MBY 9150

CONTRACT NO: MA0298

- [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 July
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 13/05/26 992003000645675

Adoptee INFO:

Name & Surname: Surina Gerber

Contact INFO: 0832622530

Completed by: _____ Date: 07/05/2026

Manager: _____ Date: 7/5/26

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.

2 Dogs + 1 x 2.

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): Surina Gerber

HOME ADDRESS: 58 A Wassenaar, vyf brakke fontein

ID NO.: 7808290095081

POSTAL ADDRESS: —

TEL NO (H): — (B): —

CELL NO: 0832622530 FAX NO: —

EMAIL: surinagerber@gmail.com

Address where animal will be kept: 58 A Wassenaar

Occupation: Own Business Cleaning Service

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/N

Reason for wanting animal: Companion for special needs daugh

Is the animal for yourself? (YES)

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

What breed of dog or cat are you interested in? Small breed

Can you afford private fees? Yes Who is your vet? Swandlaper

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

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

Are all your animals sterilised? Give details —

How many dogs and cats have you owned in the last 3 years? DOGS? — 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: Palisade Height: ± 1.6 m

What shelter is provided: OUTDOORS — KENNEL — OTHER 1 door

Have you previously had pets from an SPCA? No Are there children under 10 in your household?

Pre Home Inspection Fee: R100 Receipt No: 9991

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 [signature] **Date of application** 4 Mei

Riaan Gerber

From: Rentals <rentals@tlbotha.co.za>
Sent: 06 May 2026 08:57 AM
To: 'Riaan Gerber'
Cc: 'Kobus Truter'
Subject: Aansoek om Troeteldier - Wassenaar 58A

Importance: High

Goeie dag Riaan,

Dankie vir jou e-pos, die inhoud waarvan op gelet is.

Ons versoek asseblief dat julle ook die bure se toestemming verkry. Ons voel dit is billik, aangesien die besluit hulle direk gaan beïnvloed, veral met hul kleuter in ag genome.

Ons wil ook vra dat die hond asseblief 'n kleinras hond sal wees. Alhoewel daar 'n klein stukkie gras is, verleen die erf hom nie daartoe vir die aanhou van 'n groot ras hond, soos byvoorbeeld 'n Border Collie, Bullterriër, Labrador, ens. nie.

Wees asseblief ook bedag daarop dat die hond nie 'n oorlas vir die bure sal wees nie, veral vir Wassenaar 58B. Die honde-ontlasting moet daagliks opgetel en behoorlik weggedoen word om te verhoed dat vlieë gelok word.

Ons behou die reg voor om die toestemming vir die aanhou van 'n troeteldier terug te trek indien bogenoemde nie nagekom word nie. Laat weet asseblief sodra julle gereed is, sodat die toestemming vir julle uitgereik kan word.

Vriendelike Groete,

Suretha De Swardt
Kandidaat Eiendomspraktisyn
Langtermyn Verhurings
Tel; 044 695 1423
079 122 2205

TL BOTHA PROPERTY PROFESSIONALS

m: Riaan Gerber <risu@telkomsa.net>
nt: Sunday, 03 May 2026 15:14
o: rentals@tlbotha.co.za
Subject: Aandag Suretha vir 58 A Wassenaar

Hello daar.

Hierby aangeheg is kommunikasie met eienaar. Hy vra dat ek dit asseblief aan julle sal rig. Ek het n toestemmingsbrief nodig vir SPCA sodra ons n geskikte hondjie vind.

Byvoorbaat dankie

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
GERBER
Names:
SURINA
Sex:
F
Nationality:
RSA
Identity Number:
7808230095081
Date of Birth:
29 AUG 1978
Country of Birth:
RSA
Status:
CITIZEN

Signature

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

Issue Date
17 SEP 2018

108712683

9920030064567 5

ADMISSION NO MBY 9150

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 05/05/26 TIME: 15:00

NAME OF APPLICANT: Surina Gerber

ADDRESS: 58 A Wassenaar, vyf Brakke fontein

HOME TEL No: CELL No: 0832622530

ANIMAL(S) ADOPTING: Daxi x

SEX: Female AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: VC brickfee		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	Bird				
CONDITION	Good				
WELFARE (good?)	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: K Wet SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME: Surina Gerber

POSTAL ADDRESS:

STREET ADDRESS: 55 A Wasserman Str.

Vyf Brakke Fontein

HOME PHONE:

WORK PHONE:

CELL PHONE: 0832622530

EMERGENCY CONTACTS:

ME

BREED: CANINE

SPECIES: DAXI X

COLOUR: Black + Brown

SEX: female

DATE OF BIRTH:

MICROCHIP NUMBER: 992003000645675

OTHER DISTINGUISHING FEATURES:

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/04/26	Nobivac® Puppy DP Plus Batch: A267B01 Exp.: 11-2027	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

NEXT VACCINATION DUE

DATE	DATE	DATE
15/05/26		

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.				ADMISSION No.		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
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 X	Cat	Other species (Specify)		
Breed	X Breed		Colour and Markings Black	
Condition	Good		Sex Male	Age
Temperament	Good		Sterilisation details NO	Name
Coat S	Tail L	Teeth Condition	Ears Up	Size Rep
Area found / collected from G/Bay				Date
Reason for surrender Agreement to Store more				

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 C. Schoeps		
Residential Address	Great Brakrivier Great Dane			
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 / 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 C. Schoeps	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: Riaan Gerber
   - Contact Number: 0832361222
   - Email Address: risu@telkomsa.net.

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: 07/05/26

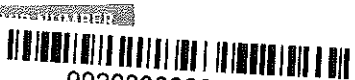
Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MIC



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. * 0832622550

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

E-mail * surinagerber@gmail.com

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

Title * MRS Initials * S Surname * Gerber

Street 58 A WASSENAAR STR. City

Suburb Area Code VYF BRAKKE FONTEIN

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 * 13 - 05 - 2026

Date of Implant * 07 - 05 2026

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip KAY LEWERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * DAXI X

Colour BLACK + BROWN 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

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0298 DATE: 07/05/26

between Mosselbay SPCA

and

Name Surina Gerber 7808290009 5081 surinagerber@gmail.com

Address 58A Wassenaar Straat, Vyf brakke Fontein

Telephone Numbers (H) 083 2622530 (B)

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

Animal's Name Sex Female Age 8 weeks

Description Daxi x

On (due date) July Adoption Form No. MA0298

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: _____