ADOPTION CHECKLIST

ADMISSION NO: MBY 10181

CONTRACT NO: MA0283

- [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 June 2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645733 29/04/26

Adoptee INFO:

Name & Surname: Kgabo Rapelego

Contact INFO: 0822384180

Completed by: _____ Date: 16/04/26

Manager: _____ 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, 6506

ID NO.: 6110175528081

POSTAL ADDRESS: PO Box 2860 Mossel Bay, 6506

TEL NO (H): 0827490600 (B):

CELL NO: 0822384160 FAX NO:

EMAIL: kgabomarcus@yahoo.com

Address where animal will be kept: 21 Rendezvous Village, Essenhout str

Occupation: Subsea Maintenance Engineer

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

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

Reason for wanting animal: Pets & to serve as warning/alarm

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? 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 2021

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
RAPELEGO
Names
KGABO MARCUS
Sex
M
Nationality
RSA
Identity Number
8110175628081
Date of Birth
17 OCT 1981
Country of Birth
RSA
Status
CITIZEN

Signature

Date of Issue
29 JAN 2018

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

105855731

992003000645733

Vet Practice Number *

Vet Practice *

Cell No. 0822384180

E-mail * kgabomarcus@yahoo.com

Title * MR Initials * K Surname RAPELEGO

Street 21 Rendezvous VILLAGE

Suburb ESSENHOUT STREET City

Country Area Code HEIDELBERG

Province

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 Date of birth

Species * CANINE Breed * BOSTON TERRIER X

Colour BROWN + WHITE 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 his personal information for marketing purposes and unless expressly stated otherwise herein, consents to his personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

1 Online 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 6164

3 By e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhomesupportexternal@virbac.co.za

4 By App Download the Virbac Backhome Alive App

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	
CELLPHONE	
Rescue DETAILS	K. SCHRADER. 082 805 7555.

ME

SPECIES	Canine BOSTON TERRIER X JACK RUSSEL
BREED	Boston Ter + J. Russel
COLOUR	TAN & WHITE
SEX	Male ♂
DATE OF BIRTH	10/01/2026
MICROCHIP/TATTOO	992003000645733
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
25.3.26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
25.2.26	384580 R2 Ser.: [illegible] Exp.: [illegible]	138.6 [signature]
27.03.26	352210 R3 Ser.: [illegible] Exp.: 27-APR-2026	[signature]
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD loaded

DBV SPCA Garden Route

KENNEL No. K12 40				ADMISSION No. MBY10181		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 9/23/26		Time in		Date for release		

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	9/23/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	9/23/26	Microchip or ID Tag number	Bone.

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)	B/I.		
Breed	X Breed Boxer cross	Colour and Markings	Brown / White		
Condition	Fair	Sex	♀ ♂	Age	8 weeks
Temperament	Friendly	Sterilisation details	No	Name	Lexi
Coat S	Tail L.	Teeth Condition Fair	Ears	Size	S
Area found / collected from	Annerheim			Date	9/23/26.
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 / Found by	Name	Marin Schrader
Residential Address	Windskip, Benekestr. Annerheim.	
Postal Address	no postal.	
Tel (H) no num	Tel (W) no num	Cell 0823057557.
Email	no 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 reverse 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: _____

9920030006457 33 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: Kgaba 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.		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?	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 Wagenaar SPCA: Mbay SPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Mossel Bay MUNICIPALITY

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 RENDEVOUZ VILLAGE HEIDERAND X29
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
240.00	17772000	850000	6

DATE	DETAILS				AMOUNT
	B/F BALANCE				1759.29
20/03/2026 0414190584	ELECTRICITY				372.51 *
	BASIC			323.93	
	VAT/BTW			48.58	
20/03/2026 04546986	WATER 27/01/2026-25/02/2026				326.89 *
	3846 - 3854 (8 Kl 29 Days)				
	BASIC			261.39	
	07/25	5.72 @ 0.000 =		0.00	
	.	2.28 @ 10.030 =		22.87	
	VAT/BTW			42.63	
20/03/2026 300006	REFUSE				320.62 *
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	DUE DATE	AMOUNT DUE
	15/04/2026	1666.00

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 /Betalings Besonderhede

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

EasyPay >>>>>9152666017772003 55

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.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

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

Mossel Bay MUNICIPALITY

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. MA0283 DATE: 16/04/26

between Mosselbay SPCA

and

Name Kgabo Rapelegae 8110175528081 kgabomarcus@yahoo.com

Address 21 Rendezvous Village, Casablanca Street, Heiderand

Telephone Numbers (H) 0822384180 (B)

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

Animal's Name Sex Male Age 9 weeks

Description Boerboel Herder 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: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____