ADOPTION CHECKLIST

ADMISSION NO: MBY 10698

CONTRACT NO: MA0320

- [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 End August
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 04/06/26. 992003000645579

Adoptee INFO:

Name & Surname Kay Lewis

Contact INFO: 0831797044

Completed by: _____ Date: 01/06/2026

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.

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

Microchip number:

992003000645579

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. * 0837797044 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * kayjievers@gmail.com — If possible, please provide a personal email, not a company email

Title * MRS | Initials * K M | Surname * IEVERS

Street 4 KERSHOUT STREET | City

Suburb HEIDERAND | Area Code HEIDERAND

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 * 29 - 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 PICKLE | Date of birth

Species * CANINE | Breed * MIN PIN X

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 he/she 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

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): Kay Iewers

HOME ADDRESS: 4 Kershout Street, Heidevard

ID NO.: 8410290071086

POSTAL ADDRESS: AS ABOVE

TEL NO (H): - (B): -

CELL NO: 0837797044 FAX NO: -

EMAIL: kayiewers@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Kennel Manager SPCA

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: Company for family

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? Min pin x

Can you afford private fees? yes Who is your vet? Dr Stander

How many animals live on the property? DOGS? 2 CATS? 2 OTHERS 0

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

Are all your animals sterilised? Give details yes

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

Which animals do you still have, and what happened to the others? 1 dog PTS - old age

Is your property fenced and has a proper gate? Yes 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? yes Are there children under 10 in your household? No

Pre Home Inspection Fee: R100 Receipt No: 10058

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** 29/05/2026

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	[illegible]			ADMISSION No.	[illegible]	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	20-5-2020		Time in	12:09	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	NA	
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	NA	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog (circled)	Cat	Other species (Specify)			
Breed	X Breed pup	Colour and Markings	Black & Tan		
Condition	Fair	Sex	[illegible]	Age	6 wks
Temperament	Fair	Sterilisation details	None	Name	—
Coat: Short	Tail: long	Teeth Condition: Fair	Ears: ½ Down	Size	Small
Area found / collected from	Ext. 13			Date	20-5-2020
Reason for surrender	Unwanted litter				

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	[illegible] Miller		
Residential Address	[illegible]			
	Ext. 13			
Postal Address				
Tel (H)	Tel (W)	Cell [illegible]		
Email				
Donation R	Cash	Card	EFT	(Receipt No.)

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 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 [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: ______________

MY OWNER

NAME: Kay Ievers

POSTAL ADDRESS:

STREET ADDRESS: 4 Kershaw Street
Heidelrand

HOME PHONE:

WORK PHONE:

CELL PHONE: 0837797044

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: xBreed

COLOUR: Black + Brown

SEX: Female

DATE OF BIRTH:

MICROCHIP NUMBER: 992003000645579

DISTINGUISHING MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
18/06/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
21/05/26	Nobivac® Puppy DP PLUS Batch: A267B01 Exp.: 11-2027	

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.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	65-011878-008-6
DATUM VAN REKENING:	21/05/2026
LAASTE KWITANSIE DATUM:	20/05/2026
VOORAFBETAALDE METERNOMMER:	01082185313

BTW REG. NO.

Naam:
IEVERS GC & KM

Liggingsadres:
4 KERSHOUTSTRAAT HEIDERAND X28

BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
2492.00	11878000	1350000	6

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				2625.01
20/05/2026 0108218531	ELEKTRISITEIT 12/05/2026-16/05/2026				372.51 *
	BASIES			323.93	
	VAT/BTW			48.58	
20/05/2026 0108218530	ELEKTRISITEIT				372.51 *
	BASIES			323.93	
	VAT/BTW			48.58	
20/05/2026 DKC6984	WATER 25/03/2026-28/04/2026				774.84 *
	3044 - 3084 (40 Kl 34 Dae)				
	BASIES			261.39	
	07/25	6.71 @	0.000 =	0.00	
	.	15.65 @	10.030 =	156.96	
	.	11.18 @	13.038 =	145.77	
	.	6.47 @	16.950 =	109.66	
	VAT/BTW			101.06	
20/05/2026 400006	RIOOL				365.61 *
20/05/2026 300006	VULLIS				320.62 *
20/05/2026 300006	VULLIS				320.62 *
20/05/2026	BELASTING PAAIEMENT				473.76
	KWITANSIES				2625.00-
	Balans Oorgedra				0.48-

BTW OP '*' ITEMS: 329.54 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	BEDRAG BETAALBAAR
0.00	0.00	0.00	3000.48	3000.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/06/2026	3000.00

VAT No. / BTW Nr. 4830118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank

PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 650118780086

EasyPay >>>>>9152665011878008 61

payat 11379 650118780086

Message / Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

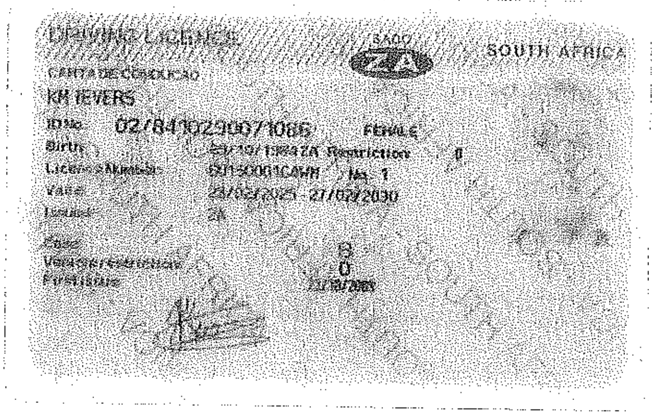
IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

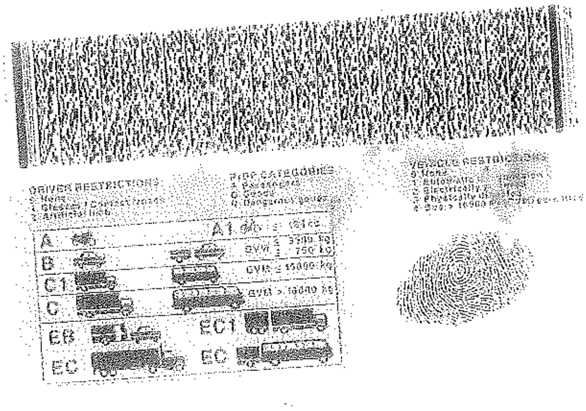
Mossel Bay MUNICIPALITY

IEVERS GC & KM
POSBUS 11478
HEIDERAND
6511

65-011878-008-6

Fold and tear on perforation.


DRIVING LICENCE
SOUTH AFRICA
ZA
FEMALE
Restriction


DRIVER RESTRICTIONS
PrDP CATEGORIES
VEHICLE RESTRICTIONS
A
A1
B
GVM ≤ 16000 kg
C1
C
GVM > 16000 kg
EB
EC1
EC
EC

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA0320 DATE: 01/06/2026

between Mosselbay SPCA

kayieversa@gmail.com

and

Name Kay Ievers

Address 4 Kershout Street, Heidelrand,

Telephone Numbers (H) 0837721044 (B)

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name PICKLE Sex female Age 7 weeks

Description MIN PIN X

On (due date) Adoption Form No. MA 0320

on the understanding that you will arrange to have this done at the MOSSELBAY SPCA Veterinary Hospital.

1. Should the animal be taken to another veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____