ADOPTION CHECKLIST

ADMISSION NO: MBY5102

CONTRACT NO: MA 000107T

- [x] Admission Form
- [x] Application for adoption
- [ ] 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 04/01/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [ ] Microchip Registration- chip number: _____

Adoptee INFO:

Name & Surname: Taylor Cornell Morton

Contact INFO: 084 05180 00

992003000486977

Completed by: _____ Date: 11/01/2025

Manager: _____ Date: 11/01/2025

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.

Vet.
Loaded

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	K 36			ADMISSION No.	MBY5102	
Stray	Surrender ✓	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 19-12-24			Time in 10:22		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	✓ Yes / No	Lost & Found Date checked	19-12-24
Microchip/Collar or ID tag found	✓ Yes / No	Date scanned or checked	19-12-24	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Staffie cross puppy		Colour and Markings	Brown
Condition	Fair		Sex Female	Age Juvenile
Temperament	Fair		Sterilisation details None	Name Unknown
Coat Med	Tail Long	Teeth Condition Fair	Ears Pricked	Size Small
Area found / collected from	Luthuli			Date 19-12-2024
Reason for surrender	Can't afford it			

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	Sisipho Bonaca Mlonyeni
Residential Address	20358 Albert Luthuli, Dalindyebo	
Tecer, Mosselbay		
Postal Address	6506	
Tel (H)	Tel (W)	Cell 0693137830
Email	sisiphobonaca281@gmail.com	
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	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:_____

AvA K36.

MA000107T

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): Ms. Taylor Cornell Morton

HOME ADDRESS: 95 Victoria Street, Bormehlsdrift, George 6529 ID NO.: 9405160034080

POSTAL ADDRESS: same as home.

TEL NO (H): 0735680231 (B): —

CELL NO: 0840518000 FAX NO: —

E-MAIL: jellytay@gmail.com

Address where animal will be kept: 95 Victoria Street, George.

Reason for wanting an animal: Companion for daughter & other young dog.

Occupation: Office manager

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

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? medium Dog

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

How many animals live on your property DOGS 1 CATS 0 OTHER 0

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

Are all your animals sterilised? Give details Yes.

How many dogs and cats have you owned over the past 3 years? DOGS 1 CATS 0 OTHER 0

Which animals do you still have, and what happened to the others? Same dog.

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

Full description of the fencing and gate: Fibrecrete & Fence Height: 2m

What shelter is provided : OUTDOORS ____ KENNEL ____ OTHER Indoors.

Have you previously had pets from an SPCA? Yes Are there children under the 10 years in your household? Yes

Pre Home Inspection Fee: R100 Receipt No.: 5482.

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** 04/01/2025

I WAS DEWORMED ON

ATE	PRODUCT	DATE	PRODUCT

OTE TO MY OWNER
egular vaccines as prescribed by my veterinarian and
eworming every 2 weeks for under 12 weeks of age and every 3
onths 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

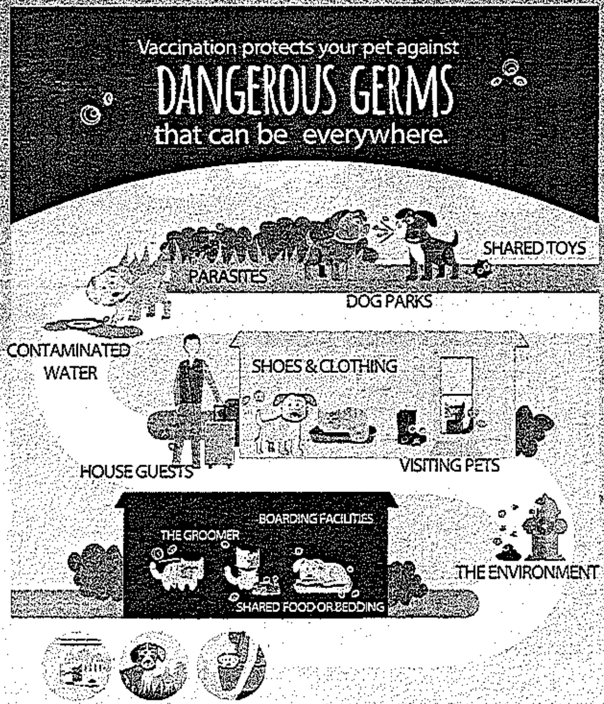
VETERINARIAN'S SIGNATURE [signature]

DATE 09/01/2025

DOCTOR'S NAME Dr A S[illegible].

Garden Route SPCA
P.O. Box 258
George,6530
Ph (044) 693 - 0824
PRACTICE STAMP

VACCINE RECORD CARD



PET'S NAME

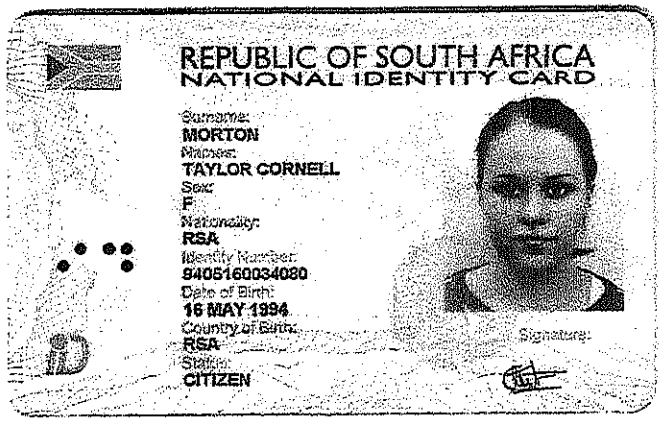
MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

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

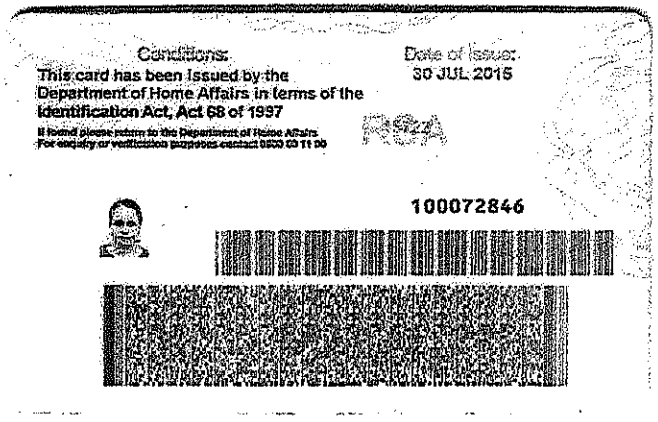
Consulting Hours
Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MORTON
Names:
TAYLOR CORNELL
Sex:
F
Nationality:
RSA
Identity Number:
9405160034080
Date of Birth:
16 MAY 1994
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, 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:
30 JUL 2015

RSA

100072846

LEADING PROPERTY RENTALS

INVOICE

Leading Property Rentals
Western Cape
South Africa

BILL TO
Taylor & Keegan
Taylor & Keegan
95 Victoria st
Dormehls Drift
George, Western Cape 6529
South Africa

0840518000
jellytay@gmail.com

Invoice Number: 100286
Invoice Date: December 11, 2024
Payment Due: December 26, 2024
Amount Due (ZAR): **R6,550.00**

Items	Quantity	Price	Amount
95 Victoria Street: Cottage 1 JANUARY 2025 RENT	1	R6,550.00	R6,550.00
		Total:	R6,550.00
		Amount Due (ZAR):	**R6,550.00**

Leading Property Rentals- Standard Bank- # 20 005 7510- code 051001

ADMISSION No.
TOELATINGSNR. MBYS102

ADOPTION CONTRACT

MA 000107T

Garden Route

DOG / CAT	Breed	Male/Female	
Microchip	992003000486977		

This animal has been [illegible] 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.

UITPLASINGSKONTRA

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 dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede e verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig verstlm 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 nl 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 Vereniglin 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, di Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsenykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en i 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 omheln 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 vir 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): Taylor Cornell Morton

HOME ADDRESS
WOONADRES: 95 Victoria Str, Dermehlshtft, George

ID/PASSPORT No.:
ID/PASPOORT Nr.: 9406160034080

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

(B):
(W):

CELL No:
SELFOON Nr: 084 051 8000

FAX No:
FAKS Nr:

E-MAIL:
E-POS: jellytay@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.: 5536

VEHICLE REG No.
VOERTUIG REG Nr.: CAW 85220

VEHICLE MAKE:
VOERTUIG MAAK: Ford.

COLOUR:
KLEUR: White

SIGNATURE: 11/01/2025

WITNESS FOR SOCIETY:

Backhome

Virbac

* COMPULSORY FIELDS
PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486977

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. * 084 051 8000

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

E-mail * jellytay@gmail.com

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

Title * MS

Initials * T C

Surname * MORTON

Street 95 Victoria Str, Dormehlsdrift

City

Suburb

Area Code George

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 BHO SMITH

PET DETAILS

Pet Name Harley

Date of birth 2024

Species * CANINE

Breed * BOERBOEL X

Colour BROWN

Markings

Gender Male (Female)

Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

MEDICAL

Medical Conditions

KUSA Registration Number

Medical Insurance Company

Pet Registered Name

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 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 options to register on the backhome database

1. On-line — Log onto www.backhome.co.za. Complete the registration process.

2. Post — Send this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364