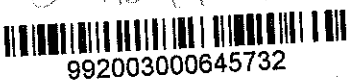
ADOPTION CHECKLIST

ADMISSION NO: MBY 10329

CONTRACT NO: MA0269

- [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 Came in already done
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 991004126



Adoptee INFO:

Name & Surname: Richard Whittaker

Contact INFO: 083633 5553

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.

992003000645732

Vet Practice [illegible]

Vet Practice [illegible]

Cell No. 083633 5553

E-mail richardrhesq@gmail.com

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

Title * MR

Initials * R

Surname WHITTAKER

Street Unit 108

City

Suburb MARSH STREET

Area Code MOSSEL COVE

Country

Province

Phone - Day time

Phone - Night time

[illegible]

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

[illegible]

Registration Date * 29 - 04 - 2026

Date of Implant * 15 - 04 - 2026

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

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name JAVA

Date of birth

Species * CANINE

Breed * COLLIE X

Colour BROWN + WHITE

Markings

Gender Male (circled) Female

Sterilised Yes (circled) No

[illegible]

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

[illegible]

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 abovementioned purposes. SIGNATURE ______________________

[illegible]

1. Online — Log onto www.backhome.co.za. Complete the registration process.

2. By fax — Fax this completed form to back home 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

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. Additional Family Member/Friend Details
   - Full Name: KRISTIN WHITTAKER
   - Contact Number: 079 645 4000
   - Email Address: _____

3. Previous SPCA Adoption
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? NO
   - 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 APRIL 2026

Between 11-12

ADMISSION NO MBY 10329

9920030006455732

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 10/4/26 TIME: 12:05

NAME OF APPLICANT: Richard Whittaker

ADDRESS: Unit 108 Mossel Cove, Marsh Street,

HOME TEL No: CELL No: 083633 5553

ANIMAL(S) ADOPTING: Shetland Collie x

SEX: Male AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		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	DLH				
CONDITION	Fair				
WELFARE (good?)	Good				
SEX & AGE	Female/12	/	/	/	/
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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
24/03/26	Triworm D		

Quantel 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 came in already neutered

DATE 19/03/2026.

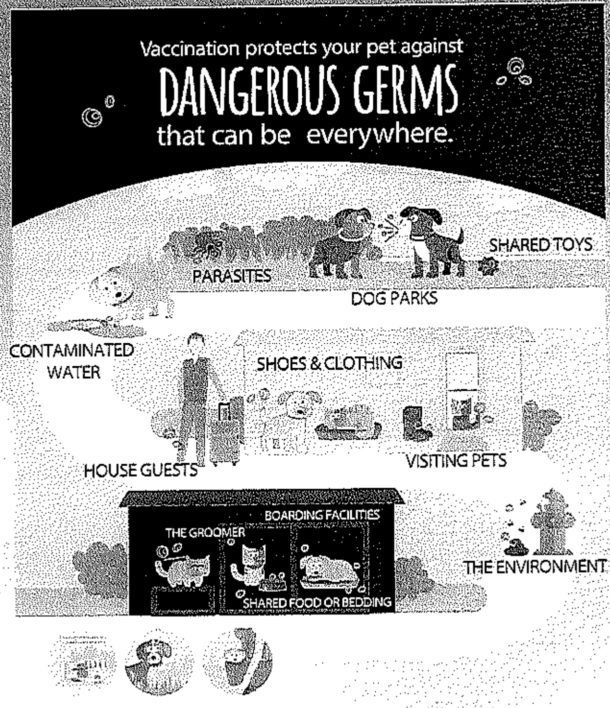
DOCTOR'S NAME AWA

Garden Route SPCA
P.O. Box 258
George, 6530
Ph (044) 693 0824
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

Bill Jeffery Avenue
KwanonQaba
Mosselbay 6506

PO Box 258
George
6530

Cell : 071 658 4832/Office : 044 693 0824
Emergency No : 072 287 1761

Consulting Hours

Mon - Fri : 09:00 - 16:00
Saturday : 09:00 - 11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

KENNEL No. K 17 34				ADMISSION No. MRY 1 0329		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 19/3/26		Time in	15:56	Date for release		

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	Yes / No	Lost & Found Date checked	19/3/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	
Microchip or ID Tag number	none		

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) 30 km	
Breed	Border Collie X	Colour and Markings	White
Condition	Good	Sex	F M	Age	2-3yrs
Temperament	Friendly	Sterilisation details	Yes	Name	Coco
Coat	M	Tail	L	Teeth Condition	Ears D	Size	Med
Area found / collected from	Greenhaven			Date	19/3/26
Reason for surrender	too many				

ASSESSMENT

GOOD WITH:	Yes	No
Children	✓	
Cats		
Other Dogs	✓	
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		✓
Run Away		✓

COMMENTS:

Surrendered by / Found by	X	Name	R Deyzel		
Residential Address	59 Waterson				
	Green Haven				
Postal Address	None				
Tel (H) none	Tel (W)	Cell			
Email	none				
Donation R none	Cash	Card	EFT	(Receipt No.)	None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

I 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 1st Applicant	Details of third Applicant

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

I.D.No. 5009095191810

NIE S.A.BURGER/NON S.A.CITIZEN

VAN/SURNAME

WHITTAKER

VOORNAME/FORENAMES

RICHARD

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

ENGLAND

GEBOORTEDATUM/
DATE OF BIRTH

1950-09-09

DATUM UITGEREIK
DATE ISSUED

1998-12-18

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE
ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

BI 2

KENNISGEWING VAN ADRESVERANDERING

1. Hou vorm vir KENNISGEWING VAN ADRESVERANDERING in hierdie sakkie vir aanmelding van 'n adresverandering of van verandering van besonderhede van u huidige adres, bv straat naam en/of -nommer, ens.

2. Dien in by of pos aan die naaste streek-distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in the particulars of your present address, e.g. name of street and/or street number, etc.

2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	58-014928-019-1
DATE OF ACCOUNT:	23/03/2026
LAST RECEIPT DATE:	22/03/2026
PREPAID METER NUMBER:	

VAT REG. NO.
Name:
WHITTAKER R
Street Address:
108 MOSSEL COVE MOSSELBAAI
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	0.00	ERF NUMBER:	4928000/108	TOTAL VALUATION:	1650000	WARD No:	8

DATE	DETAILS	AMOUNT
	B/F BALANCE	1276.16
20/03/2026 300008	REFUSE	320.62 *
20/03/2026 400008	SEWERAGE	365.61 *
20/03/2026	RATES INSTALLMENT	589.79
	RECEIPTS	1276.00-
	Balance Carried Forward	0.18-

VAT ON '*' ITEMS: 89.50 ACB TOT: 0.00

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	0.00	1276.18	1276.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/04/2026	1276.00

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. 580149280191

EasyPay >>>>>9152658014928019 14

pay@

11379 580149280191

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

WHITTAKER R
108 MOSSEL COVE
1 MARSH STREET
MOSSEL BAY
6506

58-014928-019-1

Fold and tear on perforation.

Tania

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): RICHARD WHITTAKER

HOME ADDRESS: UNIT 108 MOSSEL COVE MARSH STREET

MOSSEL BAY ID NO.: 0836335553

POSTAL ADDRESS: 5009009501 6180

TEL NO (H): 0836335553 (B): —

CELL NO: — FAX NO: —

EMAIL: richardrhesq@gmail.com

Address where animal will be kept: UNIT 108 MOSSEL COVE MARSH ST MOSSEL BAY

Occupation: RETIRED

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: YES/NO

Reason for wanting animal: Company

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? Collie X

Can you afford private fees? Yes Who is your vet? Vital vet

How many animals live on the property? DOGS? 0 CATS? 1 OTHERS 0

What are the sexes of your animals? DOGS: Male 0 Female 1 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 1 OTHER? —

Which animals do you still have, and what happened to the others? 1 cat left, dogs passed of old age

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

Full description of the fencing and gate: Clearview Height: 6 Ft

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: 9274

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** 02/04/26

JAVA

Please attach a copy of the veterinary certificate that your pet has been spayed/ neutered/ inoculated.

Rules and Regulations:

1. All pets on the premises must be registered with the Body Corporate.
2. No pets are permitted to roam loose on any portion of the common property.
3. Faeces must be cleaned up immediately by the Owner/ Occupant.
4. Dogs' barking/crying/yelping must not become a nuisance at any time.
5. Dogs must be attached to a lead, held by a responsible person, when on the common property.
6. The Trustees reserve the right to withdraw pet approval in the event of receiving any valid complaints.
7. Pets to wear a collar and identity tag, stating their unit number, at all times.

I/We RICHARD WHITAKER acknowledge that consent will need to be granted for my/~~our~~ pet to be kept on the premises, and agree to abide by the Rules and regulations as laid out by the Trustees.

SIGNED: _____ DATED: 10 MARCH 2026

15/04/2026

On behalf of Mossel Cove Trustees