ADOPTION CHECKLIST

ADMISSION NO: MB / 9724

CONTRACT NO: MA0260

- [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 ~~Date~~ Done 21/04/26
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 29/04/26. 992003000645736

Adoptee INFO:

Name & Surname: Sylwia Galpin

Contact INFO: 0607377702

Completed by: _____ Date: 13/04/26.

Manager: _____ Date: 13/4/26

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.

Gerald.

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): Sylvia Golpin

HOME ADDRESS: 12A ALBERTINIA, Klein Brak

ID NO.:

POSTAL ADDRESS:

TEL NO (H): 0607377702 (B):

CELL NO: FAX NO:

EMAIL: sylvia24@icloud.com

Address where animal will be kept: Same as Home address

Occupation: OFFICE 1

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

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

Reason for wanting animal: Brother For Lady 11

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?

Can you afford private fees? yes Who is your vet? Croft Animals Hospital

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

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

Are all your animals sterilised? Give details yes

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

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

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

Full description of the fencing and gate: Beton Height:

What shelter is provided: OUTDOORS KENNEL OTHER indoor

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:

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** 26.03.2

992003000645736

Vet Practice Number *

Cell No. * 0607377702

E-mail * sylwia24@icbud.com

Title * MRS Initials * S Surname GALPIN

Street 12 A ALBERTINIA ROAD City

Suburb Area Code KLEINBRAK

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 *

Date of Implant * 10 - 04 - 2026

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip KAY LEVERS

Pet Name Jeff. Date of birth

Species * CANINE Breed * XBREED

Colour BROWN 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 stating 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. Completes the registration process.
2. By fax	Fax the completed form to Back Home 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 backhome.europlant.extern@virbac.co.za
4. By App	Download the Virbac Backhome Alpha App

9920030006457 36 ADMISSION NO MBY 9724

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 30/03/26 TIME: 11:54

NAME OF APPLICANT: Sylwia Galpin

ADDRESS: 12 B Albertinia, Kleinbrak

HOME TEL No: CELL No: 0607377702

ANIMAL(S) ADOPTING: X Breed

SEX: Male AGE: 3-4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick wall/Fibreglass		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	X Breed				
CONDITION	good				
WELFARE (good?)	Good				
SEX & AGE	~~Female~~ Males	1	1	1	1
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: Kar SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: COLIN GALPIN
- Contact Number: 082 788 0106
- Email Address: colin.galpin@icloud.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: 13.04.2026

UK DRIVING LICENCE

1. GALPIN
2. MRS SYLWIA

3. 24.02.1989 POLAND
4a. 10.09.2025 4c. DVLA
4b. 09.09.2035
5. GALPI852249S99DN 15
7.

8. 27 KING EDGAR CLOSE, ELY, CB6 1DP

9. AM/B/BE/fkg

13.

9.		10.	11.	12.
AM		08.10.15	23.02.59	01,122
A1				
A2				
A				
B1				
B		08.10.15	23.02.59	01
C1				
C				
D1				
D				
BE		16.12.21	23.02.59	01
C1E				
CE				
D1E				
DE				
fkg		08.10.15	23.02.59	01,122

1. Name 2. First name 3. Date and place of birth
4a. Date of issue 4b. Date of expiry 4c. Issued by
5. Licence number 10. Valid from 11. Valid to 12. Codes

12. 115

FD85142000

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
09/08/26			

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL
DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months up until 6 months of age are very important for keeping me healthy!

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 conditions in 2 and 3 were met before the intended movement.

DATE

VETERINARIAN'S NAME

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 01.04.2026

DOCTOR'S NAME Dr. AS. Muller

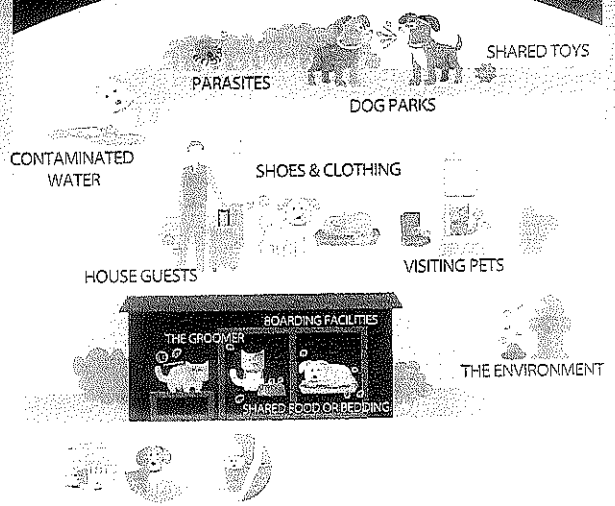
Garden Route SPCA
P.O. Box 253
George, 6530
Ph (044) 893 - 0824
PRACTICE STAMP

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

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16.00
Saturday: 09:00 - 11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request euthana
Date in			Time in		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		Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed		Colour and Markings		
Condition		Sex	Age	
Temperament		Sterilisation details	Name	
Coat	Tail	Teeth Condition	Ears	Size
Area found / collected from			Date	
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			
Residential Address					
Postal Address					
Tel (H)	Tel (W)	Cell			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

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

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 / BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER** is en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek ook vrywillig afstand van alle belange daarin, indien enig gunste van die DBV en ek versoek dat die dier hanteer word wat die DBV goed ag. Daar word uitdrukiik ooreengekom d die DBV nog sy amptenare, en werknemers enige verpli het, teenoor my ten opsigte van die hantering van die dier bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sie 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: _____