ADOPTION CHECKLIST

ADMISSION NO: MBY 4603

CONTRACT NO: MA000609T

- [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 on 19/12/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486975

Adoptee INFO:

Name & Surname: Philip Meyer

Contact INFO: 082 533 1782

Completed by: _____ Date: 09/01/2025

Manager: _____ Date: 09/01/2025

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

DBV SPCA
Garden Route

LOADED

KENNEL No.	KH K29			ADMISSION No.	MBY4603	
Stray	Surrender X	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	
Microchip/Collar or ID tag found		Yes / No	Date scanned or checked		Microchip or ID Tag number		

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)	Desert.		
Breed	X Ker	Colour and Markings	White (Lemon)		
Condition	Fair	Sex M	Age	Puppy	
Temperament	Good	Sterilisation details NO	Name	Simba	
Coat S	Tail	Teeth Condition	Ears Up	Size	Puppy
Area found / collected from	Hermanus			Date	28/11/24
Reason for surrender	Can't keep any longer				

ASSESSMENT		
GOOD WITH:	Yes	No
Children	✓	
Cats	✓	
Other Dogs	✓	
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		✓
Run Away		✓
COMMENTS:		

Surrendered by / Found by	X	Name	Bernadette Fransch	
Residential Address	363 Main Heights			
	Hermanus			
Postal Address				
Tel (H)	Tel (W)		Cell	
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 B Fransch	Witness for Society Wenzel
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Snowy.

MA0001097

992003000486975

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): Mr. Philip Meyer

HOME ADDRESS: 11 Hofmeyr Street, Linkside, Mosselbay

ID NO.: 8204255025082

POSTAL ADDRESS: Same as above.

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

CELL NO: 082 533 1782 FAX NO: _____

E-MAIL: philip@meyerclan.co.za

Address where animal will be kept: Same as above.

Reason for wanting an animal: We need a friend for our dog Cooper

Occupation: IT Systems Engineer

Do you own or rent your property: _____ Do you have consent from owner / Body Corporate? Yes

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

Reason for wanting an animal: Friend for our dog Cooper.

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? Mosselbay Animal Hospital

How many animals live on your property DOGS 1 CATS 2 OTHER _____

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned over the past 3 years? DOGS 2 CATS 4 OTHER _____

Which animals do you still have, and what happened to the others? 1 Dog 2 Cats

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

Full description of the fencing and gate: Palisade Fence Height: 1.8 metes

What shelter is provided : OUTDOORS _____ KENNEL X OTHER Veranda

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.: 5491

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** 2025/01/06

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486975

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. * 082 533 1782

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

E-mail * philip@meyerclan.co.za

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

Title * MR Initials * P Surname * MEYER

Street 11 Hofmeyr City

Suburb Area Code LINKSIDE

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 * 09 - 01 - 2025

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

Name of Vet who implanted the Chip NOYEBO NGQELE

PET DETAILS

Pet Name Aspen.

Date of birth 2024

Species * CANINE

Breed * HUSKY X

Colour 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 personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE X _____

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

9920030004869 75

MA 0001097

ADMISSION NO MBY 4603

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 7/1/25 TIME: 10:28

NAME OF APPLICANT: Philip Meyer

ADDRESS: 11 Hofmeyr Str, Linkside.

HOME TEL No: _____ CELL No: 082 533 1782

ANIMAL(S) ADOPTING: Husky X

SEX: Male AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION 1.5 meter			
Type and height of fence: Y. Brick / Palisades		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?	1

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Collie				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	Male/4 year	/	/	/	/
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: Ices SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel — WORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL — DEWORMING FOR HAPPIER HEALTHIER DOGS

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 to keep 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 19/12/2024

DOCTOR'S NAME Dr. A.S. [illegible]

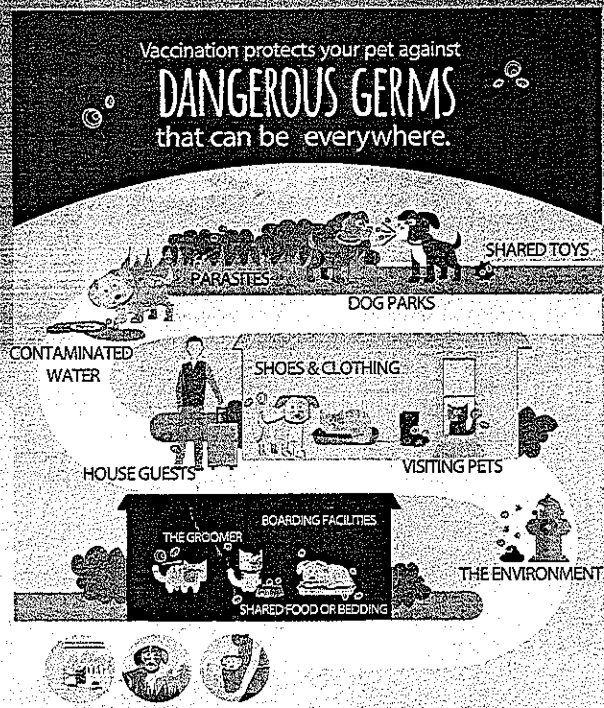
Garden Route SPCA
P.O. Box 238
George, 6530
Ph (044) 693 - 0824

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

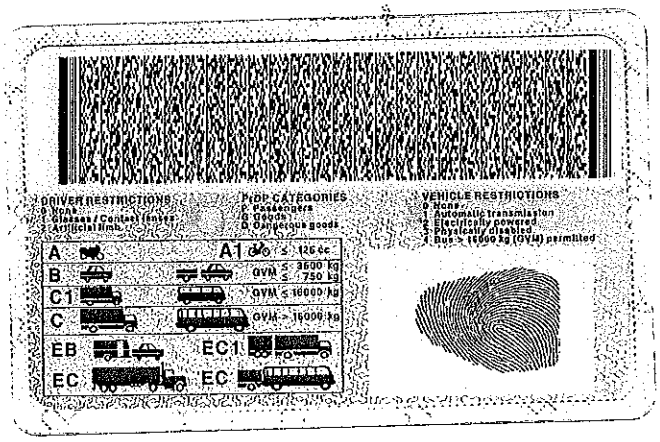
GARDEN ROUTE SPCA
MOSSEL BAY

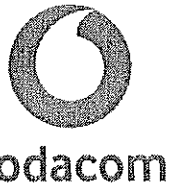
18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00


DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb
PDP CATEGORIES
P Passengers
G Goods
D Dangerous goods
VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted
A
A1 ≤ 125 cc
B
GVM ≤ 3500 kg
GVM ≤ 750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC



Computer Generated

Statement

I0992373-5
Philip Meyer
11 Hofmeyer street
linkside
mosselbay
6500

Account number: I0992373-5
Statement Date: 03/01/2025

Account summary:

Date	Description	Item number	Reference	Amount	Total
04/12/2024	BALANCE FWD			5,868.52	5,868.52
01/01/2025	Invoice	H9-1GEH53	Combined	2,306.42	8,174.94
01/01/2025	Invoice	H9-1GGCR5	722774075	179.58	8,354.52
01/01/2025	Invoice	H9-1GKNC5	Combined	2,383.51	10,738.03
01/01/2025	Invoice	VB/U055766		999.01	11,737.04
02/01/2025	Payment	SCN0214727	519b0585	-5,868.52	5,868.52

Total due 5,868.52

ADMISSION No.
TOELATINGSNR. MBY 4603

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	: Male/Female
Microchip and or ID Tag		

992003000486975

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 uiteenlik 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 veearts nykundige 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 Vereniging 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 omheen 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 aangeklo 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): Philip Meyer

HOME ADDRESS
WOONADRES: 11 Hofmeyr Str, Linkside

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8204255025082

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

(B):
(W):

CELL No:
SELFOON Nr: 082 533 1782

FAX No:
FAKS Nr:

E-MAIL:
E-POS: philip@meyerclan.co.za

ADOPTION FEE:
AANEMINGSVOOI: R850

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.: 5518

VEHICLE REG No.
VOERTUIG REG Nr.: CBS 53612

VEHICLE MAKE:
VOERTUIG MAAK: Suzuki Grand Vitara

COLOUR:
KLEUR: Grey

SIGNATURE
HANDTEKENING:

09/01/2025

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING: