ADOPTION CHECKLIST

ADMISSION NO: T 0829

CONTRACT NO: MA 0336

- [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
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 09/07/26. 992003000645521

Adoptee INFO:

Name & Surname Theresa Gagiano

Contact INFO: 079 896 9464

Completed by: _____ Date: 03/07/26

Manager: _____ Date: 19/7/2026

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.

ADMISSION ASSESSMENT AND HISTORY RECORD

Garden Route

KENNEL No. [illegible] L & 42 ADMISSION No. [illegible]

Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	06/08/26		Time In	18:25	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked		Yes	Lost & Found Date checked	06/08/26
	X	No		

Microchip/Collar or ID tag found		Yes	Date scanned or checked	06/08/26	Microchip or ID Tag number	None
	X	No				

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	Hare	
Breed	Mongrel	Colour and Markings	Black/Brown	
Condition	Fair	Sex	F	Age Adult
Temperament	Friendly	Sterilisation Details	None	Name -
Coat Short	Tail Long	Teeth Condition good	Ears down	Size Small
Area found / collected from	Kwanonqubela			Date 06/08/26
Reason for surrender	Stray			

ASSESSMENT		
GOOD WITH:	YES	NO
Children		
Cats		
Other dogs		
Livestock / Other		
DO THEY:		
Jump Fences		
Run Away		
COMMENTS:		

CIT 208243

Surrendered by		Name	Bernadine Hendricks
Found by	X		
Residential Address	Mabala SIRAAT 159		
Postal Address	None		
Tel (H) None	Tel (W) None	Cell 0635709063	
Email	None		
Donation R None	Cash	Card	EFT (Receipt No.) None

PLEASE INSIST ON A RECEIPT

Related: OB No: None Case No: None Inspector: [illegible]

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 amtenare, 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	Details of third Applicant

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

1. The Owner hereby relinquishes all ownership rights to the animal/s described on the reverse of the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animanls Protection Act) an animal presented for admission is so diseased, severely injured or in such phusical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar verklaar hierdeur afstand te doen van alle eiendomsregte op die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met die dien verstande dat die Vereeniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereeniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	

Reason for Eutanasia

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

_____

Tel No (h): _____ Tel No (w): _____ Cell No: _____

Postal Address: _____

Email Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Coll and ID tag give 992003000645521 _____ Date 26/06/2026.

MEDICAL RECORD

Date	Remarks	Treatment	Cost
12/06/26.	Vaccination + Tri worm		

PTS APPROVAL	
NAME	SIGN

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details
   - Full name : Enrico Gagiano
   - Contact number : 0835322251
   - Email address : enrico@statusmosselbaai.co.za.

2. **Additional family member/friend details**
   - Full name : _____
   - Contact number: _____
   - Email address : _____

3. **Precious SPCA Adoption**
   - Have you previously adopted from SPCA (Yes/No) Yes
   - If yes, when? 2 YRS AGO
   - Where? Mosselbay
   - What animal did you adopt? Pekingese

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

Signature _____

Date 03/07/2026

MY OWNER

NAME	Theresa Gagiano
POSTAL ADDRESS	
STREET ADDRESS	45 Koningklip Street
	EXT 26, Mosselbay
TELEPHONE	
WORK PHONE	
CELL PHONE	079 596 9464
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	MINIATURE PINSCHER
COLOUR	BLACK + BROWN
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000645521
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12/06/26	RABISIN R 924507 Lot/Batch: F72195 Ut. 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.

MSD Animal Health

Nobivac

Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO 12 WEEK TICK & FLEA PROTECTION

Find us on facebook

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
12/06/26	Triworm		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER

Routine vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

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

DATE 25/06/2026

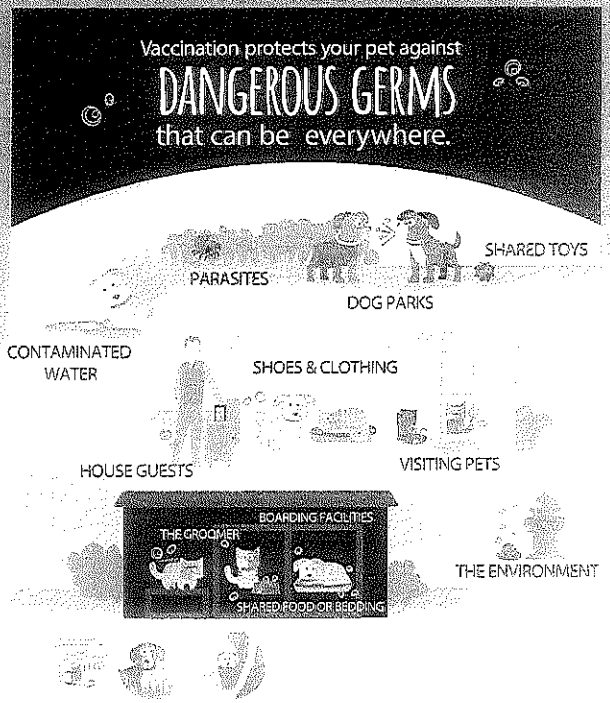
DOCTOR'S NAME Dr. Roxelle Theron

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

Ossie Urban street
Tamsui Industria
George Branch

044 878 1990
082 378 7384
clinicg@grspca.co.za (Reception)
theatreg@grspca.co.za (Clinic Manager)

Consulting Hours

Monday - Friday: 09:00 - 16:00
Saturday Sunday and Public Holidays closed

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: _____ TIME: _____

NAME OF APPLICANT: Theresa Gagiano

ADDRESS: 45 Koningklip Street, EXT 26, Masselbay

HOME TEL No: _____ CELL No: 0798969464

ANIMAL(S) ADOPTING: Min pin

SEX: ♀ AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wood 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	Pikenese	Boerboel x			
CONDITION	good	good			
WELFARE (good?)	good	good			
SEX & AGE	♀ / adult	♂ / Puppy	/	/	/
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: Ican **SPCA:** Masselbay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000645521

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 ANIMAL WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No * 079 896 9464 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications

E-mail * admin@statusmosselbaai.co.za If possible, please provide a personal email, not a company email.

Title * MRS Initials * T Surname * GAGIANO

Street 45 Koningklip Street City

Suburb Area Code EXT 26

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 - 06 - 2026

Date of Implant * 26 - 06 - 2026

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Daisy Date of birth

Species * CANINE Breed * MIN PIN

Colour BLACK + 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 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

ADMISSION No.
TOELATINGSNR. MA0336

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Mic	992003000645521		

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

Garden Route

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV **terug** te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal **nie die dier vasketting of gehok hou nie,** en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Verenigíng voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): Theresa Gagiano

HOME ADDRESS
WOONADRES: 145 Koningklip Street, Ext 26

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7807280008086

TEL No (H):
TELEFOON Nr (H):

(B):
(W):

CELL No:
SELFOON Nr: 079 896 9464

FAX No:
FAKS Nr:

E-MAIL:
E-POS. admin@statusmosselbaai.co.za

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 10151

VEHICLE REG No.
VOERTUIG REG Nr. CBS 26040

VEHICLE MAKE:
VOERTUIG MAAK: Toyota

COLOUR:
KLEUR: White

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING:

DATE / DATUM: 03/07/2026

K42
Min Pin

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): Theresa Gagiano

HOME ADDRESS: 45 Koningklip Street, EXT 26, Mosselbay

ID NO.: 7807280028086

POSTAL ADDRESS: Same as Street address

TEL NO (H): 044 285 0879 (B): 083 53 222 51

CELL NO: 079 896 9461 FAX NO: None

EMAIL: admin@statusmosselbaai.co.za

Address where animal will be kept: AS ABOVE

Occupation: Admin

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: Family expansion

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? Doberman Pinscher

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

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

What are the sexes of your animals? DOGS: Male 1 Female 1 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Yes

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

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

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

Full description of the fencing and gate: Concrete structure with wooden poles. Devils fork. Height: + - 1.5M

What shelter is provided: OUTDOORS 0 KENNEL 0 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: 10151

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] **Date of application** 20/06/2086

ADMISSION, ASSESSMENT AND HISTORY RECORD

Garden Route SPCA

KENNEL No. [illegible] K 42 | ADMISSION No. T 0829

Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	06/06/26		Time In	18:25	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked: Yes [ ] No [x] | Lost & Found Date checked: 06/06/26

Microchip/Collar or ID tag found: Yes [ ] No [x] | Date scanned or checked: 06/06/26 | Microchip or ID Tag number: None

DESCRIPTION & HISTORY

Dog / Cat / Other species (Specify)			Rabbit
Breed	Mix pie	Colour and Markings	Black/Brown
Condition	Fair	Sex ♀	Age Adult
Temperament	Friendly	Sterilisation Details None	Name -
Coat Short	Tail Long	Teeth Condition good	Ears down / Size Small
Area found / collected from	Kwanonqubela		Date 06/06/26
Reason for surrender	Stray		

ASSESSMENT

GOOD WITH:	YES	NO
Children		
Cats		
Other dogs		
Livestock / Other		
DO THEY:		
Jump Fences		
Run Away		

COMMENTS: CIT 8063243

Surrendered by / Found by [x]	Name	Bernadine Hendricks			
Residential Address	Mabala STRAAT 139				
Postal Address	None				
Tel (H) None	Tel (W) None	Cell 0633709663			
Email	None				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

PLEASE INSIST ON A RECEIPT

Reported: OB No: None Case No: None Inspector: [illegible]

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 amtenare, 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	Details of third Applicant

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

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavout to place it in a new home or, if unable to do so, effect its painless destruction.

1. Die Eienaar - Vinder doen hiermee afstand van alle eienaarsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met die dien verstande dat die Vereeniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animanls Protection Act) an animal presented for admission is so diseased, severely injured or in such phusical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereeniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Any charges endorsed hereon are due and payable on request.

3. Enige koste hierop onderskryg is verskuldig en betaalbaar op aanvraag.

4. The Society will not home any animal unsterilised.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Eutanasia			

Euthanase Bottle No:_____ Quantity used:_____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

Tel No (h): _____ Tel No (w): _____ Cell No: _____

Postal Address: _____

Email Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Coll and ID tag give 992003000645521

Date 26/06/2026.

MEDICAL RECORD

Date	Remarks	Treatment	Cost
12/06/26.	Vaccination + Trivorm		
03/07/26	Sterilised. - Give 1ml		
	kids panado every 12 hours.		

PTS APPROVAL	
NAME	SIGN

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
12/06/26	Triworm		

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

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 03-07-2026

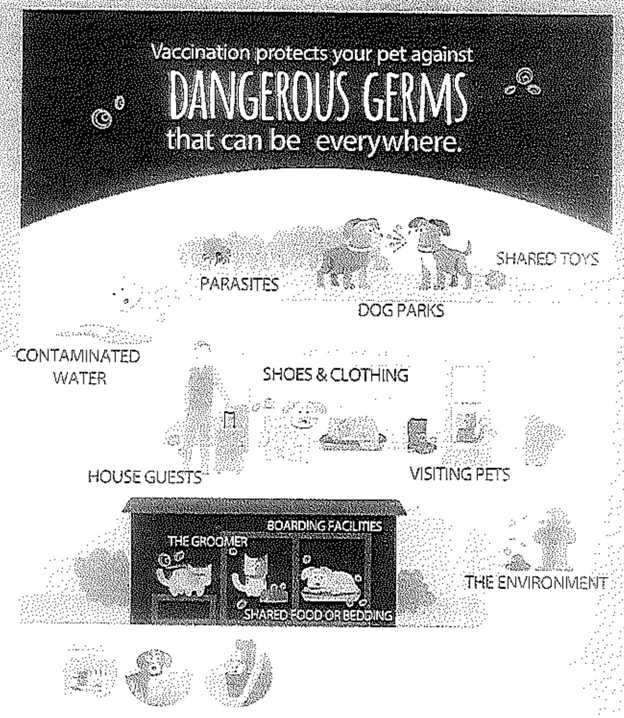
DOCTOR'S NAME Dr. E. Serekal

Garden Route SPCA

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

Ossie Urban street
Tamsui Industria
George Branch

044 878 1990
082 378 7384
clinicg@grspca.co.za (Reception)
theatreg@grspca.co.za (Clinic Manager)

Consulting Hours

Monday - Friday: 09:00 - 16:00
Saturday Sunday and Public Holidays closed

MY OWNER

NAME	Theresa Gagiano
POSTAL ADDRESS	
STREET ADDRESS	45 Koningklip Street
	EXT 26, Mosselbay
TELEPHONE	
WORK PHONE	
CELLPHONE	079 896 9464
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	MINIATURE PINSCHER
COLOUR	BLACK + BROWN
SEX	Female
DATE OF BIRTH	
MICROCHIP NO.	992003000645521
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12/06/26	RABISIN R 924507 Lot/Batch: F72195 Uit. gv./Exp.: 13/07-2026	
03/07/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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.

MSD Animal Health

Nobivac® Quantel® Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfrica
facebook.com/MedPetsSA

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	76-018552-004-6
DATUM VAN REKENING:	23/06/2026
LAASTE KWITANSIE DATUM:	22/06/2026
VOORAFBETAALDE METERNOMMER:	01351146426

BTW REG. NO.
Naam:
GAGIANO T
Liggingsadres:
45 KONINGKLIPSTRAAT DALMEDA X28
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1940.00	18552000	960000	13

DATUM	BESONDERHEDE			BEDRAG
	BALANS OORGEBRING			2359.56
19/06/2026 0135114642	ELEKTRISITEIT			496.69 *
	BASIES		431.91	
	VAT/BTW		64.78	
19/06/2026 CEHB7179	WATER 05/05/2026-04/06/2026			568.89 *
	2775 - 2802 (27 Kl 30 Dae)			
	BASIES		261.39	
	07/25 5.92 @	0.000 =	0.00	
	. 13.81 @	10.030 =	138.51	
	. 7.27 @	13.038 =	94.79	
	VAT/BTW		74.20	
19/06/2026 400013	RIOOL			365.61 *
19/06/2026 300013	VULLIS			320.62 *
19/06/2026	BELASTING PAAIEMENT			322.93
	KWITANSIES			2359.00-
	Balans Oorgedra			0.30-
BTW OP '*' ITEMS:	228.48 ACB TOT:		0.00	

AGTERSTALIG OP HUURDERS 478.18

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	2075.30	2075.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/07/2026	2075.00

VAT No. / BTW Nr. 4830116370

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. 760185520046

>>>>>9152676018552000466

11379 760185520046

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
P4010355

Vou en skeur af.

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

Mossel Bay MUNICIPALITY

GAGIANO T
KONINGKLIPSTRAAT 45
MOSSELBAAI
6506

76-018552-004-6

Fold and tear on perforation.

on perforation.

3552-004-6

[redacted]
MOSSELBAAI
6506

Vou el

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

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 780728 0028 08 6

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
GAGIANO

VOORNAME/FORENAMES
THERESA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1978-07-28

DATUM UITGEREIK
DATE ISSUED
2002-09-06

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS