ADOPTION CHECKLIST

MBY 8542

CONTRACT NO: MA 0316

- [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 Done 16/04/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 29/05/26
- [x] Microchip Registration- chip number 992003000645773

Adopter INFO:

Name & Surname: Michael Meredith

Contact INFO: 0832733747

Completed by: _____ Date: 26/05/26

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.

VAT No: 4630193664
P.O. Box 19 George 6530
71 York Street, Dormehls Drift, George, 6529
Phone (044) 801-9111
Email: accounts@george.gov.za

George Municipality

Tax Invoice

Statement Date	2026-04-24
Tax Invoice Number	202604/000000043823
Old Account Code	1001957263
Account Number	C000000043823
Receipts Posted up to	2026-04-24
Guarantee/Deposit	R 650
Property Physical Address	12 Freezia Avenue (W/N)
SG Number	C027/0009/00001118/00000
Market Value	R 2 580 000
Stand Size	411 m²
Account Type	Owner / Occupier
Client VAT Number	

GRG0000000043823
Meredith Wilderness Trust
M + Me Meredith
12 Freezia Avenue
Wilderness
6560

SAVE WATER | SPAAR WATER | YONGA AMANZI

Services	Opening Balance	Receipts	Billed Amount	Billed VAT	Interest	Journals	Closing Balance
Electricity Basic	R 420.83	-R 420.83	R 365.94	R 54.89	R 0.00	R 0.00	R 420.83
Property Rates	R 1 032.29	-R 1 032.29	R 1 280.37	R 0.00	R 0.00	R 0.00	R 1 280.37
Sanitation Basic	R 381.14	-R 381.14	R 331.43	R 49.71	R 0.00	R 0.00	R 381.14
Waste Disposal	R 382.48	-R 382.48	R 332.59	R 49.89	R 0.00	R 0.00	R 382.48
Water Basic	R 179.76	-R 179.76	R 156.31	R 23.45	R 0.00	R 0.00	R 179.76
Water Metered	R 145.55	-R 145.55	R 16.14	R 2.42	R 0.00	R 0.00	R 18.56
Total	R 2 542.05	-R 2 542.05	R 2 482.78	R 180.36	R 0.00	R 0.00	R 2 663.14

	Current	30 Days	60 Days	90 Days	120 Days	150 Days	180 Days	180+ Days
Total	R 2 663.14	R 0.00	R 0.00	R 0.00	R 0.00	R 0.00	R 0.00	R 0.00

Remaining Capital Amount	Instalment Amount	Remaining Period
R 0.00	R 0.00	

Amount Excl VAT Due	VAT Due	Total Amount Incl VAT Due	Due Date
R 2 482.78	R 180.36	R 2 663.14	2026-05-21

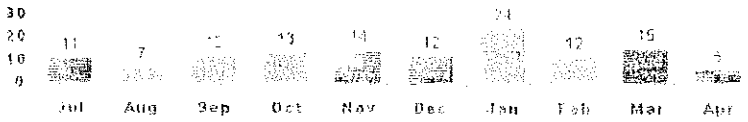
Water Details:

Type	Meter Number	Previous Reading	New Reading	Consumption	Reading Days
Water	CBRL5125	1218	1224	6	27

Type	Previous Reading Date	New Reading Date	Factor	Reading Type
Water	27/02/2026	26/03/2026	1	Actual

Charge Type	Quantity	Interval	Tariff Rate	Amount Billed	VAT Billed	Total Billed
Basic Fixed	1.00	1	R 156.31	R 156.31	R 23.45	R 179.76
Consumption	6.00	0-6	R 23.82	R 126.78	R 19.02	R 145.80
			R 23.82	R 16.14	R 2.42	R 18.56
Free Units	5.32	0-6	R 23.82	-R 126.78	-R 19.02	-R 145.80

Water Consumption/Verbruik(kl)



Electricity Details:

Type	Tariff	Meter Number	Meter Connection Size
Pre-Paid	PDOM	01081485829	40 Amps

Payment Details

Bank: First National Bank
Account Number: 62869623150
Branch Code: 250655
VAT No: 4630193664
Swift Code: FIRNZAJJ
Type: Cheque
Ref. No: GRG43823

Smart Water Meter
My Smart City

9153000000000043823 9

Proof of payments to: payments@george.gov.za
Queries to: accounts@george.gov.za

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MEREDITH
Names:
MICHAEL
Sex:
M
Nationality:
RSA
Identity Number:
5309225128081
Date of Birth:
22 SEP 1953
Country of Birth:
RSA
Status:
CITIZEN

Signature

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, 68 of 1997

If found please return to the Department of Home Affairs.
For enquiry or verification purposes contact 0800 60 11 90.

Date of issue:
29 NOV 2023

117593394

Garden Route SPCA Mosselbay

Original TAX Invoice

Reg nr: NPO 003-629

Document
Date: 2026-05-27
Time: 12:07
Invoice No: INV9945
Receipt No:
Cashier: Lavern Joseph

Practice Details

VAT No: NOT VAT REGISTERED
Tel: 044 693 0824
Emergency: 072 287 1761
Email: theatrem@grspca.co.za
Website: www.grspca.co.za

Practice Address

18 Bill Jeffery Street
Boplaas
Mosselbay
6506

Client Details

Mr MICHEAL HEREDITH
Client No: 77347
VAT No:
Tel: 0832733797
Email: megan.a.meredith@gmail.com
Alternative Email:

Client Physical Address

12 FREEZIA AVE, WILDERNESS,GEORGE

Client Postal Address

Balance Brought Forward: R0.00

General Sale

SALE DATE	DESCRIPTION	QUANTITY	EXCLUSIVE	VAT	DISCOUNT%	TOTAL
2026/05/27	K-ADOPTION DOG	1.0000	R850.00	R0.00	0.00	R850.00
2026/05/27	K-HOME INSPECTION	1.0000	R100.00	R0.00	0.00	R100.00

Payment Methods

Discount Received: **R0.00**

Totals

Subtotal:	**R950.00**
Exclusive Amount:	R950.00
TAX on Applicable Items:	R0.00
Rounding:	R0.00
Amount Due:	**R950.00**
Amount Tendered:	**R0.00**

Available Loyalty Points: 0

Current Balance: R950.00

Bank Details

Account Name: Garden Route SPCA Account Type:Business Account FNB Bank 062 007 514 955 Branch Code:210114

Thank you for your support. If you do an EFT payment please use your invoice number with -MSB at the end as reference and email proof of payment to theaterm@grspca.co.za

Thank you for your support. If you do an EFT payment please use your invoice number with -MSB at the end as reference and email proof of payment theaterm@grspca.co.za

Trading Hours

Mon & Fri 12:00-16:00,Wed. Closed, Tues & Thurs. 09:00-16:00

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/(M)r/Mrs/Ms (including initials): Michael Meredith

HOME ADDRESS: 12 Freezia Avenue, Wilderness, 6560

ID NO.: 6309225128081

POSTAL ADDRESS: As above

TEL NO (H): none (B): none

CELL NO: 083 273 3797 FAX NO: none

EMAIL: megan.a.meredith@gmail.com

Address where animal will be kept: As Above

Occupation: Retired

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: Companion

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? Collie X

Can you afford private fees? Yes Who is your vet? Wilderness Vet

How many animals live on the property? DOGS? 1 CATS? _____ OTHERS _____

What are the sexes of your animals? DOGS: Male _____ Female 1 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? Still have same dog

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

Full description of the fencing and gate: Palaside Height: 2m

What shelter is provided: OUTDOORS Indoors KENNEL Indoors OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: EFT

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** 26/05/2026

ADMISSION NO MBV 8542

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 26/05/2026 TIME: _____

NAME OF APPLICANT: Mr Michael Meredith

ADDRESS: 12 Freezia Ave, Wilderness, 6560

HOME TEL No: _____ CELL No: _____

ANIMAL(S) ADOPTING: Collie x Black with white.

SEX: Female AGE: ± 1 year

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		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	B-Collie				
CONDITION	Obese				
WELFARE (good?)	excellent				
SEX & AGE	9 / F	/	/	/	/
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: Chai Cooke SPCA: Q-Route SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME: Michael Meredith

POSTAL ADDRESS:

STREET ADDRESS: 12 Freezia Avenue,
Wilderness, 6560

HOME PHONE:

WORK PHONE:

CELL PHONE: 083273 3797

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: COLLIE X

COLOUR: BLACK + WHITE

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP NUMBER: 992003000645773

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
14/04/26	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F72195 Lit. av./Exp.: 13/07-2026	

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 (isoquinoline) 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.

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. Additional Family Member/Friend Details
   - Full Name: Cheri Cooke
   - Contact Number: 072 517 5775
   - Email Address: chericooke@grspca.co.za

3. Previous SPCA Adoption
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? 9 YRS AGO
   - Where? George
   - What animal did you adopt? Border Collie

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 26/05/2026

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. *

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

E-mail * megan.a.meredith@gmail.com

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

Title * MR Initials * M Surname * MEREDITH

Street 12 FREEZIA AVE City

Suburb Area Code WILDERNESS

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 * 14 - 04 - 2026

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

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name COCO Date of birth

Species * CANINE Breed * COLLIE X

Colour BLACK WITH WHITE 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 the 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