ADOPTION CHECKLIST

MBY 10420

CONTRACT NO: MA0310

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 21/05/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645683

Adoptee INFO:

Name & Surname: Christiaan Langeveld

Contact INFO: 0764502403

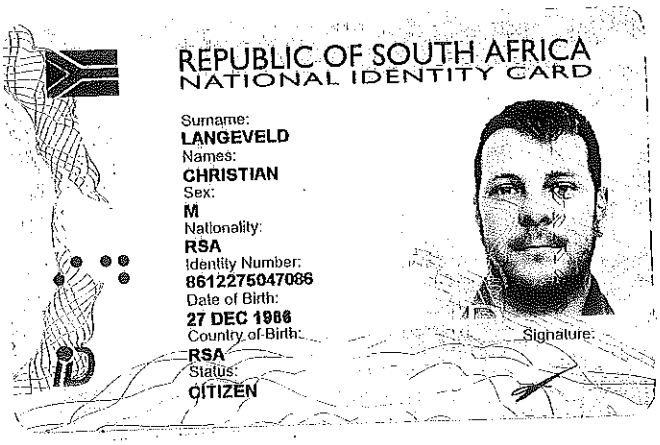
Completed by: _____ Date: 25/05/26

Manager: _____ Date: _____

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.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
LANGEVELD
Names:
CHRISTIAN
Sex:
M
Nationality:
RSA
Identity Number:
8612275047086
Date of Birth:
27 DEC 1986
Country of Birth:
RSA
Status:
CITIZEN

Signature:

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
[illegible]	Milpro		
[illegible]	Milpro		

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 [signature]

DATE 21/5/26

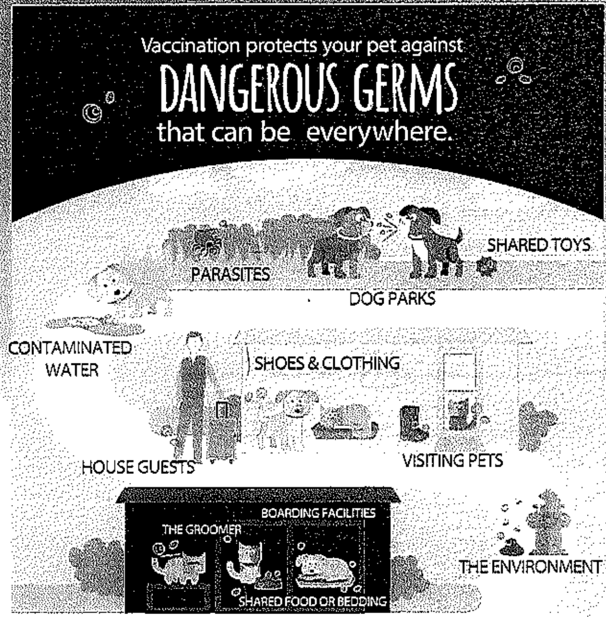
DOCTOR'S NAME Dr. E Skakal Boston

GARDEN ROUTE SPCA
PO BOX 258
GEORGE 6530
TEL: 044 69... 072 281 1761
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

Bill Jeffery Avenue	PO Box 258
KwanonQaba	George
Mosselbay 6506	6530

Cell : 071 658 4832/Office : 044 693 0824
Emergency No : 072 287 1761

Consulting Hours

Mon - Fri : 09:00 - 16:00
Saturday : 09:00 - 11:00

Odh 27/04/23

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): Christiaan Langeveld

HOME ADDRESS: 5 Visagie Straat Vyf brakke Rivier

ID NO.: 8612275047086

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): 0446951381

CELL NO: 0764502403 FAX NO: N/A

EMAIL: Christiaan.man@gmail.com

Address where animal will be kept: 5 Visagie Straat Vyf brakke Rivier

Occupation: Self employed

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

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? Lang haar Kat

Can you afford private fees? Yes Who is your vet? Besluit nog

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 N/A

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

Which animals do you still have, and what happened to the others? Geen

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

Full description of the fencing and gate: Flat top 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? Yes

Pre Home Inspection Fee: R100 Receipt No: 10017

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] Langeveld **Date of application** 14/05/2026

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

KENNEL No	150 10684			ADMISSION No.		
Stray	Surrender ✗	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	27/03/26		Time in	16:40	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	Yes / No	Lost & Found Date checked	27/03/26
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	27/03/26
Microchip or ID Tag number	none		

DESCRIPTION & HISTORY

Dog		Cat ✓ x5		Other species (Specify)	
Breed	DSH	Colour and Markings	T-Shell		
Condition	Good	Sex	F	Age	3 Adult: Litter 2 kittens 7 weeks
Temperament	friendly	Sterilisation details	No	Name	
Coat Short	Tail long	Teeth Condition Good	Ears up	Size	Small
Area found / collected from				Date	27/03/26
Reason for surrender	Can't afford anymore				

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	Justin Breckle		
Residential Address	16 Robbie Scholtz Road, Da Nova			
Postal Address	—			
Tel (H) none	Tel (W) none	Cell 082 765 7579		
Email	none			
Donation R none	Cash	Card	EFT	(Receipt No.) none

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 uitdruklik 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 Breckle	Witness for Society MSM
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

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. * 0764502403

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

E-mail * christiaan.

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

Title * MR Initials * C Surname * Langeveld

Street 5 Visagie Street 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 * 29 - 05 - 2026

Date of Implant * 21 - 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 Prissy Date of birth

Species * Feline Breed * DLH

Colour Tortoise shell 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 X Langeveld.

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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: Christine Jangeveld
   - Contact Number: 083 435 6041
   - Email Address: christine.els27@gmail.com

2. Additional Family Member/Friend Details
   - Full Name: Elisha Jangeveld
   - Contact Number: 084 206 3666
   - Email Address: accounts@uredebest.co.za

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: Jangeveld
Date: 25/05/2026