MBY10679 M:16

CONTRACT NO: MA 0308

Adoptee INFO:

Name & Surname: Mrs S.W. Koester

Contact INFO: 0785452425

- [ ] 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 992003000645589

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.

Miles + Oreo

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): S. W. Koester

HOME ADDRESS: 38 Arum drive extention 6 New Sunnyside

8909120193085 ID NO.:

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0785452425 FAX NO:

EMAIL:

Address where animal will be kept: AS ABOVE

Occupation: /

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

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

Reason for wanting animal: love animals

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?

Can you afford private fees? Yes Who is your vet? still deciding

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? back yard Will you chain/ an animal? NO

Full description of the fencing and gate: wall Height: 2.m

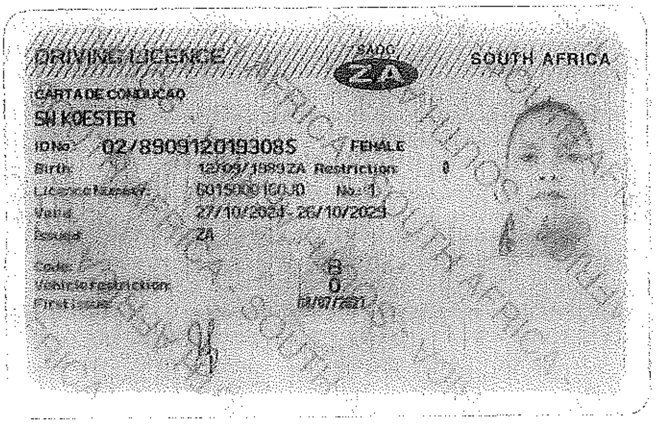
What shelter is provided: OUTDOORS KENNEL OTHER indoors

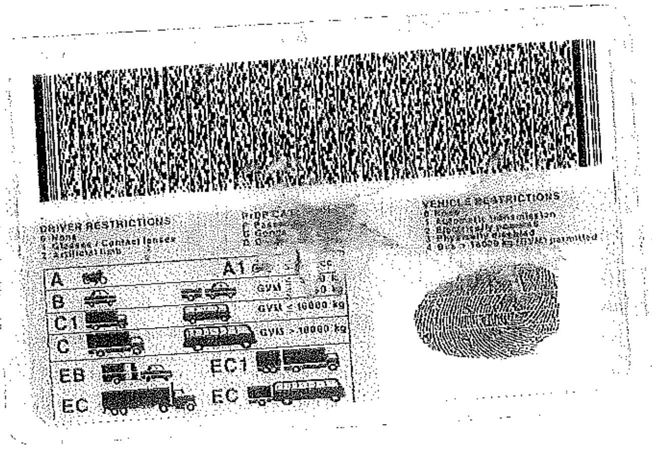
Have you previously had pets from an SPCA? NO Are there children under 10 in your household? NO

Pre Home Inspection Fee: R100 Receipt No: 10014

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** 12/05/2026


DRIVING LICENCE
SADC
ZA
SOUTH AFRICA
CARTA DE CONDUCAO
SW KOESTER
ID No: 02/8909120193085
FEMALE
Birth: 12/09/1989 ZA
Restriction: 0
No: 1
Valid: 27/10/2024 - 26/10/2029
Issued: ZA
Code: B
Vehicle restriction: 0
First issue:


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
VEHICLE RESTRICTIONS
A
A1
B
GVM
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC

Isuded

ADMISSION NO 10678 10679

9920030006455 89

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES / NO) DATE UNDERTAKEN: 13/05/24 TIME: 12:31

NAME OF APPLICANT: S. W. Koester

ADDRESS: 38 Arum Drive, Extention 6, New Suingside

HOME TEL No: CELL No: 0785452425

ANIMAL(S) ADOPTING: 2 x Yorkies

SEX: Both Male AGE: 4 + 6 years

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick wall 2 meter		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?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (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: Keer SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Backhome

Virbac

* COMPULSORY FIELDS
# PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

Microchip Number

992003000645589

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. * 0 78 5 45 24 25

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

E-mail *

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

Title * MRS Initials * S.W. Surname * KOESTER.

Street 38 Arum Drive City

Suburb New Sunnyside Area Code EXT 8

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 * 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 * Yorkie

Colour Black + 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

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. KB 30				ADMISSION No. MBY10679		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 28/4			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked		Yes / No	Lost & Found Date checked	28/04/26		
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	28/4/26	Microchip or ID Tag number	None.	

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)	BIT.		
Breed	Mongrel	Colour and Markings	Brown + White		
Condition	Fair	Sex	Male	Age	
Temperament	Friendly	Sterilisation details	No	Name	Milo
Coat L	Tail L	Teeth Condition	Fair	Ears Down	Size
Area found / collected from	Nature Park			Date	28/04/26
Reason for surrender	Can't keep the dog.				

ASSESSMENT		
GOOD WITH:	Yes	No
Children	X	
Cats	X	
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away	X	
COMMENTS:		

Surrendered by / Found by		Name	Yolandi Marx		
Residential Address	Nature Park 46 Heidelberg Waselbaan				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num	Cell 084 924 9471			
Email	No email				
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: N/A.

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	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: _____

MY OWNER

NAME	S.W. Koester
POSTAL ADDRESS	
STREET ADDRESS	38 Arum Drive EXT 6, New Sunnyside
HOME PHONE	
WORK PHONE	
CELLPHONE	0785452425
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Yorkie
COLOUR	
SEX	Male
DATE OF BIRTH	28 Okt 2019
MICROCHIP/TATTOO	992003000645589
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
20/01/2020 10/2/2020. Ock. 2020. May 2022.		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
27/12/19	Nobivac® 1-DAPPv Ser. 02051605; Nobivac® 1-DAPPv Ser. 021218156 Exp. 12SEP20	Ave
20.1.2020. 1,3kg	EURICAN DAPPi Boehringer Ingelheim Lot L461855 D.O.M. 29/05-2020 EXP	Jug. By C.
10.2.2020 1,8kg.	EURICAN DAPPi Lot L464706 D.O.M. 02/10-17/09-2018; EURICAN DAPPi Lot L464706 D.O.M. 02/10 27/09-2018; EURICAN DAPPi L464706 02/10	Jiyah Gunn By Coti
8/5/21. 4.7kg.	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2233 (Act 36/1947) Namibia only: V97/24.1/925 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus zoetis; Ser. 460342B Exp. 26APR21; NOBIVAC RABIES A528A02 12-2023 MSD Animal Health	Jug. Byluns.
29/04/22	Nobivac® 1-DAPPv 852210R3 Ser. 02138334 Exp. 07-JAN-2027	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE