

ADOPTION CHECKLIST

ADMISSION NO:

MBY 9867

CONTRACT NO:

MA0276



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 Done



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number

29/04/26



992003000645737

Completed by:

[Signature]

Date: 14/04/26

Manager:

[Signature]

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: 0833 779126 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 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 YES

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/NO NO

What breed of dog or cat are you interested in? Any cat

Can you afford private fees? Yes Who is your vet? Dr Crofford, 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? 0

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.

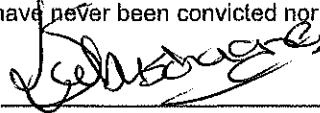
What shelter is provided: OUTDOORS 0 KENNEL 0 OTHER Indoors

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  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: labuschagne2554@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,

Burgess, George

HOME PHONE

WORK PHONE

CELL PHONE 0833779136

BREEDER DETAILS

ME

SPECIES Feline

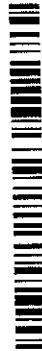
BREED OSH

COLOUR Tabby

SEX Female

DATE OF BIRTH

CHIPPING/TATTOO



992003000645737

FEATURES/MARKS

NEXT VACCINATION DUE

DATE

DATE

DATE

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE

04/02/26



[Signature]

04/03/26



[Signature]

01/04/26



[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 Act 36/1947), Nobivac[®] KC (Reg. No. G2504 Act 36/1947), Nobivac[®] Canine-1 DAPPV (Reg. No. G3802 Act 36/1947), Nobivac[®] Feline-HCP (Reg. No. G3880 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 (isoquinoline) 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 504 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 150 mg, Bravecto[®] (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

I WAS VACCINATED ON

DATE

VACCINE AND BATCH NO.

VET SIGNATURE



99 2003 0006 45737, 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: 0833 779 126

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

SEX: Female AGE: 6 yrs

PRE-HOME INSPECTION:**PROPERTY DESCRIPTION**

Type and height of fence: <u>Nail (bricks)</u>	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?	<u>Warden fence</u>
Any hazards? (pool, rubble, razor wire, etc)	YES ☒ / NO ☐	Specify: <u>Pool</u>	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	<u>None</u>

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED		<u>No</u>	<u>animals</u>		
CONDITION					
WELFARE (good?)					
SEX & AGE	<u>1 R.</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
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 week.
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 DOGSINSPECTED BY: Hertco PysSPCA: George

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded



Garden Route

KENNEL No. <u>450-9 CB4 C5</u>				ADMISSION No. <u>MBY9867</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>3.2.26</u>	<u>none</u>	Time in	<u>14.00</u>	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	<u>none</u>	Microchip or ID Tag number	<u>none</u>	

DESCRIPTION & HISTORY	Dog	<u>cat</u>	Other species (Specify)	<u>52km</u>
	Breed	<u>Siamese Cats</u>	Colour and Markings	<u>Multicoloured Tabby</u>
	Condition	<u>good</u>	Sex	<u>♀ ♂</u>
	Temperament	<u>good</u>	Sterilisation details	<u>none</u>
	Coat	<u>short</u>	Tail	<u>long</u>
	Teeth Condition	<u>good</u>	Ears	<u>up</u>
	Area found / collected from	<u>8/2/2013</u>	Date	<u>3.2.26</u>
	Reason for surrender	<u>Too noisy.</u>		

ASSESSMENT		Surrendered by		Name		<u>Sonya Stander</u>
GOOD WITH:		Found by				
Children	☒ Yes ☐ No	Residential Address		<u>5 Eureka Str, Eureka Rd</u>		
Cats	☒			<u>Greatbank River</u>		
Other Dogs	☒	Postal Address				
Livestock/Other	☒	Tel (H)		<u>none</u>	Tel (W)	<u>none</u>
DO THEY:	☒ Yes ☐ No	Cell		<u>none</u>		
Jump Fences	☒	Email				
Run Away	☒	Donation R		<u>none</u>	Cash	Card
COMMENTS:		EFT		(Receipt No.) <u>none</u>		

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: 11100

STATEMENT OF SURRENDER

I do hereby certify that DO NOT own the animal/s described above, that it IS / IT IS NOT a stray and 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 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 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 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

5710245099081

Date of Birth

24 OCT 1957

Country of Birth

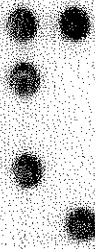
RSA

Status

CITIZEN



Signature





992003000645737

Vet Practice Number

Vet Practice Name

Vet Practice Address

Vet Practice Phone

Referral: 0833779126

Email: labuschagne5154@gmail.com

Title: MR

Initials: P

Surname: LABUSCHAGNE

Street: 18 Queen Str.

City

Suburb

Area Code: Bergsig - George

Country

Province

Phone - Day time

Phone - Night time

Registration

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Registration

Registration Date: 29 - 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 LEWERS

PET DETAILS

Pet Name

Date of birth

Species: FELINE

Breed: DSH

Colour: TABBY

Markings

Gender: ☒ Male ☐ Female

Sterilised: ☒ Yes ☐ No

ARE YOU A KUSA REGISTERED MEMBER?

Medical Conditions

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 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 his personal information for marketing purposes and unless expressly stated otherwise hereby consents to his personal information being used by _____ and Virbac RSA (Pty) Ltd for the above-mentioned purposes. SIGNATURE:

How to register your pet: Log onto www.backhome.co.za, complete the registration process.

1. On-line

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

2. By fax

Fax this completed form to Back Home on 011 222 546 (TOLL FREE) or 011 852 6664

3. By email

Scan and Email the completed form to backhome@virbac.co.za or backhome.support@extensig.co.za

4. By App

Download the Virbac Backhome Africa App

www.backhome.co.za Tel: 011 852-8120 or 011 077 0897 Fax: 0800 222 546

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- LINDA SAAYMAN
- Full Name: PATRICK SAAYMAN
 - Contact Number: 087 4788580
 - 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: 10/4/2020