ADOPTION CHECKLIST

ADMISSION NO: MBY 9867

CONTRACT NO: MA0276

- [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
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 29/04/26 992003000645737

Adoptee INFO:

Name & Surname: Pieter Labuschagne

Contact INFO: 0833779126

Completed by: _____ Date: 14/04/26

Manager: _____ Date: 14/4/26

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): Pieter Labuschagne

HOME ADDRESS: 18 Queen Street, Bergsig, George

ID NO.: 571024 5098 081

POSTAL ADDRESS: AS ABOVE

TEL NO (H): N/A (B): N/A

CELL NO: 0833779126 FAX NO: N/A

EMAIL: labuschagnes154@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Retired

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: Having a pet is comforting, I had cats in the past and they played a huge roll in my mental health.

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 cat

Can you afford private fees? Yes Who is your vet? Dr Crafford, Groenbrak

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 Have none

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 0 OTHER?

Which animals do you still have, and what happened to the others? none

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

Full description of the fencing and gate: Fully fenced Height: 1.6 M.

What shelter is provided: OUTDOORS KENNEL OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No:

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 P Labuschagne **Date of application** 24/03/2026

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Sandra Labuschagne
   - Contact Number: 060 869 4742
   - Email Address: labuschagne5154@gmail.com

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: 15/04/2026

MY OWNER

NAME: Peter Labuschagne

POSTAL ADDRESS:

STREET ADDRESS: 18 Queen Street, Bergsig, George

HOME PHONE:

WORK PHONE:

CELL PHONE: 0833779126

BREEDER DETAILS:

ME

SPECIES: Feline

BREED: DSH

COLOUR: Tabby

SEX: Female

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000645737

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
04/02/26	375275 R2 Ser: 0207476C Exp: 10-MAR-2027	
04/03/26	375275 R2 Ser: 0207486A Exp: 10-MAR-2027	
01/04/26	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F72195 Ut. av./Exp.: 13/07-2026	

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/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

ADMISSION NO MBY 9867

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 10 April 2026 TIME: 10:00

NAME OF APPLICANT: Dr Pieter Labuschagne

ADDRESS: 18 Queen Street, Bergsig, George

HOME TEL No: CELL No: 0833779126

ANIMAL(S) ADOPTING: DSH - Tabby - "Brie"

SEX: Female AGE: 6 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall (Bricks)		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?	Wooden fence
Any hazards? (pool, rubble, razor wire, etc)	YES ☒ / NO ☐	Specify: Pool	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	None

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED		No animals			
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Nice property. Owner to be advise that cat should stay indoors for couple days/weeks. Home based care workers will look after cat and also other patients on property.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☒ LARGE DOGS

INSPECTED BY: Henco Pypes SPCA: George SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

loaded

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

KENNEL No.	450-9 CB4 C5			ADMISSION No.	MBY9867	
Stray	~~Surrender~~	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	3.2.26	none	Time in	14:08	Date for release	

IDENTIFICATION & LOST AND FOUND

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

DESCRIPTION & HISTORY

Dog	~~Cat~~	Other species (Specify)	S2Km
Breed	DSH+4 Cats	Colour and Markings	Multi Colours Tabby
Condition	good	Sex	♀ ♂	Age: adult
Temperament	ok	Sterilisation details: none	Name: none BRIE
Coat: Short	Tail: long / Teeth Condition: good	Ears: up	Size: Large/med
Area found / collected from	Sedgefield		Date 3.02.26
Reason for surrender	too many		

ASSESSMENT

GOOD WITH:	Yes	No
Children	0	
Cats	0	
Other Dogs	0	
Livestock/Other	0	
DO THEY:	Yes	No
Jump Fences		0
Run Away		0

COMMENTS:

Surrendered by / Found by	Name	Sonja Blonder
Residential Address	5 Eureka str, Eureka Park Great brak river	
Postal Address		
Tel (H): none	Tel (W): none	Cell: none
Email		
Donation R: none	Cash / Card / EFT	(Receipt No.) none

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: Luciano

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	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: ______

EDEN BOUTIQUE
ASSISTED LIVING & HOME CARE
321-832 NPO | 082 828 1618| EDENASSISTEDLIVING5@GMAIL.COM

Aan wie dit mag aangaan

Hiermee bevestig ek dat Dr Labuschagne woonagtig is by die volgende adres :

18 Queen st, Bergsig
George
Wes Kaap

J S Venter
Eden Boutique Assisted Living
082 828 1618

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
LABUSCHAGNE
Names
PIETER MATTHEUS BRINK
Sex
M
Nationality
RSA
Identity Number
5710245098081
Date of Birth
24 OCT 1957
Country of Birth
RSA
Status
CITIZEN

Signature

992003000645737

Vet Practice Number

Cell no.: 0833779126

Email: labuschagne5154@gmail.com

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

Title * MR	Initials * P	Surname * LABUSCHAGNE
Street 18 Queen STR.		City
Suburb		Area Code Bergsig - George
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 * 09 - 04 - 2024

Date of Implant * 09 - 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 * FELINE	Breed * DSH
Colour TABBY	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 hereby 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 Back Home on 0800 222 546 (TOLL FREE) or 011 852 6564
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

www.backhome.co.za • Tel: 011 852-8120 or 011 027 8887 • Fax: 0800 222 546

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details LINDA SAAYMAN
   - Full Name: PATRICK SAAYMAN
   - Contact Number: 0827488580
   - Email Address: SAAYMANPAT@GMAIL.COM
     Saaymanpatt@gmail.com.

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: 10/4/2026