a proper gate? Yes Will you chain/ an animal? No.

Full description of the fencing and gate: Big enclosed yard Height: 6 feet.

What shelter is provided: OUTDOORS ______ KENNEL ______ OTHER Sleeps in

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

Pre Home Inspection Fee: R100 Receipt No: 9969

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 Geordet Date of application 25/4/26

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000645689

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0711439491

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * geordetm@just.property

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

Title * MS Initials * G Surname * Myburgh

Street 18A Distans City

Suburb Area Code Danabaai

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * - -

Date of Implant * 30 - 04 - 2026

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

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * BOXER X BOERBOEL

Colour BROWN Markings

Gender Male (Female) Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

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

REGISTRATION PROCESS - Please use one of the following option to register on the backhome database

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 6364
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