ADOPTION CHECKLIST

APPLICATION NO: MBY 9916

CONTRACT NO: MA0025

- [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 16/04/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 24/04/26 992003000645776

Adopter INFO:

Name & Surname: H.S. Schoeman

Contact INFO: 0824783041

Completed by: _____ Date: 17/04/26

Manager: _____ Date: 17/04/26

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, ASSESSMENT AND HISTORY RECORD

loaded 2.2kg

DBV SPCA
Garden Route

KENNEL No. K26				ADMISSION No. MBY9916		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	09/08/26		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 5days 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 09/08/26
Reason for surrender	Too many dogs, brought in on 06/08			

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	Patricia May		
Residential Address	Erfprag farm				
Postal Address	N/A				
Tel (H) N/A	Tel (W) N/A	Cell 063 693 8685			
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 / 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 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: _____

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
24/03/26	milpro		

Quantel

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER/HEALTHIER DOGS.

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

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 16.04.2026

DOCTOR'S NAME Dr. AS. Muller

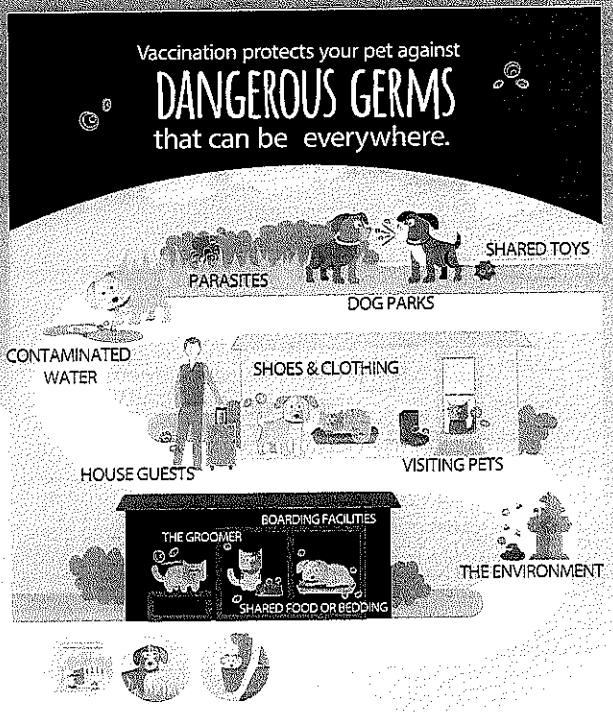
Garden Route SPCA
P.O. Box 258
George, 6530
Ph: [illegible]

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



PET'S NAME

MY VET

GARDEN ROUTE SPCA

Bill Jeffery Avenue
KwanonQaba
Mosselbay 6506

PO Box 258
George
6530

Cell : 071 658 4832/Office : 044 693 0824

Emergency No : 072 287 1761

Consulting Hours

Mon - Fri : 09:00 - 16:00

Saturday : 09:00 - 11:00

POSBUS 255
OUDTSHOORN 6620
TEL: 044 203 3000

ONS BTW Reg Nr. 4750104632

OUDTSHOORN

MUNISIPALITEIT/UMASIPALA/MUNICIPALITY

REKENINGNOMMER: 10-100-626-015

WAARDASIE	ERF/PLOT AH	DEPOSITO	LAASTE KWITANSIE	REKENINGDATUM
1484000	100626000	1040.00	25/03/26	26/03/26

	AREA	STRAATADRES
	1214	54 BUITEKANTSTRAAT

BTW NR	WYK	VOORSTAD
	3	OUDTSHOORN

SCHOEMAN MA&HS
BUITEKANTSTRAAT 54
OUDTSHOORN

6620

TENSY DIE REKENING NIE OP DIE BETAALDATUM SOOS AANGEDUI BETAAL IS NIE, SAL DIE DIENSTE SONDER KENNISGEWING GESTAAK WORD.

Vir nadere besonderhede word die verbruiker na huidige regulasies verwys, wat by die kantoor verkrygbaar is
Rente sal gehef word op agterstallige rekeninge.

BELASTING FAKTUUR 10100626015-03-26

DATUM	VERWYSING	BESONDERHEDE					BTW	BEDRAG
		BALANS OORGEBRING						4 403.84
02/03/26	z/668890B715	KWITANSIE						-4 403.00
26/03/26	SN 190345880	WATER VERBRUIK (04/02/2026-06/03/2026)					94.32	723.18
		685 - 651 = 34 Kl 30 DAYS						
		01/07/2025	5.92 Kl	@	6.3800	= 37.77		
			8.88 Kl	@	9.2600	= 82.23		
			14.79 Kl	@	12.8600	= 190.20		
			4.41 Kl	@	15.5600	= 68.62		
	TAR: 100103	BASIES:				= 250.04		
26/03/26	0000487140	ELEKTRISITEIT VERBRUIK (04/02/2026-06/03/2026)					92.48	709.02
		75127 - 74949 = 178 KWH 30 DAYS						
		01/07/2025	178.00 KWH	@	3.0517	= 543.20		
	TAR: 120003	BASIES:				= 73.34		
26/03/26	170003	ELEK AMPEER HEFFING					87.93	674.13
26/03/26	140203	RIOOL					68.97	528.83
	TAR: 140203	BASIES:				= 249.86		
26/03/26	140003	VULLIS VERWYDERING					48.77	373.92
26/03/26	INSTALL	BELASTING PAAIEMENT						1 699.02
26/03/26		KONTANT RONDING						-0.94
						TOTALE BTW:	392.47	

	PROKUREUR	OOREENKOMS	AGTERSTALLIG	LOPEND	BETAAL VOOR OF OP	BEDRAG BETAALBAAR
	0.00	0.00	0.84	4 708.10	15/04/2026	4 708.00

NUWE BANKBESONDERHEDE => *vanaf Julie 2023, met verwysings verander.*

ELEKTRONIESE BETALINGS KAN IN DIE VOLGENDE BANK GEDEPONEER WORD:

REKENING NAAM: OUDTSHOORN MUNISIPALITEIT.
BANK NAAM: EERSTE NASIONALE BANK
REKENING NOMMER: 630 4716 1607
TAK KODE: 250 655

STUUR BEWYS VAN BETALING NA: accountenquiries@oudtmun.gov.za

pay@ 11347010100626015 VERWYSING: 10-100-626-015

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

99200300645776

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0824783041

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * krappieshs@gmail.com

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

Title * MR Initials * H.S. Surname * SCHOEMAN

Street 54 BUITEKANT City

Suburb Area Code OUDTSHOORN

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * 24 - 04 - 2026.

Date of Implant * 16 - 04 - 2026

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * Shnauzer X

Colour Black + white Markings

Gender Male Female Sterilised Yes No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

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 _____

REGISTRATION PROCESS - Please use one of the following option to register on the backhome database

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 6364
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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Ricka Bredenhann
   - Contact Number: 078 463 8075
   - Email Address: rickacronje95@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Rich Cremer
   - Contact Number: 083 655 0300
   - Email Address: N/A

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? N/A
   - 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: 26-04-17

OC DBV SPCA ADOPTION No ADMISSIO

PRE AND POST HOME INSPECTION FORM

PASSED: ~~YES~~ / NO DATE UNDERTAKEN: 15/04/2026 TIME: 12:00

NAME OF APPLICANT: Mnr. H.S Schoeman

ADDRESS: Buitekantstr 54
Oudtshoorn

HOME TEL No: CELL No: 082 478 3041

ANIMAL(S) ADOPTING: Dog: Jack Russel

SEX: Teef AGE: Twelve

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Pallisades with wire		Height of fence: 1,8 - 2m	
Any sign of Kennel/Shelter?	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☒ / NO ☐	If yes, what partitioning?	Hek
Any hazards? (pool, rubble, razor wire, etc)	YES ☒ / NO ☐	Specify: Pool.	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	2 dogs

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED	Border Collie	Border Collie			
SEX	M	M			
AGE	5	3			
STERILIZED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Puppie will be kept in front of garden and in the house not at the back with the pool only under supervision

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ **SMALL DOGS**
- ☒ **MEDIUM DOGS**
- ☒ **LARGE DOGS**
- ☒ **CATS**
- ☐ **EQUINE**
- ☐ **OTHER (specify)** _____

INSPECTED BY: Magda Dovel **SPCA:** Oudtshoorn Dierestut **SIGNATURE:** MDovel

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

V100

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): HS Schuerman (Schoeman) (duo)

HOME ADDRESS: Ruiterhof 54 Cradlehem

ID NO.: 7012095164 081

POSTAL ADDRESS: Ruiterhof str 54 Cradlehem

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

CELL NO: 0824783041 FAX NO: _____

EMAIL: KRAPPies15@gmail.com

Address where animal will be kept: Ruiterhof str 54 Cradlehem

Occupation: SAPS

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

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

Reason for wanting animal: Animal lover

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? all

Can you afford private fees? yes Who is your vet? Cradle

How many animals live on the property? DOGS? 2 CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male 2 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? 3 CATS? 0 OTHER? 0

Which animals do you still have, and what happened to the others? 1 old age

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

Full description of the fencing and gate: brick walls Height: 1,8m

What shelter is provided: OUTDOORS Kennel KENNEL 2 OTHER _____

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

Pre Home Inspection Fee: R100 Receipt No: 9090

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** 26-02-19

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SCHOEMAN
Names:
HENDRIK STEPHANUS
Sex:
M
Nationality:
RSA
Identity Number:
7012095164081
Date of Birth:
09 DEC 1970
Country of Birth:
RSA
Status:
CITIZEN

Signature:

This card has been issued by the Department of Home Affairs in terms of the Identification 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:
20 NOV 2017

105315669