MBY10666

CONTRACT NO: MA0306

- [ ] 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 Came in already done
- [ ] Copy of Vaccination Record/ Certificate
- [ ] Microchip
- [ ] Microchip Registration- chip number 992003000645580

Adoptee INFO:

Name & Surname: Jonathan Coe

Contact INFO: 0824170637

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.

ADMISSION No.
TOELATINGSNR. MA0306

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microch	992003000645580		

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

Garden Route

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV **terug** te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal **nie die dier vasketting of gehok hou nie**, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Mr J.M. Coe

HOME ADDRESS
WOONADRES: GRAND MERE, LAKESIDE DRIVE SEDGEFIELD

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8509285192086

TEL No (H):
TELEFOON Nr (H): —

(B):
(W):

CELL No:
SELFOON Nr: 0824170637

FAX No:
FAKS Nr:

E-MAIL:
E-POS. joncoe1985@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R950

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 10022

VEHICLE REG No.
VOERTUIG REG Nr.: none

VEHICLE MAKE:
VOERTUIG MAAK:

COLOUR:
KLEUR:

SIGNATURE
HANDTEKENING: J.M.Coe

WITNESS FOR SOCIETY
GETUIE VIR VEREENIGING:

DATE / DATUM: 15/05/2026

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000645580

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. * 0824170637

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

E-mail * jon.coe1985@gmail.com

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

Title * MR Initials * J Surname * Coe

Street Grandmere Farm City

Suburb Lakeside Drive Area Code Sedgefield

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 * - -

Date of Implant * 15 - 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 PEPPER Date of birth

Species * CANINE Breed * XBREED

Colour WHITE + 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 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

CERTIFICATE OF STERILISATION / SERTIFIKAAT VAN STERILISASIE

This is to certify that this pet has been sterilised / Hiermee word gesertifiseer dat hierdie troeteldier gesteriliseer is.

Doctor's Name / Naam van Dokter: Already done ~~ AWA

Date / Datum:

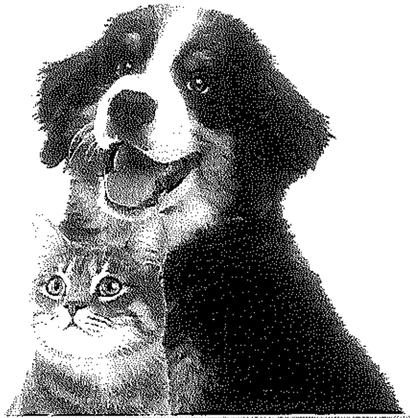
Veterinarian's Signature / Handtekening van Veearts:

Practice Stamp / Praktyk stempel:

References: 1. Welborn L.V., DeVries J.G., Ford R., et al. 2011 AAHA Canine Vaccination Guidelines. J Am Anim Hosp Assoc. 2011;47(5):1-42.

VACCINATION CERTIFICATE / INENTINGSERTIFIKAAT

Name of pet / Naam van troeteldier: Pepper



zoetis

VACCINATION / INENTING

DATE / DATUM	VACCINE & BATCH NO. / ENTSTOF & LOT NR.	
		VET SIGNATURE
		NEXT VACC. DUE
		VEEARTS HANDTEKENING
		VOLGENDE ENTING OP
		VET SIGNATURE
		NEXT VACC. DUE
		VEEARTS HANDTEKENING
		VOLGENDE ENTING OP
		VET SIGNATURE
		NEXT VACC. DUE
		VEEARTS HANDTEKENING
		VOLGENDE ENTING OP

DEWORMING, TICK AND FLEA CONTROL / ONTWURMING, BOSLUIS EN VLOOIBEHEER

DATE / DATUM	TREATMENT / BEHANDELING	DATE / DATUM	TREATMENT / BEHANDELING
15/10/25	Trivit 12 tot 25 kg		
26/1/26	Triv Simparica 15kg		
25/05/26	Trivorm		

Name of pet / Naam van troeteldier: _____

1st Owner / Breeder
1ste Eienaar / Teler: _____

Address / Adres: _____

_____

2 nd/de / Owner / Eienaar: _____
Address / Adres: _____

_____

Dog / Hond ☑ Cat / Kat ☐
Breed / Ras: Pitbull x Sex / Geslag: F
Description / Beskrywing: Brown + white

_____

Birth Date / Geboortedatum: _____
Reg. No./N _____
Microchip ! 992003000645580 _____
Date Microchip implanted / Datum Mikroskyfie geïmplanteer:
15/05/2026.

WHY SHOULD I VACCINATE MY PET?
PUT SIMPLY – VACCINATIONS SAVE LIVES!

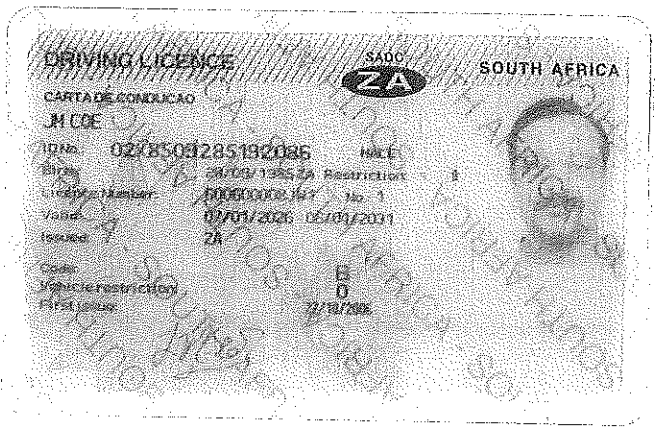
Vaccination plays a critical role in the maintenance of a healthy pet. Vaccinations have saved millions of pets' lives but, it is important to note that vaccines are preventative rather than curative. You should have your healthy pet vaccinated regularly so as to maintain a healthy status. Vaccinating a sick animal is not going to help and, in fact, is not advised. Vaccinating your pet can save you a lot of heartache. Vaccinations help to minimise the symptoms when your pet is exposed to viral and bacterial diseases, thus saving lives, and preventing unnecessary medical expenses on diseased animals, which could have been avoided.

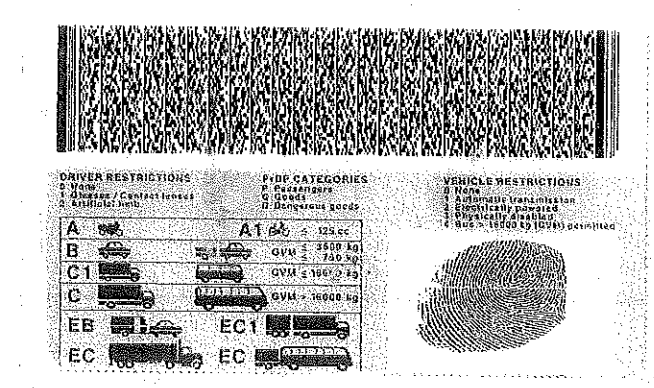
How do vaccines work?
Vaccines help to strengthen the immune system of your pet so that, when they are exposed to certain diseases, their body is able to fend off the infection totally, or reduce the severity of the disease.

Is it possible to vaccinate against all diseases?
It is not possible to vaccinate against all diseases. Pets are vaccinated against common and/or serious diseases.

VACCINATION / INENTING

DATE / DATUM	VACCINE & BATCH NO. / ENTSTOF & LOT NR.	
15/10/25	384880 R2 Use by: 25-JUL-2026 399823 R2 Use by: 25-APR-2026 RABISIN R Lot/Batch: F72196 9245071 Ut av/Exp: 13/07-2026	VET SIGNATURE FBN AWA NEXT VACC. DUE Oct. '26
05/05/26	385210 R3 Use by: 28-JAN-2027	VEEARTS HANDTEKENING VOLGENDE ENTING OP
		VET SIGNATURE NEXT VACC. DUE
		VEEARTS HANDTEKENING VOLGENDE ENTING OP
		VET SIGNATURE NEXT VACC. DUE
		VEEARTS HANDTEKENING VOLGENDE ENTING OP


DRIVING LICENCE
SADC
ZA
SOUTH AFRICA
CARTA DE CONDUCAO
JH COE
02/8508285192086
M/C
28/09/1985 ZA
01/01/2026
01/01/2031
ZA
B
D


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
PrDP CATEGORIES
P Passengers
G Goods
D Dangerous goods
VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (10 t) permitted
A
A1
B
C1
C
EB
EC
EC1
EC

NAME AND SURNAME Carol te Water

ID NUMBER 6009050140081

ADDRESS 5 MUIR CLOSE

RONDEBOSCH

TELEPHONE NR (H)/(C) 0835618132

STATES UNDER OATH IN ENGLISH

I, CAROL ANNE TE WATER, DECLARE THAT MY SON LIVES AT MY HOUSE :

CANDLEWOOD
GRANDMERE FARM
LAKESIDE DRIVE
SWARTVLEI

MY SON'S NAME IS JONATHAN COE

I know and understand the contents of this statement.
I have no objection to taking the prescribed oath.
I consider the prescribed oath to be binding on my conscience.

SIGNATURE

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she understands the contents of the statement. The statement was sworn to before me and the deponent's signature/thumbprint was placed thereon in my presence at RONDEBOSCH on 2026-05-14 at 17:11

SUID-AFRIKAANSE POLISIEDIENS
COMMUNITY SERVICE CENTRE
14 MAY 2026
RONDEBOSCH
SOUTH AFRICAN POLICE SERVICES

5888541-905 MLUSAKA
Commissioner of Oaths

M LUSAKA
Name and Surname
RONDEBOSCH SAPS
8 Church Street, Rondebosch

CST
Rank

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. Additional Family Member/Friend Details
   - Full Name: Carol te Water Naude
   - Contact Number: 0835618132
   - Email Address: ctewater@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.

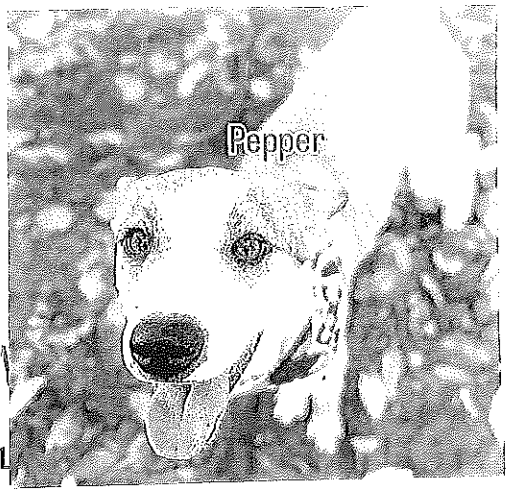
Signature: _____

Date: 15/05/2026

Pepper K23

KNYSNA
ANIMAL WELFARE SOCIETY
NPO: 009-263
1 Martin Street, Hunters Home * PO Box 288 Knysna 6570
www.knysnaaws.com * kaws@lantic.net
Tel: 044 384 1603 * Emergency: 073 461 9825 * Fax: 086 512 6913

KAWS



SAFEKEEPING
~~SURRENDER~~ FORM Kennel # Hospital

IF YOU ARE SURRENDERING AN ANIMAL, PLEASE COMPL

INCOMING DETAILS:

Owner Name: Jako/Karrie Owner Contact Number: 0718420856

Owner Address: 25 GLENVIEW PLETTENBURG BAY
Belgida Knevs ME

Type of Animal:

Dog ☑ 3 Puppy ☐ _____ Cat ☐ _____ Kitten ☐ _____ Other ☐ _____

Sex: (Male) | (Female) **Sterilised:** (Yes) | No **Size:** Small | (Medium) | Large

Breed: Pitbull Mix **Colour:** Brown, Black **Age:** 2 years

Animal's Name : Apalbo (whiteblack) Pepper (skinny) Nanook (Big girl)

Reason for Surrender: Maze

Details about the animal's characteristics/likes/dislikes: Like horses, Peanut butter
Pepper - not used kids.

Current Home: Garden Size Small Indoor | Outdoor

Used to Kids: (Yes) | No Other Pets?: Yes

Current Diet: Pellets, Liver

The animal is: (circle the appropriate statement):

1. Relaxed and can be handled easily
2. Nervous, but can be handled with care
3. Totally wild, cannot be handled, or is aggressive

Condition of the Animal:

Coat condition: Good Nutritional State: Good

Any obvious injuries? NONE

PLEASE TAKE CARE OF THEM :(

KNYSNA
ANIMAL WELFARE SOCIETY
NPO: 009-261

1 Marlin Street, Hunters Home • PO Box 288 Knysna 6570
www.knysnaanimalwelfare.co.za • kaws@lantic.net
Tel: 044 384 1603 • Fax: 086 512 8919 • Emergency: 073 461 9825

KAW

Property Inspection Dog Checklist

Name of inspector: VICTOR READ Date of Inspection: 13 MAY

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

Contact Number: 0824170637

Address: CRANMERE 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? ACC. 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 [illegible]