ADOPTION CHECKLIST

MBY 10678

CONTRACT NO: MA0311

- ☐ 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 992003000645588

Adoptee INFO:

Name & Surname: S.W. Koester

Contact INFO: 0785452425

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.

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	Biewer Yorkie
COLOUR	Black & Tan.
SEX	Male
DATE OF BIRTH	3 November 2021.
MICROCHIP/TATTOO	992003000645588
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
10-15 JAN (11kw) 4-11 Feb. Feb 2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
20/12/2021 1,2kg	Nobivac® DHPPi Reg. No. G2377 (Act 36/1947) Namibia Reg. No. V97/24.1/900 NS2 Zimbabwe Reg. No. E97/80.23.15/9470 FOR ANIMAL USE ONLY Store in the dark between 2 °C and 8 °C FOR FULL PARTICULARS, SEE ENCLOSED PACKAGE INSERT. Registration Holder: Intervet South Africa (Pty) Ltd. Batch: 2125101 Mnf.: 03-2021 Exp.: 08-2023	[signature] Dr. ...
14/1/2022 1,8kg	Nobivac® DHPPi Reg. No. G2377 (Act 36/1947) Namibia Reg. No. V97/24.1/900 NS2 Zimbabwe Reg. No. E97/80.23.15/9470 FOR ANIMAL USE ONLY Store in the dark between 2 °C and 8 °C FOR FULL PARTICULARS, SEE ENCLOSED PACKAGE INSERT 25801 Mnf.: 2021 Exp.: 2023	[signature] Dr. ...
19/2/22. 3kg	Nobivac® DHPPi Reg. No. G2377 (Act 36/1947) Namibia Reg. No. V97/24.1/900 NS2 Zimbabwe Reg. No. E97/80.23.15/9470 FOR ANIMAL USE ONLY Store in the dark between 2 °C and 8 °C FOR FULL PARTICULARS, SEE ENCLOSED PACKAGE INSERT. Registration Holder: Intervet South Africa (Pty) Ltd. Batch: 2125801 Mnf.: 07-2021 Exp.: 08-2023 NOBIVAC RABIES A539A02 03-2024 MSD Animal Health	[signature] Dr. ...
29/04/26	Nobivac® 1-DAPPvL2 352210R3 Ser: 02131833A Exp: 09-JAN-2027	[signature]

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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. Ask for Nobivac® the guaranteed vaccine.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Eugine Koester
- Contact Number: 0784602859
- Email Address: Eucine.koester@gmail.com

2. Additional Family Member/Friend Details

- Full Name: Tyler Koester
- 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: 15 May 2026

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. KH30				ADMISSION No. MBY10678		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 28/04			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	28/04/26	Microchip or ID Tag number: None.

DESCRIPTION & HISTORY

(Dog) / Cat / Other species (Specify): Bitch			
Breed: Norvic	Colour and Markings: Swart.		
Condition: Fair	Sex: ♂.	Age: ± 3 years.	
Temperament: Friendly.	Sterilisation details: No	Name: Orea	
Coat: L.	Tail: L.	Teeth Condition: Fair	Ears: Down.	Size: M.
Area found / collected from: Hexriver.			Date: 28/04/26.
Reason for surrender: Can't look after them.			

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: Jolandi Marx			
Residential Address: Nurture Park 46 Hexriver Masselbaai					
Postal Address: No postal					
Tel (H): No num	Tel (W): No num	Cell: 084 524 5471			
Email: No email.					
Donation R	Cash	Card	EFT	(Receipt No.)	

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: Jolandi	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

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. Kaester

HOME ADDRESS: 38 Arum Drive, Ext 6, New Sunnyside

ID NO.: 8909120193085

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): -

CELL NO: 0785452425 FAX NO: -

EMAIL:

Address where animal will be kept: As Above

Occupation: Housewife

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: 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? Yorkie

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

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

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Have none

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 0 OTHERS?

Which animals do you still have, and what happened to the others? None

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** 12/05/26

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000645588

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. * 0785452425

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 * SW Surname * KOESTER

Street 38 Arum DRIVE City

Suburb New Sunnyside Area Code EXT 6

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 IEVERS

PET DETAILS

Pet Name OREO 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

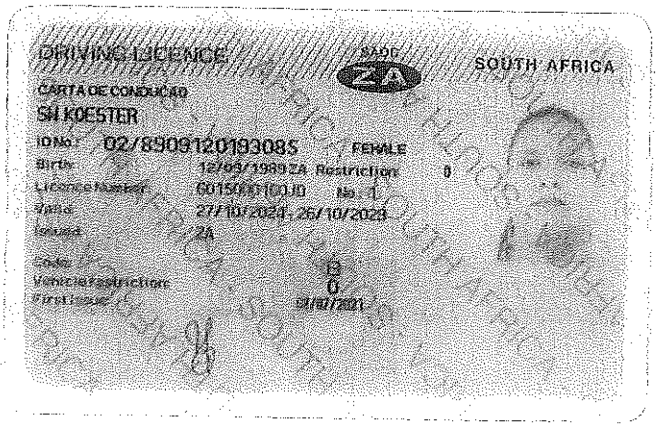
Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

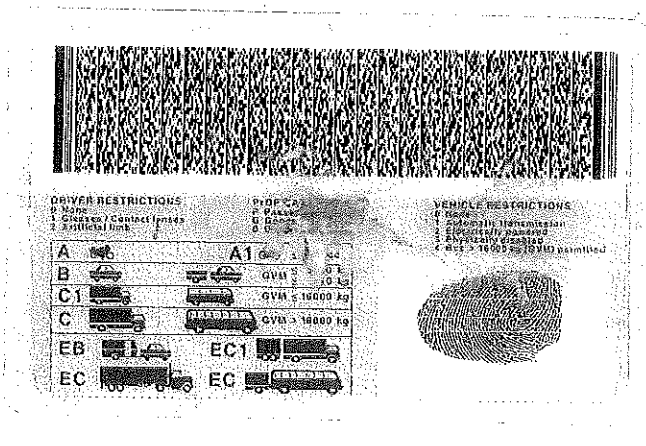
The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The 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



DRIVING LICENCE SADC ZA SOUTH AFRICA
CARTA DE CONDUÇÃO
SN KOESTER
ID No.: 02/8909120193085 FEMALE
Birth: 12/09/1989 ZA Restriction 0
Licence Number: 6015000100JD No.: 1
Valid: 27/10/2024 - 26/10/2029
Issued: ZA
Code: B
Vehicle restriction: 0
First issue: 07/07/2021



DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb

VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted

A A1
B
C1 GVM ≤ 16000 kg
C GVM > 16000 kg
EB EC1
EC EC