ADOPTION CHECKLIST

ADMISSION NO: MBY9913

CONTRACT NO: MA0278

- [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 16/04/26
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 29/04/26. 992003000645777

Adoptee INFO:

Name & Surname: Irene Brehem

Contact INFO: 062 770 6331

Completed by: _____ Date: 17/04/26

Manager: _____ Date: 17/4/26

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.

Harper

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): Mrs IS Brehem

HOME ADDRESS: 9P Scarta Street, DunnBAY

ID NO.: 6907200299089.

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 062-770 6331 FAX NO:

EMAIL: brehem.ireme@gmail.com

Address where animal will be kept:

Occupation: Retired.

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

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

Reason for wanting animal: We have another male dog & would like to adopt Harper.

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? Dog

Can you afford private fees? Yes Who is your vet? Dana Bay Veternairy Cl

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

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? 1

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

Full description of the fencing and gate: Wall + Fence Height: ?

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? N

Pre Home Inspection Fee: 100-00 Receipt No: 9908

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** 10/4/20

9920030006457 77 ADMISSION NO MBY 9913

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 15/4/26 TIME: 11:40

NAME OF APPLICANT: Mrs IS Brehem

ADDRESS: 9 P Scarta Street, Danabay

HOME TEL No: CELL No: 062 770 6331

ANIMAL(S) ADOPTING: Terrier

SEX: Female AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 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?	
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	Maltese				
CONDITION	Good				
WELFARE (good?)	Fair				
SEX & AGE	Male / 4years	/	/	/	/
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

6.4 KB

loaded

DBV SPCA Garden Route

KENNEL No. K26 1829				ADMISSION No. MBY9813		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	09/01/26		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	none
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	none	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Schnauzer		Colour and Markings	Cream + white
Condition	Fair		Sex ♀	Age Adult
Temperament	Fair		Sterilisation details NO	Name
Coat Stem	Tail long	Teeth Condition Fair	Ears up	Size M
Area found / collected from	Erfprag Farm			Date 09/01/26
Reason for surrender	Too many dogs. Brought in 06/02, Puppies born on 04/02.			

ASSESSMENT

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

COMMENTS:

Surrendered by / Found by	X	Name	Patrick P Hugo		
Residential Address	Erfprag Farm				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 063 613 3686			
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~~ / **I DO NOT** own the animal/s described above, that **IT IS** / ~~IT IS NOT~~ a stray and ~~I DO~~ / **I 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 MBY9813	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	Irene Brehem
POSTAL ADDRESS	
STREET ADDRESS	9 B Scaita Street
	Darabay
HOME PHONE	
WORK PHONE	
CELL PHONE	062 770 6331
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	WIREHAIR X
COLOUR	CREAM+ WHITE
SEX	Female
DATE OF BIRTH	
MICROCHIP #	992003000645777
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
24/03/26	352210 R3	

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/BravectoSouthAfr
facebook.com/MsdPetsSa

BELANGRIKE KENNISGEWING

Hierdie rekening word ooreenkomstig die Raad se toepaslike beleid gelewer.

SPERDATUM:

Rekeninge is betaalbaar wanneer gelewer. Die sperdatum op die rekening is slegs van toepassing op die lopende rekening en nie op die agterstallige gedeelte van die rekening nie. Bedrae wat onvereffen is na die vervaldatum is agterstallig en die dienste kan opgeskort word sonder verdere kennisgewing.

METODES EN PLEKKE VAN BETALING:

1. POSORDERS moet gekruis en aan Mosselbaai Munisipaliteit betaalbaar gemaak word.
2. Betalings sal eerstens toegewys word na die oudste skulde(ongeag watter tipe diens), waarna dit in voorafbepaalde prioriteitsvolgorde toegewys sal word.
3. **Betalings kan soos volg gemaak word:**

3.1 by enige van die MUNISIPALE KANTORE Maandae tot Vrydae (vakansiedae uitgesluit) 08:00 tot 15:30 (Mosselbaai kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nonqaba kantore).

3.2 by enige PICK n PAY, SHOPRITE, CHECKERS of SPAR winkel. Let wel dat minstens 48 uur toegelaat moet word vir die verwerking van alle derde party betalings.

3.3 deur direkte BANK- en/of ELEKTRONIESE BETALINGS by **STANDARD BANK** waar Mosselbaai Munisipaliteit as begunstigde gegee word. U rekeningnommer moet as verwysing gebruik word.

3.4 deur outomatiese BANKAFTREKKINGS. Vorms hiervoor is beskikbaar by enige van die Munisipale kantore.

RENTE:

Rente sal ingevolge die Raad se beleid op agterstallige bedrae gehef word.

OPSKORTING VAN DIENSTE:

Die toevoer van dienste mag, indien enige bedrag na die sperdatum verskuldig is, sonder verdere kennisgewing opgeskort word. Die deposito sal terselfdertyd hersien word en toeslag, soos van tyd tot tyd deur die Raad bepaal, sal bygevoeg word ongeag of die toevoer fisies gestaak is al dan nie.

REKENINGE:

Indien geen rekening ontvang is teen die 10de van 'n maand nie, moet 'n afskrif vanaf die Munisipaliteit aangevra word. Die rekening moet te alle tye getoon word wanneer 'n betaling gemaak word.

BEËINDIGING VAN DIENSTE:

Wanneer 'n perseel ontruim word moet die vertrekkende verbruiker die Munisipaliteit minstens 15 dae vooraf skriftelik kennis gee. Versuim hiervan sal tot gevolg hê dat die persoon aanspreeklik bly vir kostes gehef tot datum wat die kennisgewing ontvang en verwerk is.

VOORAFBETAALDE KRAG:

Waar 'n voorafbetaalde elektrisiteit meter in gebruik is en enige van die ander dienste op die perseel agterstallig is, sal slegs eenhede vir 'n gedeelte van die bedrag, wat aangebied word, uitgereik word terwyl die res van die bedrag teen die uitstaande rekening verdiskonteer sal word. (Die persentasie verdeling word van tyd tot tyd deur die Raad bepaal)

IMPORTANT NOTICE

This account has been rendered in terms of Council's relevant policies.

DUE DATE:

Accounts are payable when rendered. The due date on the account is applicable on the current portion of the account and not the arrear portion Amounts, which remain unpaid after the due date, are in arrears and serv may be suspended without any further notice.

METHODS AND PLACES OF PAYMENT:

1. POSTAL ORDERS must be crossed and be made payable to Mossel Municipality.
2. Payments will always be appropriated to the oldest account (notwithstanding the kind of service), where after it will be appropri in order of a predetermined priority.
3. **Payments can be made:**

3.1 at any of the MUNICIPAL OFFICES from Mondays to Fridays (pub holidays excluded) 08:00 to 15:30 (Mossel Bay Office) and 08:00 to 15:00 (Great Brak River, Hartenbos, D'Almeida and Kwa Nonqaba offices).

3.2 at any PICK n PAY, SHOPRITE, CHECKERS and SPAR shop. Please note that at least 48 hours should be allowed for processing o third party payments.

3.3 by direct BANK - and/or ELECTRONIC PAYMENTS to **STANDARD BANK** using Mossel Bay Municipality as beneficiary Your Municipal account number must be used as the reference numl

3.4 by way of an automatic debit order. These forms are available at any the Municipal Offices.

INTEREST:

Interest will be levied on arrear accounts in terms of Council's policy.

SUSPENSION OF SERVICES:

The supply of services may be disconnected without any notice, if any am is due after the expiry date. The deposit will simultaneously be revised a surcharge, as determined by council from time to time, will be added wh the supply had been physically disconnected or not.

ACCOUNTS:

If no account has been received by the 10th of a month, a copy shoul obtained from the Municipality. The account must at all times be prod when payments or enquiries are made.

TERMINATION OF SERVICES:

When premises are vacated, the consumer leaving such premises must the Municipality 15 day's written notice prior to leaving. Failing to do s will result in this person being held liable for any levies until the date written notice is received.

PRE-PAID ELECTRICITY:

Where a pre-paid electricity meter is in use and any of the other servic the property is in arrears, only units to the value of a portion of the am tendered will be issued, the rest of the amount will be allocated to the a account. (The percentage of the division will be as determined by Council from time to time)

Passport / Passeport

REPUBLIC OF SOUTH AFRICA / REPUBLIQUE D'AFRIQUE DU SUD

Type / Type
PA

Country code / Code du pays
ZAF

Passport No. / No du passeport
A08491812

Surname / Nom
BREHEM

Given names / Prénoms
IRENE SAMANTHA

Nationality / Nationalité
SOUTH AFRICAN / SUD-AFRICAINE

Date of birth / Date de naissance
20 JUL 1969

Identity No. / No d'identité
6907200299089

Sex / Sexe
F

Place of birth / Lieu de naissance
ZWE

Date of issue / Date de délivrance
07 MAY 2019

Authority / Autorité
DEPT OF HOME AFFAIRS

Date of expiry / Date d'expiration
06 MAY 2029

Holder's signature / Signature du titulaire

PAZAFBREHEM<<IRENE<SAMANTHA<<<<<<<<<<<<<<<<<<

A084918125ZAF6907204F2905062690720029908 9<38

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	86-008158-003-5
DATE OF ACCOUNT:	23/02/2026
LAST RECEIPT DATE:	20/02/2026
PREPAID METER NUMBER:	01082122886

VAT REG. NO.
Name:
BREHEM IS & TAF
Street Address:
9 P SCARTASTRAAT DANABAAI
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
2170.00	8158000	2525000	11

DATE	DETAILS				AMOUNT
	B/F BALANCE				2712.80
19/02/2026	0108212288 ELECTRICITY				496.69 *
	BASIC			431.91	
	VAT/BTW			64.78	
19/02/2026	AMR1204524 WATER 09/01/2026-09/02/2026				549.45 *
	810 - 836 (26 Kl 31 Days)				
	BASIC			261.39	
	07/25	6.12 @	0.000 =	0.00	
	.	14.27 @	10.030 =	143.12	
	.	5.62 @	13.038 =	73.28	
	VAT/BTW			71.66	
19/02/2026	300011 REFUSE				320.62 *
19/02/2026	400011 SEWERAGE				365.61 *
19/02/2026	RATES INSTALLMENT				928.20
	Balance Carried Forward				0.37-
	VAT ON '*' ITEMS: 225.94 ACB TOT: 0.00				

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	2712.74	2660.63	5373.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE

DUE DATE 16/03/2026

AMOUNT DUE 5373.00

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. 860081580035

EasyPay >>>>>9152686008158003 56

pay@ 11379 860081580035

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

BREHEM IS & TAF
P SCARTASTRAAT 9
DANA BAY
6510

86-008158-003-5

Fold and tear on perforation.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: TIM BREHEM
   - Contact Number: 065 374 9705
   - Email Address: timbrehem@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: 16/04/26

992003000645777

Vet Practice Number *

Cell No. * 062 770 6331

E-mail * brehem.irene@gmail.com

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

Title * MRS | Initials * I S | Surname BREHEM

Street 9 P Scarta Street | City

Suburb | Area Code Oanabay

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 * 16 - 04 - 26

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 * CANINE | Breed * TERRIER X

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 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.support.external@virbac.co.za
4. By App — Download the Virbac Backhome Africa App