Torrey
MBY 10854 CLAB

CONTRACT NO:
MA 0309

- [ ] Admission Form
- [ ] Application for adoption
- [ ] Pre-Home Inspection Report
- [ ] Adoption contract
- [ ] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [ ] Letter from Body Corporate
- [ ] Sterilization Contract and Date of sterilization Contract Done 14/05/2026
- [ ] Copy of Vaccination Record/ Certificate
- [ ] Microchip
- [ ] Microchip Registration- chip number_____ 992003000645587

Adopter INFO:

NAME & SURNAME: Alexia Theron

Contact INFO: 072 7881549

Completed by: _____ Date: 15/05/2026.

Manager: _____ Date: 15/5/26

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.

♀ DLH Grey

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): Alexia Theron

HOME ADDRESS: Lifesong, Bitou Close, N2, Plettenberg Bay

ID NO.: 7512300126080

POSTAL ADDRESS: PO Box 607, Plett, 6600

TEL NO (H): - (B): -

CELL NO: 0727881549 FAX NO: -

EMAIL: lexitheron@gmail.com

Address where animal will be kept: (AS ABOVE)

Occupation: Self employed

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: YES/NO

Reason for wanting animal: We lost our Basset last year. We are wanting to adopt a dog and a cat to grow together.

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? DLH grey

Can you afford private fees? Yes Who is your vet? Robberg Vet

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

What are the sexes of your animals? DOGS: Male 1 Female 1 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? - OTHER? Farm animal

Which animals do you still have, and what happened to the others? 2 dogs, 1 dog passed away.

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

Full description of the fencing and gate: Faro fencing + gate 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? ____

Pre Home Inspection Fee: ____ Receipt No: ____

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 Alexia **Date of application** 29/04/2026

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
THERON
Names:
ALEXIA
Sex:
F
Nationality:
RSA
Identity Number:
7512300126080
Date of Birth:
30 DEC 1975
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 JUN 2023

122558934

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: Erasmus Theron
   - Contact Number: 0766323819
   - Email Address: ras@currencyassist.com

2. Additional Family Member/Friend Details
   - Full Name: Zelda Kruger
   - Contact Number: 082 320 0664
   - Email Address: zelda.kruger@gmail.com

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: [signature]
Date: 15/05/2026

KNYSNA
ANIMAL WELFARE SOCIETY
NPO 009 ...

1 Martin Street, Rotters Home • PO Box 288 Knysna 6570
www.knysnaanimalwelfare.co.za • knyssclassic.net
Tel: 044 384 1015 • Fax: 086 512 8919 • Emergency: 073 461 9825

KAW

Property Inspection Dog Checklist

Name of inspector: VICKI REID Date of Inspection: 13 MAY

Applicant's Name: ~~MICHEL~~ JONATHAN COE

Contact Number: 0824170637

Address: CRAWMERE FARM SEDGEFIELD

1. Is the property fully enclosed with no gaps or holes? NO
2. What is the type and height of fencing? _____
3. What size animal is the property appropriate for? ANY SIZE.
4. Is outside shelter available? YES
5. Is there any sign of a chain or cage? NO
6. Are the existing animals sterilised and vaccinated? YES
7. What is the general condition of the existing animals? VERY OVERWEI
8. What food will the animal be fed? MONTEGO.
9. Has the application of this animal been agreed upon by all family members? Ye
10. What kind of exercise will the animal be given, and how regularly?

    DAILY WALKS ON THE FARM.
11. Who will be home during the day? JONATHAN.
12. If there is a pool, is it enclosed? HUGE LAKE.
13. Where will the animal spend most of its time? HOME
14. Where will the animal sleep at night? INSIDE
15. Will the animal be allowed inside? YES
16. Where will the animal be left when the family is out? OUTSIDE
17. Who will be the primary ... TOGETHER

DBV SPCA

ADOPTION No: MA0309

ADMISSIO[N]: MBY10854

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO (YES ticked)

DATE UNDERTAKEN: 13/05/16 TIME: 4.45 PM

NAME OF APPLICANT: Sean Theron

ADDRESS: Bitou close / Bitou Vineyards

HOME TEL No: ____ CELL No: 072 788 1549

ANIMAL(S) ADOPTING: Lab

SEX: ♀ AGE: Juvenile

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Wire fence		Height of fence: 1,8+M	
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?	
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? 2 dogs, Donkeys, Pigs, Peacocks	

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Very big lovely property, all animals in good condition.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ SMALL DOGS
- ☑ MEDIUM DOGS
- ☑ LARGE DOGS
- ☑ CATS
- ☑ EQUINE
- ☑ OTHER (specify) farm animals

INSPECTED BY: Tracy v d Bijl **SPCA:** PAWS Plettenberg bay **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
14/04/26	M.Ipec		
14/05/26	Tiwom O		

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 14/05/26

DOCTOR'S NAME A.S Muller

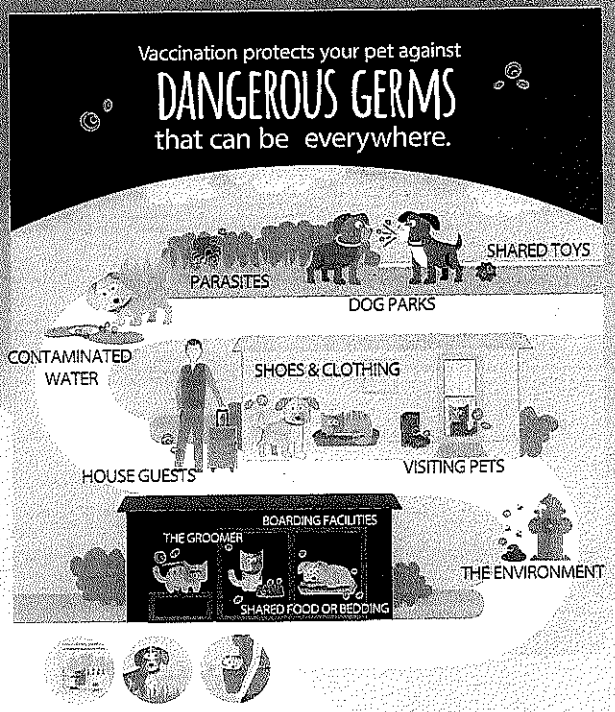
Garden Route SPCA
P.O. Box 258
George, 6530
Ph (044) 533 - 0824

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
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	K 16 39			ADMISSION No.	MBY10854	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	05/04/26		Time in	11:22	Date for release	

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked	X	Yes / No	Lost & Found Date checked	05/04/26		
Microchip/Collar or ID tag found		X Yes / No	Date scanned or checked	05/04/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)	Calf		
Breed	Lab	Colour and Markings	Tan		
Condition	Good	Sex	♀	Age	Juvenile
Temperament	Friendly	Sterilisation details	None	Name	—
Coat	Long	Tail	Long	Teeth Condition	Good	Ears	Up	Size	Small
Area found / collected from	Pinnacle point					Date	05/04/26
Reason for surrender	Stray						

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	Chaimari Smit		
Residential Address	23 Bosembos Hermanus				
Postal Address	none				
Tel (H)	None	Tel (W)	none	Cell	066 226 6733
Email	None				
Donation R	None	Cash	Card	EFT	(Receipt No.) None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: None Inspector: KWF

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	Chaimari Smit	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: _____

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000645587

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. * 0727881549

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

E-mail * lexitheron@gmail.com

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

Title * MRS Initials * A Surname * Theron

Street Lifesong, Bitou close City

Suburb Area Code

Country Province Plettenberg Bay

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 * - -

Date of Implant * 14 - 05 - 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 * LAB

Colour TAN 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, 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