ADOPTION CHECKLIST

ADMISSION NO: MBY 10790

CONTRACT NO: MA 0322

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [X] Letter from Body Corporate
- [X] Sterilization Contract and Date of sterilization Contract Came in already done
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645577 03/06/26

Adoptee INFO:

Name & Surname Marianne Smith

Contact INFO: 076 293 5518

Completed by: _____ Date: 02/06/2026

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.

9920030006455 77 ADMISSION NO MBY 10790

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 1/06/26 TIME: 16:00

NAME OF APPLICANT: Mev. M.S. Smith

ADDRESS: 12 Essenhout Street, Hartenbosch

HOME TEL No: _____ CELL No: 076 293 5518

ANIMAL(S) ADOPTING: Maltese X "Bula"

SEX: Female AGE: 5 YRS

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibracrete/wall 1.8m		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?	

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: KM **SPCA:** Mossel Bay **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Bula.

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): M S Smith.

HOME ADDRESS: 12 Essenhout Straat . Haitenbosch Heuwels . ID NO.: 5310010095089.

POSTAL ADDRESS:

TEL NO (H): 076 293 5518 (B):

CELL NO: FAX NO:

EMAIL: mariannessmith01@gmail.com

Address where animal will be kept: 12 Essenhout straat Haitenbosch

Occupation: Pensionaris

Do you own or rent your property: NO Do you have consent from owner / Body Corporate? YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: Company

Is the animal for yourself? Yes. 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? 1 CATS? no OTHERS NO.

What are the sexes of your animals? DOGS: Male Female ✓ 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? 1 CATS? — OTHER? —

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

Is your property fenced and has a proper gate? Yes. Will you chain/ an animal?

Full description of the fencing and gate: Fencing Height:

What shelter is provided: OUTDOORS KENNEL OTHER Indoor

Have you previously had pets from an SPCA? Yes America. Are there children under 10 in your household?

Pre Home Inspection Fee: R100 Receipt No: 10061

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 M Smith **Date of application** 01/06/2026

Your debit card has a sleek, new look

BANK OF AMERICA

FM 22174 200039 1702

MARIANNE S SMITH
12 ESSENHOUT STREET. HARTENBOSCH HEUWELS
HARTENBOSCH 6520
MOSSELBAY 00000

This card is linked to primary account ending in: 9142

This card replaces your card ending in: 8249

Make sure the name on your debit card is correct.

If you use a digital wallet, don't forget to add your new account information.

It's contactless and vertical! Choose from 3 easy ways to activate:

Log in to the Mobile Banking app[1] or bankofamerica.com.

Use your card at any local ATM or make a purchase using your Personal Identification Number (PIN). If you didn't choose your PIN when you set up your account, it will be mailed separately for your protection.

Call 888.624.2323 (From outside the U.S., call collect **1.925.675.6195**).

Just tap to pay. It's that simple.

Your new contactless card has Tap-to-Pay technology. Look for the Contactless Symbol at merchants where you shop, and simply tap your card on the checkout terminal to pay. It's fast, easy and secure.

See reverse to learn more about your card. ▸

¡Es vertical y sin contacto! Elija entre 3 maneras fáciles de activar su tarjeta:

- **Entre en la aplicación de Banca Móvil [1] o en bankofamerica.com**
- **Use su tarjeta en cualquier cajero ATM local** o realice una compra usando su Número de Identificación Personal (PIN). Si no eligió su PIN cuando abrió la cuenta, este le llegará por separado para su protección.
- **Llame** al **888.624.2323** (fuera de los EE. UU., cobro revertido al **1.925.675.6195**

No todo el contenido estará disponible en español en la aplicación de Banca Móvil y la Banca en Línea.

PSG Insure

15 Meyer Street, Mossel bay,6506
Po Box 701, Mossel bay - 6500
Tel: +27 (44) 691 2685 Fax: +27 (44) 691 1579
E-Mail: msb.admin@psg.co.za
www.psg.co.za

6 Februarie 2020

Mrs MS Smith
Essenhout straat 12
Hartenbos Heuwels
Hartenbos
6520

Geagte Klient,

BROLINK Polis No 20310645*001

Welkom by PSG! U het die regte besluit geneem!

Graag stel ons u hiermee in kennis dat u korttermynversekering nou gereël is ooreenkomstig u opdrag aan ons, effektief vanaf 1/2/2020

Die polis skedule asook die polis bewoording word hiermee aangeheg vir bewaring deur uself – teken asseblief die aangehegte en voltooi asseblief die aansoekvorm soos hierby aangeheg

Ons versoek u vriendelik om die endossement noukeurig na te gaan en ons binne 21 (een en twintig) dae vanaf datum van ons skrywe skriftelik van enige foute, weglatings of verdere veranderings in kennis te stel.

Graag bedank ons u vir u ondersteuning, en verseker ons beste diens ten alle tye.

Vriendelike groete

Almari Gerber

PSG Insure

PSG Wealth Financial Planning is an authorised financial services provider - 728

THE BEARER MUST COMPLETE THE PARTICULARS BELOW:
LE TITULAIRE EST PRIÉ DE COMPLETER LES DETAILS CI-DESSOUS:

Bearer's place of permanent residence:
Résidence principale du titulaire:

Street — Rue
Place — Lieu
Country — Pays / Telephone — Téléphone

In case of accident or death notify:
En cas d'accident ou de décès, prière d'aviser:

Name — Nom	
Relationship — A titre de	
Street — Rue	
Place — Lieu	
Country — Pays	Telephone — Téléphone
Signature of bearer — Signature du titulaire	

REPUBLIC OF SOUTH AFRICA REPUBLIQUE D'AFRIQUE DU SUD

PASSPORT PASSEPORT

TYPE - TYPE: PP
COUNTRY - PAYS: ZAF
PASSPORT No - No DU PASSEPORT: 429816383
SURNAME - NOM: SMITH
GIVEN NAMES - PRENOMS: MARIANNE STEPHANIE
NATIONALITY - NATIONALITE: SOUTH AFRICAN / SUD-AFRICAINE
DATE OF BIRTH - DATE DE NAISSANCE: 01 10 1953
IDENTITY No - No D'IDENTITE: 5310010095089
SEX - SEXE: F
PLACE OF BIRTH - LIEU DE NAISSANCE: SOUTH AFRICA
DATE OF ISSUE - DATE DE DELIVRANCE: 19 06 2001
AUTHORITY - AUTORITE: DEPT OF HOME AFFAIRS
DATE OF EXPIRY - DATE D'EXPIRATION: 18 06 2011

PPZAFSMITH<<MARIANNE<STEPHANIE<<<<<<<<<<<<<<
4298163836ZAF5310016F1106183531001009508 9<18

MY OWNER

NAME	Marianne Smith
POSTAL ADDRESS	
STREET ADDRESS	12 Esschhour Str
	Heiderand
HOME PHONE	
WORK PHONE	
CELLPHONE	076 293 5518
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	MALTESE x
COLOUR	BROWN
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645577
DISTINCTIVE MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
16/06/2026		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
19/05/26	Nobivac 1-DAPPv 352210 R3 Ser: [illegible] Exp: [illegible]	[signature]
01/06/26	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F72195 Ut. av./Exp.: 13/07-2026	[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.

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947), **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoqinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

ADMISSION, ASSESSMENT AND HISTORY RECORD Adopted

DBV SPCA
Garden Route

KENNEL No.	K 35			ADMISSION No.	MRY10790	
Stray	(Surrender)	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	18/05		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	(Yes) / No	Lost & Found Date checked	18/05/26
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	18/05/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

(Dog)		Cat		Other species (Specify)	B/I
Breed	Maltese X		Colour and Markings	Brown	
Condition	Friendly		Sex	♀	Age ± 5 years
Temperament	Friendly		Sterilisation details	Yes	Name Bula
Coat	Tail	Teeth Condition	Ears	Down	Size M
Area found / collected from	Grootbrakrivier				Date 18/05/26
Reason for surrender	Can't keep the dog				

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	Susan Van der Veld		
Residential Address	4 Seekat st Grootbrak			
Postal Address	No (own) postal			
Tel (H) No num	Tel (W) No num	Cell 082 5780794		
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 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 [signature]	Witness for Society [signature]
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

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

992003000645577

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 WILDLIFE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No * 076 293 5518

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

E-mail * mariannessmith01@gmail.com

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

Title * MRS Initials * MS Surname * SMITH

Street 12 ESSENHOUT STREET City

Suburb HEIDERAND Area Code MOSSELBAY

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 * 03 - 06 - 2026

Date of Implant * 02 - 06 - 2026

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name Bula.

Date of birth

Species * Canine.

Breed * MALTESE X

Colour Brown

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 _____ 11/06/2026

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