ADOPTION CHECKLIST

ADOPTION NO: MBY 9914

CONTRACT NO: MA0270

- [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 Beginning June
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 29/04/26 — 992003000645739

Adopter INFO:

Name & Surname: Cara Terblanche

Contact INFO: 082 391 7887

Completed by: _____ Date: 10/04/26

Manager: _____ Date: 10/4/26

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.

ADMISSION NO M.BY 9914

9920030006457 39

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 09/04/26 TIME: 15H50

NAME OF APPLICANT: Cora Terblanche

ADDRESS: 28 E. Macra Street, Danabaai

HOME TEL No: CELL No: 082391 7887

ANIMAL(S) ADOPTING: Airedale Terrier

SEX: Male AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall.		Suitability of fence (i.e. small pets can't escape): Yes	
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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	GHC				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	M. Baby	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Good people- Very Generous

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Member SPCA: M.Bay. SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	86-006993-006-3
DATUM VAN REKENING:	23/03/2026
LAASTE KWITANSIE DATUM:	22/03/2026
VOORAFBETAALDE METERNOMMER:	04192123299

BTW REG. NO.
Naam:
TERBLANCHE J & C
Liggingsadres:
28 E MACRASTRAAT DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
180.00	6993000	1450000	11

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				2010.77
20/03/2026	0419212329ELEKTRISITEIT 02/03/2026-14/03/2026				496.69 *
	BASIES			431.91	
	VAT/BTW			64.78	
20/03/2026	AMR1206203WATER 06/02/2026-09/03/2026				333.82 *
	830 - 839 (9 Kl 31 Dae)				
	BASIES			261.39	
	07/25	6.12 @	0.000 =	0.00	
	.	2.88 @	10.030 =	28.89	
	VAT/BTW			43.54	
20/03/2026	300011 VULLIS				320.62 *
20/03/2026	400011 RIOOL				365.61 *
20/03/2026	BELASTING PAAIEMENT				512.44
	KWITANSIES				2200.00-
	Balans Oorgedra				0.95-
	BTW OP '*' ITEMS:	197.82	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1839.95	1839.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/04/2026	1839.00

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. 860069930063

EasyPay >>>>>9152686006993006 30

payat
11379 860069930063

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

TERBLANCHE J & C
POSBUS 10861
DANABAAI
6510

86-006993-006-3

Fold and tear on perforation.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
TERBLANCHE
Names:
CORA
Sex:
F
Nationality:
RSA
Identity Number:
4401110052087
Date of Birth:
11 JAN 1944
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:
26 JUN 2024

119713934

MY OWNER

NAME	Cora Terblanche
POSTAL ADDRESS	
STREET ADDRESS	28 E. Macrae Str
	Danabaai
HOME PHONE	
WORK PHONE	
CELL PHONE	082 391 7887
OTHER DETAILS	

ME

BREED	CANINE
LEVEL	Shnauzer X
COLOUR	Black + White
SEX	Male
DATE OF BIRTH	
MICROCHIP NO.	99200300645739
TATTOO NO. / AREA	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
24/03/26	Nobivac® Puppy DP PLUS Batch: A264B01 Exp.: 09-2027 + milpro	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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

Find us on facebook

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

ADMISSION, ASSESSMENT AND HISTORY RECORD loaded

DBV SPCA Garden Route

KENNEL No. K26 1329				ADMISSION No. MBY 9814		
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	NONE
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)		
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	Erfprag 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	Erfprag 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 (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: _____

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. Additional Family Member/Friend Details
   - Full Name: Tertia Bardenhorst
   - Contact Number: 0823 44 88 292
   - 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: 10/04/26

Aviola Reines.

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): Cora Terblanche.

HOME ADDRESS: 28 E. Macra St Danabaai

ID NO.: 4401110052087

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 082 391 7887 FAX NO:

EMAIL: coraterblanche44@gmail.com

Address where animal will be kept:

Occupation: Pensioenaris

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

Are you a student with consent to keep pets: YES/N

Reason for wanting animal: Ie eensaam

Is the animal for yourself? YES/N

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/N

What breed of dog or cat are you interested in? Smeskoed.

Can you afford private fees? Ja Who is your vet? Heiderand.

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

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

Are all your animals sterilised? Give details Ja

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 1 OTHER?

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

Is your property fenced and has a proper gate? Ja Will you chain/ an animal?

Full description of the fencing and gate: Gebroude muur. Height: 1-2 meter

What shelter is provided: OUTDOORS KENNEL OTHER Bench

Have you previously had pets from an SPCA? Ja Are there children under 10 in your household?

Pre Home Inspection Fee: R100 Receipt No: 9277

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 Cblanche? **Date of application** 02/04/26

Vet Practice Number *

Cell No. * 082 391 7887

E-mail * Coraterblanche44@gmail.com

Title * MRS Initials * C Surname TERBLANCHE

Street 28 E. Macra Str City

Suburb Area Code Danabaai

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 - 2026

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 CHARLIE Date of birth 04/02/2026.

Species * CANINE Breed * Shnauzer X

Colour WHITE + Black Markings

Gender (Male) Female Sterilised Yes (No)

Are you a KUSA Registered Member? Yes No

If KUSA Registration Number

Pet Registered Name

Medical Conditions

Medical Insurance Company

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. Online — 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.europa.external@virbac.co.za
4. By App — Download the Virbac BackHome Africa App

www.backhome.co.za | Tel: 011 852-6120 or 011 027 8837 | Fax: 0800 222 546

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0270 DATE: 10/04/2026

between Mosselbay SPCA

and

Name Cora Terblanche

Address 28 6 Macra Str, Dana bosch

Telephone Numbers (H) 082 391 7887 (B)

44 0111 00 52087
Coraterblanche44@gmail.com

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

Animal's Name Charlie Sex Male Age 8 weeks

Description Shnauzer X

On (due date) Beginning June Adoption Form No. MA0270

on the understanding that you will arrange to have this done at the MA0270 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: C. Terblanche For SPCA:

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____