

ADOPTION CHECKLIST

ADoption CT NO:

MBY 10181

CONTRACT NO:

MA0283



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 June 2026



Copy of Vaccination Record/ Certificate

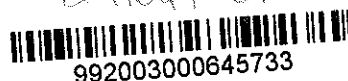


Microchip



Microchip Registration- chip number

29/04/26



992003000645733

Completed by:

[Signature]

Date:

16/04/26

Manager:

[Signature]

Date:

16/4/26

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.

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):

Kgabo Rapelego

HOME ADDRESS:

21 Rendezvous Village, Essenhout Street, 6006

ID NO.:

6110175528081

POSTAL ADDRESS:

PO Box 2860, Mossel Bay, 6006

TEL NO (H):

0827490600

(B):

CELL NO:

0822384180

FAX NO:

EMAIL:

kgabomarcus@yahoo.com

Address where animal will be kept:

21 Rendezvous Village, Essenhout St

Occupation:

Subsea Maintenance Engineer

Do you own or rent your property:

Own

Do you have consent from owner / Body Corporate?

Yes

YES/NO/NI

Are you a student with consent to keep pets:

N/A

Reason for wanting animal:

Pets & to serve as warning/alarm

YES/NO/NI

Is the animal for yourself?

YES/NO/NI

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?

any male dog that still puppy

Can you afford private fees?

Yes

Who is your vet?

One opposite Village on Sea

How many animals live on the property?

DOGS?

0 (zero)

CATS?

0 (zero)

OTHERS

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? 1 (one) CATS? OTHER?

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

Hit by a car

Is your property fenced and has a proper gate?

Yes

Will you chain/ an animal?

No

Full description of the fencing and gate:

Pre-fabricated slaps

Height:

1.8m

What shelter is provided: OUTDOORS

KENNEL

Kennel

OTHER

Have you previously had pets from an SPCA?

Yes

Are there children under 10 in your household?

Yes

Pre Home Inspection Fee:

R100

Receipt No:

9284

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

02 April 2008



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
RAPELEGO
Names
KGABO MARCUS
Sex
M
Nationality
RSA
Identity Number
8110175628091
Date of Birth
17 OCT 1981
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

Issue of card
29 JAN 2018

105855731





992003000645733

Vet Practice Number *

Vet Practice Name *

Vet Practice Address *

Vet Practice Phone *

Cell No. 0822384180

E-mail kgabomarcus@yahoo.com

Title * MR Initials * K

Street 21 Rendezvous VILLAGE

Suburb ESSENHOUT STREET

Country

Phone - Day time

Phone - Night time

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Registration Date *

29 - 04 - 2026

Date of Implant * 15 - 04 - 2026

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip KAY LEWERS

Pet Name

Species *

CANINE

Colour

BROWN + WHITE

Gender

☒ Male

Female

Date of birth

Breed * BOSTON TERRIER X

Markings

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 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 its personal information for marketing purposes and unless expressly stated otherwise, lets Virbac use its personal information being used by _____ and Virbac RSA (Pty) Ltd for the above-mentioned purposes. SIGNATURE _____

I hereby agree to the above conditions and I agree to provide my personal information to Virbac RSA (Pty) Ltd for the above-mentioned purposes.

1. Online

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

2. By fax

Fax this completed form to Back Home on 011 0 222 546 (TOLL FREE) or 011 852 6164

3. By email

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

4. By App

Download the Virbac Backhome Africa App

www.backhome.co.za • Tel: 011 852-6120 or or 011 027 0857 • Fax: 0600 222 546

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Moloko Rapelego
- Contact Number: 0769700711
- Email Address: moloko.vivian@yahoo.co.uk

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: 16/04/2026

MY OWNER

NAME

POSTAL ADDRESS

STREET ADDRESS

HOME PHONE

WORK PHONE

CELL PHONE

Rescue DETAILS

081 805 7555

ME

SEX

DATE OF BIRTH

WEIGHT

COLOUR

FEATHER MARKS

10/01/2026

992003000645733

NEXT VACCINATION DUE

DATE

DATE

25.3.26

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

25.2.26

27.03.26

138.6

10/01/2026

992003000645733



I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

25.2.26

27.03.26

138.6

10/01/2026

992003000645733



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 Act 36/1947), Nobivac® KC (Reg. No. G2804 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3850 Act 36/1947), 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 (praziquantel) 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 144 mg pyrantel embonate) and Fenbendazole 500 mg. Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 500 mg. Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. K12 350			ADMISSION No. MBY10181			
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	9/3/26		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	9/3/26
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	9/3/26	Microchip or ID Tag number	Bone	

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify) B/I			
	Breed	X Breed Boston Terrier	Colour and Markings	Brown/White		
	Condition	Fair	Sex	♀	Age	18 weeks
	Temperament	Friendly	Sterilisation details	No	Name	Lexi
	Coat S	Tail L	Teeth Condition Fair	Ears	Size	S
	Area found / collected from Thornhill					Date 9/03/26
	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	Name	Karin Schrader
Found by		
Residential Address	Windskeep, Benere	
	Str. Thornhill	
Postal Address	No postal	
Tel (H)	Tel (W)	Cell
No num	No num	082 805 7557
Email	No email	
Donation R	Cash	Card
N/A		
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 reverse side."

Hiermee verklaar ek dat ek hierbo beskryf BESIT / NIE BESIT NIE, dat dit 'n RONDLOPER / NIE RONDLOPER NIE is, en dat ek WET / NIE WET 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 first Applicant	Details of second Applicant
Details of third Applicant	

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: _____



992003000645733, ADMISSION NO MBY10181 PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 15/4/26

TIME: 13:33

NAME OF APPLICANT: Kgabo Rapelego

ADDRESS: 21 Rendezvous Village, Essenhout Street

HOME TEL No: CELL No: 0822384180

ANIMAL(S) ADOPTING: Boston Terrier X

SEX: Male AGE: 8 weeks

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	Slaps		
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Suitability of fence (i.e. small pets can't escape):	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☐ / NO ☒	Any sign of Chain/Runner?	YES ☐ / NO ☒
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	If yes, what partitioning?	
Does applicant live at the address?	YES ☒ / NO ☐	Specify:	
		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

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS
 ☒ SMALL DOGS
☒ MEDIUM DOGS
 ☐ LARGE DOGS

INSPECTED BY: Wally Wegener

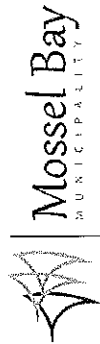
SPCA: MBay SPCA

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	66-017772-003-5
DATE OF ACCOUNT:	23/03/2026
LAST RECEIPT DATE:	22/03/2026
PREPAID METER NUMBER:	04141905846

VAT REG. NO.
Name:
RAPELEGO KM
Street Address:
21 RENDEVOUJ VILLAGE HEIDERAND X29
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	240.00	ERF NUMBER:	17772000	TOTAL VALUATION:	850000	WARD No:	6
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DATE	DETAILS	AMOUNT
20/03/2026	B/F BALANCE	1759.29
20/03/2026	04141905846ELECTRICITY	372.51*
	BASIC	323.93
	VAT/ETW	48.58
20/03/2026	04546986 WATER 27/01/2026-25/02/2026	326.89*
	3846 - 3854 (8 XL 29 Days)	
	BASIC	261.39
	07/25 5.72 @ 0.000 =	0.00
	2.28 @ 10.030 =	22.87
	VAT/ETW	42.63
20/03/2026	300006 REFUSE	320.82*
20/03/2026	400006 SEWERAGE	365.61*
20/03/2026	RATES INSTALLMENT	280.39
	RECEIPTS	1759.00-
	Balance Carried Forward	0.31-
	VAT ON '** ITEMS:	180.71
	ACB TOT:	0.00

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
0.00	0.00	0.00	1666.31	1666.00
PAYMENT MUST BE MADE ON OR BEFORE DUE DATE				1666.00
DUE DATE				15/04/2026

Vou en skour af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500



VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500

(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betaalings Besonderhede

PREDEFINED BENEFICIARY.
Standard Bank MOSSEL BAY MUNICIPALITY
REF NO. 660177720035

Standard Bank

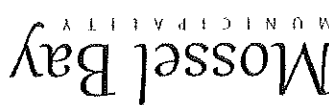
ESSENPAY

pay@

11379 660177720035

Message / Boodskap

Standard Bank is now the Primary banker for the
MOSSEL BAY MUNICIPALITY.
Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the
MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined
beneficiary on the Bank Directory.



RAPELEGO KM
PO BOX 2860
MOSSEL BAY
6500

66-017772-003-5



Fold and tear on perforation.



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0283DATE: 16/04/2016

between

Mosselbay

SPCA

and

8110175528081kgabomarcus@yahoo.comName Kgabo RapelegoAddress 21 Rendezvous Village, Gosenhous Street, HeiderandTelephone Number (H) 0822384180

(B)

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

Animal's Name

Sex

Male

Age

9 weeks

Description

Born & Terred X

On (due date)

June

Adoption Form No.

MA0283

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: [Signature]For SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: _____

Signed: _____

Date: _____