ADOPTION CHECKLIST

ADMISSION NO: MBY4721

CONTRACT NO: MA00025T

- [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 16/01/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486904

Adoptee INFO:

Name & Surname Gert Meiring

Contact INFO: 071 986 0559

Completed by: _____ Date: 17/01/25

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED

DBV SPCA
Garden Route

KENNEL No. CBB C4				ADMISSION No. MBY4721		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	28/11/24		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	✓ Yes / No	Lost & Found Date checked	28/11/24
Microchip/Collar or ID tag found	Yes / ✓ No	Date scanned or checked	28/11/24	Microchip or ID Tag number			

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	DSH		Colour and Markings	Black	
Condition	Fair		Sex	♂	Age 8 weeks
Temperament	Fair		Sterilisation details	NO	Name —
Coat Short	Tail long	Teeth Condition Fair	Ears	UP	Size Small
Area found / collected from	Rietvlei				Date 28/11/24
Reason for surrender	Unwanted				

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	Shaleen Kiewiet
Residential Address	Rietvlei plaas 2 MBay	
Postal Address	N/A	
Tel (H) N/A	Tel (W) N/A	Cell 0787089803
Email	N/A	
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: Mariaan

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	Witness for Society

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant Refer to MBY 4606	Details of third Applicant

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

C4.

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof of residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): DR GJ MEIRING.

HOME ADDRESS: 9 Point Village Road; Mossel Bay, 6500. ID NO.: 5009165057080

POSTAL ADDRESS: 6500.

TEL NO (H): _____ (B): _____

CELL NO: 071 986 0557 FAX NO: _____

E-MAIL: gertmeiring@gmail.com.

Address where animal will be kept: above.

Reason for wanting an animal: Pet.

Occupation: Medical Doctor. (GP)

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

Are you a student with consent to keep pets? N/A. YES/NO

Reason for wanting an animal: _____

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? _____

Can you afford private veterinary fees? yes Who is your vet? Heiderand Dieve kliniek.

How many animals live on your property DOGS _____ CATS _____ OTHER None.

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

Are all your animals sterilised? Give details N/A.

How many dogs and cats have you owned over the past 3 years? DOGS _____ CATS 2. OTHER _____

Which animals do you still have, and what happened to the others? None.

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

Full description of the fencing and gate: _____ Height: _____

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER indoors.

Have you previously had pets from an SPCA? No. Are there children under the 10 years in your household? No

Pre Home Inspection Fee: R100. Receipt No.: SS47

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** 16 Jan. 2025.

PRE HOME NO: MPRE 064

ADMISSION NO:

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 16/1/25 TIME: 17h42

NAME OF APPLICANT: Dr Meiring

ADDRESS: 9 Point Village Road, Mosselbay

HOME TEL No: _____ CELL No: 071 986 0557

ANIMAL(S) ADOPTING: 2 Cats

SEX: Male AGE: 3 months

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					
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: Wally Wagenaar **SPCA:** MBay SPCA **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO:
Microchip	992003000486904		

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 the 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 the form of a microchip or a collar and tag – only **elasticised 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 the 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 within 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.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Gert Meiring

HOME ADDRESS: 9 Point Village Road, Mossel Bay. ID/PASSPORT NO.: 5009165057080

TEL NO (H): (B):

CELL NO: 071 986 0557 FAX NO:

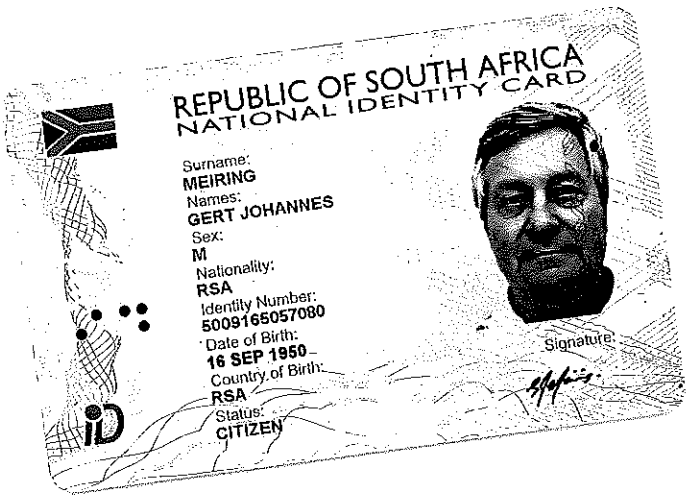
E-MAIL: germeiring@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: RECEIPT No.

VEHICLE REG. No. CBS 26305 VEHICLE MAKE: Toyota COLOUR Wit

SIGNATURE: WITNESS FOR SOCIETY:

DATE: 17 Jan 2025


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
MEIRING
Names:
GERT JOHANNES
Sex:
M
Nationality:
RSA
Identity Number:
5009165057080
Date of Birth:
16 SEP 1950
Country of Birth:
RSA
Status:
CITIZEN
Signature:

Standard Bank
STELLENBOSCH
PO BOX 61342 MARSHALLTOWN 2107

STELLENBOSCH

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MARSHALLTOWN
2107

Private Banking Contact Centre: 0860 123 101
e-mail: privatebanking@standardbank.co.za

14 November 2024

DR GJ MEIRING
9 POINT VILLAGE RD
MOSSEL BAY EXT 1
6506

STELLENBOSCH 0610
MONTHLY EMAIL

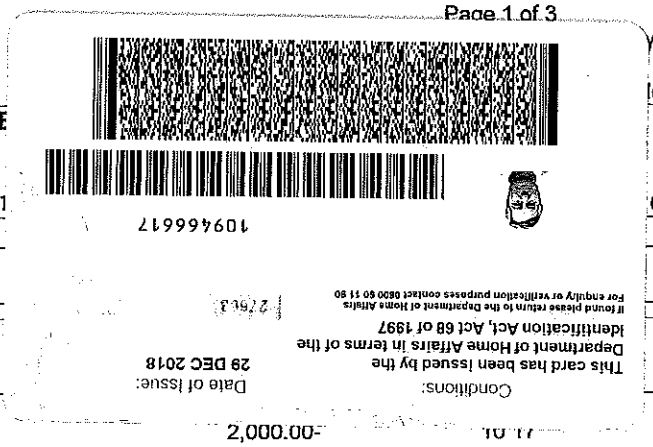
Statement No: 11

y: Monthly

lovember 2024

PRIVATE BANKING CURRENT ACCOUN

07 215 064 5



Month-end Balance	R56,522.96

Details					**Balance**
BALANCE BROUGHT FORWARD					58,389.68
AUTOBANK CASH WITHDRAWAL AT 0000J528 2024-10-17T11:48:22 55		2,000.00-		10 17	56,389.68
IB PAYMENT TO KATHLEEN PIENAAR		1,200.00-		10 19	55,189.68
IB PAYMENT TO OE MANNRE TUIN		300.00-		10 19	54,889.68
TELETRANSMISSION INWARD GERT MEIRING IT24298ZA0712659			61,504.50	10 24	116,394.18
IB PAYMENT TO ORINOCO CAPITAL PTY OZ-OCTAFX		21,000.00-		10 24	95,394.18
IB PAYMENT TO LUNO		18,000.00-		10 25	77,394.18
IB PAYMENT TO ORINOCO CAPITAL PTY OZ-OCTAFX		25,000.00-		10 28	52,394.18
IB PAYMENT TO KEEPITSIMPLESURFPTYL LONGBOARD		7,500.00-		10 28	44,894.18
IB TRANSFER FROM BJM PS TO PVT			20,000.00	10 28	64,894.18
AUTOBANK CASH WITHDRAWAL AT 0000J528 2024-10-30T18:55:47 55		2,000.00-		10 30	62,894.18
INSURANCE PREMIUM SANTAM J117164496		1,728.52-		10 31	61,165.66
SERVICE AGREEMENT MWEB 11767809:R36411423		1,139.00-		10 31	60,026.66
OVERDRAFT SERVICE FEE	##	69.00-		10 31	59,957.66
FIXED MONTHLY FEE	##	420.00-		10 31	59,537.66
STOP ORDER KATHLEEN TOELAA KATHLEEN PIENAA		3,000.00-		11 01	56,537.66
FEE:MU PRIMARY SMS 0000000072150645 00049 R14.70	##	14.70-		10 31	56,522.96
MEMBERSHIP FEE UCOUNT	##	25.00-		11 01	56,497.96
DEBIT TRANSFER M-CHOICE M-CHOICE188700141		1,049.00-		11 01	55,448.96

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PO BOX 61342 MARSHALLTOWN 2107

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e-mail: privatebanking@standardbank.co.za

14 November 2024

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9 POINT VILLAGE RD
MOSSEL BAY EXT 1
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MONTHLY EMAIL

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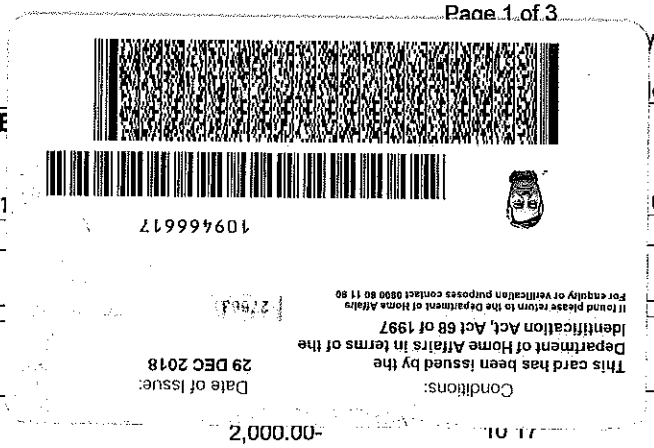

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Month-end Balance R56,522.96

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MY OWNER

NAME	DR GJ Meiring
POSTAL ADDRESS	
STREET ADDRESS	9 Point Village Road
	Mosselbay
HOME PHONE	
WORK PHONE	
CELLPHONE	071 986 0557
BREEDER DETAILS	

ME

SPECIES	FELINE
BREED	OSH
COLOUR	Black
SEX	Male
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000486904
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
03/02/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
03/12/24	Nobivac HCP 020714SAD 13-APR-2024 13-OCT-2025 — Nobivac® DHPPi + Nobivac® Feline-HCP	A·H·T
03/01/25	Nobivac HCP 020714SAD 13-APR-2024 13-OCT-2025 — Nobivac® DHPPi + Nobivac® Feline-HCP	A·H·T
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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.

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14 November 2024

DR GJ MEIRING
9 POINT VILLAGE RD
MOSSEL BAY EXT 1
6506

STELLENBOSCH 0610
MONTHLY EMAIL

Statement No: 11

Statement Frequency: Monthly

Statement from 14 October 2024 to 14 November 2024

BANK STATEMENT / TAX INVOICE

PRIVATE BANKING CURRENT ACCOUNT **Account Number** **07 215 064 5**

Month-end Balance	R56,522.96

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Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486904

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. * 071 986 0557

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

E-mail * gert meiring @ gmail.com

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

Title * DR Initials * G Surname * MEIRING

Street 9 POINT VILLAGE ROAD City

Suburb Area Code MOSSEL BAY

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 * 16 - 01 - 2025

Date of Implant * 16 - 01 - 2025

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

Name of Vet who implanted the Chip N.N

PET DETAILS

Pet Name Date of birth 2024

Species * FELINE Breed * DSH

Colour BLACK 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 his 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