ADOPTION CHECKLIST

ADOPTION NO: MBY 9915

CONTRACT NO: MA 0274

- [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
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645779 29/04/26.

Adoptee INFO:

Name & Surname: Quintin McDillon

Contact INFO: 0780503077

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. Additional Family Member/Friend Details
   - Full Name: Helen McDillon
   - Contact Number: 083 417 6758
   - 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: _____

992003000645779

Vet Practice Number

Cell No.: qmcdillon@gmail.com

Email: 0780503077

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

Title * MR | Initials * Q | Surname McDillon

Street 23 Stinkhout Str | City

Suburb | Area Code Heideland

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 * 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 IEVERS

PET DETAILS

Pet Name | Date of birth

Species * CANINE | Breed * WIREHAIR

Colour BLACK + 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 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 backhome on 0510 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

K2a.

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): Mr Quintin McMillan

HOME ADDRESS: 23 Stinkhout Str, Heidelrand

ID NO.: 8303065750088

POSTAL ADDRESS: 23 Stinkhout Str, Heidelrand

TEL NO (H): _____ (B): _____

CELL NO: 0780503077 FAX NO: _____

EMAIL: qmcmillan@gmail.com

Address where animal will be kept: 23 Stinkhout Str, Heidelrand

Occupation: Manager

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: Had Pets all along

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? None

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

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

Are all your animals sterilised? Give details N/A

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: Vibracrete & gates Height: 1.6m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER ✓

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: 9901

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** 9 April 202

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MC DILLON
Names:
QUENTIN BETRAM
Sex:
M
Nationality:
RSA
Identity Number:
8303065150083
Date of Birth:
06 MAR 1983
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:
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

Date of Issue:
17 APR 2019

110466427

9920030006457 79 ADMISSION NO MBY 9915

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 15/4/26 TIME: 13:20

NAME OF APPLICANT: Quintin McDillon

ADDRESS: 23 Stinkhour Street, Heiderand

HOME TEL No: CELL No: 0780503077

ANIMAL(S) ADOPTING: Wirehair

SEX: Female AGE: 9 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Bricks & 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: M.Bay SPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No. K26 B27				ADMISSION No. MBY9915		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 09/02/26			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	09/02/26
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	09/02/26	Microchip or ID Tag number	NONE

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Shnauzer X		Colour and Markings Black + White	
Condition	Fair		Sex ♀	Age 5 days old
Temperament	Fair		Sterilisation details NO	Name
Coat S	Tail L	Teeth Condition None	Ears Down	Size Small
Area found / collected from	Erfpag Farm			Date 09/02/26
Reason for surrender	Too many dogs, brought in on 06/02			

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	Patrick P May
Residential Address	Erfpag Farm		
Postal Address	N/A		
Tel (H) N/A	Tel (W) N/A	Cell 0636938686	
Email	N/A		
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: Wally

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 Refer to MBY 9813	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: _____

MY OWNER

NAME	Quintin McDillon
POSTAL ADDRESS	
STREET ADDRESS	23 Stinkhaar Street
	Heiderand
HOME PHONE	
WORK PHONE	
CELL PHONE	0780503077
PREFERRED VET/CLINIC	

ME

SPECIES	CANINE
BREED	WIREHAIR x
COLOUR	BLACK & WHITE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645779
ADDITIONAL MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
21/04/2026		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
24/03/26	Nobivac® Puppy DA PiL Batch: A264B01 Exp.: 09-2027	

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 (isoqinoline) 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

GARDENROUTE Spca Mosselbay

From: Quintin Mc Dillon <qmcdillon@gmail.com>
Sent: Thursday, 16 April 2026 15:46
To: receptionm@grspca.co.za
Subject: Fwd: Stinkhout street 23 Heiderand - Statement - 16 April 2026.pdf

Account Statement

Stinkhout street 23 Heiderand

01 February 2026 to 30 April 2026

Mr Quentin Betram Mc Dillon

Stinkhout street 23
Helderand
Mossel Bay
Western Cape
6506

Created on 16 April 2026

Date	Ref	Description	VAT
2026-02-01		Opening balance brought forward	
2026-02-01	49727095	Rent for February 2026	0.00
2026-02-01	49747357	Handling fee	19.57

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0274 DATE: 16/04/26

between Mosselbay SPCA

and 8303065750088
qmcdillon@gmail.com

Name Quintin McDillon

Address 23 Stinkhout Street, Hartenbrand

Telephone Number: (H) 0780502077 (B)

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

Animal's Name Sex Female Age 9 weeks

Description Tortoise X

On (due date) June Adoption Form No. MA0274

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: _____