

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract N/A
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000486833

ADMISSION NO:

MBY 4118

CONTRACT NO:

MBY M00090T

Adoptee INFO:

Name & Surname Wikus Rabe

Contact INFO: 0760478065
0837797044

Completed by: [Signature]

Date: 10/12/2024

Manager: [Signature]

Date: 10/12/2024

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. <u>Lap 1</u>				ADMISSION No. <u>MBY4118</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>16/10/24</u>		Time in	<u>16:00</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes	Lost & Found Date checked
			<u>N/A</u>	No	<u>N/A</u>
Microchip/Collar or ID tag found	Yes	Date scanned or checked	Microchip or ID Tag number		
	No				

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) <u>Farm</u>		
	Breed	<u>Mountain Goat</u>	Colour and Markings	<u>Black</u>	<u>Brown</u>
	Condition	<u>Good</u>	Sex	<u>Eve</u>	Age <u>Adult</u>
	Temperament	<u>Scared</u>	Sterilisation details	<u>No</u>	Name
	Coat <u>Short</u>	Tail <u>Short</u>	Teeth Condition <u>Fair</u>	Ears <u>Up</u>	Size <u>Adult</u>
	Area found / collected from <u>MBay</u>				Date <u>16/10/24</u>
	Reason for surrender <u>Can not keep</u>				

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

Surrendered by	Name	<u>Francis Nieuwenh</u>
Found by		
Residential Address	<u>Harry Giddy Park</u>	
	<u>MBay</u>	
Postal Address	<u>N/A</u>	
Tel (H)	<u>N/A</u>	Tel (W) <u>N/A</u> Cell <u>0718516502</u>
Email	<u>N/A</u>	
Donation R	<u>N/A</u>	Cash Card EFT (Receipt No.) <u>N/A</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: Mariann

STATEMENT OF SURRENDER

I do hereby certify that DO / DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and 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 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 <u>Refer to MBY3683</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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



M A 00090T
992003000486833

PRE HOME NO

Section 4-5B: Page 1

MPRE 048

ADMISSION NO

MBY0 MBY4118

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES/NO

DATE UNDERTAKEN:

05/12/24

TIME:

11H55

NAME OF APPLICANT:

Wikus Rabé

ADDRESS:

Gedede 33, Plaas 250, Mosselbaai

HOME TEL No:

CELL No:

0760478065

ANIMAL(S) ADOPTING:

Goats

SEX:

1X M + 3 F

AGE:

Adults.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	Mesh fencing		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	none				
CONDITION	none				
WELFARE (good?)	none				
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Plaas - Good people & love to keep animals as pets.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY:

Thembu

SPCA:

Mosselbaai

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

What type of animal do you want to adopt? CATTLE / ~~GOATS~~ / SHEEP / POULTRY / PIGS / other

Can you afford private veterinary services? YES / NO

Who is your veterinarian? Arden and Dick Kline Tel: 0446912485

Have you previously adopted pets from the SPCA? YES / NO

If YES, do you still have them? yes

If NO, what has happened to them? _____

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

How many animal(s) do you own? Farm Animals: _____

Other: _____

Specify other: _____

What gender are your animals? FARM ANIMALS: Male _____ Female _____ Sterilised _____

Other: (F) _____ (M) _____

Are your animals sterilised? Give details: _____

How many animals have you owned in the past three years? 3 dogs - fish and reptiles

Which animals do you still have and what happened to the others? still have all my animals at my other properties

Where do you keep your farm animals, is the area fenced with a proper gate and is adequate shelter and water provided? _____

all yes

Full description of fencing, gate and shelter / stables / coops _____
wendy house for shelter and fenced in

Receipt • S420 - R3500

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: WR DATE: 05/12/2024



MOSSEL BAY MUNICIPALITY
MOSELBAI MUNISIPALITEIT
UMASIPALA WASEMOSELBAYI

Name:
RABE W & BISSET MS
Street Address:
49 21STE LAAN MOSELBAI
TAX INVOICE MONTHLY ACCOUNT

ACCOUNT NUMBER: 58-003833-012-3
DATE OF ACCOUNT: 25/11/2024
LAST RECEIPT DATE: 24/11/2024
PREPAID METER NUMBER: 01080368416

SERVICE DEPOSIT:	1940.00	EFF NUMBER:	3833000	TOTAL VALUATION:	3250000	WARD NO.:	8
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DATE	DETAILS	AMOUNT
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20/11/2024	B/F BALANCE	2381.38
	BASIC	392.65
	VAT/BTW	58.89
20/11/2024	CEUSE2608	
	WATER 25/09/2024-24/10/2024	
	8087 - 8110 (23 KL 29 Days)	479.97 *
	BASIC	237.63
	07/24	5.72 @ 0.000 = 0.00
		13.35 @ 9.737 = 129.99
		3.93 @ 12.658 = 49.75
		62.60
20/11/2024	VAT/BTW	
	SEWERAGE	335.43 *
20/11/2024	REFUSE	299.64 *
	RATES INSTALLMENT	1089.53
	RECEIPTS	2381.00-
	Balance Carried Forward	0.49-
	VAT ON *** ITEMS:	204.32 ACH TOT: 0.00

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
0.00	0.00	0.00	2636.49	2636.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE

DUE DATE 17/12/2024

AMOUNT DUE 2636.00



RABE W & BISSET MS
49 21STE LAAN
MOSEL BAY
6506



Fold and tear on perforation.

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

Vous en skour af.

GEREGISTREERDE WOON- EN POSADRES

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

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by: 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.

I.D.No. 930209 5189 08



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

RABE

VOORNAME/FORENAMES

WIKUS

GEBOORTE/DISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTE/TOETUM/
DATE OF BIRTH

1993-02-09

DATUM UITGEREK/
DATE ISSUED

2010-03-03



UITGEREK OP BELEG VAN DIE
DIREKTOR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS



ADOPTION CONTRACT

MA00090T

Garden Route

DOG / CAT	Breed	Male/Female
Microch	992003000486833	

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 those responsibilities.

- I do hereby confirm and undertake, that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- 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.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- 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.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- 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.
- I will ensure that the animal is sterilised as stipulated by the Society.
- 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.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- 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.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- 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.

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

HOME ADDRESS
WOONADRES: Gedeelte 33, Plaas 250,

TEL No (H): Mosselbaai, Wes-Kaap
TELEFOON Nr (H):

CELL No: 0760478065
SELFHOON Nr:

E-MAIL: wikusrabe7@gmail.com
E-POS:

ADOPTION FEE: R850
AANEMINGSVOOI:

cash / eft / card
kontant / eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 5420

VEHICLE REG No. Pancake WP
VOERTUIG REG Nr:

VEHICLE MAKE: Ford
VOERTUIG MAAK:

COLOUR:
KLEUR: white

SIGNATURE
HANTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

ADMISSION No.
TOELATINGSNR.

MBY4118



Garden Route

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

UITPLASINGSKONTRAK

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

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- Indien ek om enige rede nie langer die diër kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te basorg. As ek om enige rede nie daartoe in staat is om die diër te hou nie sal ek nie besit van die diër afstaan nie tensy ek dit aan die DBV terugbasorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkoste aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die diër by 'n geskikte persoon met aanvaarbare huis en of gehulwes is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en kliefat skaal, in die terugbasorging van die diër.
- Ek sal die diër 'n redelike kans gee om aan sy nuwe tuisle gewoonde te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die diër te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die diër vasketting of gehok hou nie, en aanvaar dat indien die diër wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- Ek onderneem om die diër se nodige inenings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se diensie gebruik.
- Ek verstaan dat, indien die diër siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die diër na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
- Ek onderneem om toe te sien dat die diër gasteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my diër te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - stegs rokbandjies mag vir kalte gebruik word.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die diër sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die diër wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die diër in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die diër gebruik of toelaat dat die diër as 'n wag hond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos in kennis stel van enige verandering van adres.

* Ek onderneem om nooit die diër wat ek aanneem te mishandel verwaarloos of te verlaat nie.

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wredeheid of verwaarloosing van enige diër nie.

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

Wikus Rabe

ID/PASSPORT No.: 9302095189081
ID/PASPOORT Nr.:

(B):
(W):

FAX No:
FAKS Nr:

10/12/2024

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000486833

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 07664 78065

E-mail * wikusrabe7@gmail.com

Title * MR Initials * W

Street Gedelee 33 Ploas 250

Suburb

Country

Phone - Day time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

CHIP DETAILS

Registration Date *

Date of Implant * 10 - 12 - 2024

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip NDYEBU NGOELE

PET DETAILS

Pet Name

Species * GOAT

Colour BROWN

Gender Male ☒ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

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

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

Surname * Rabe

City

Area Code MOSSELBAY

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth

Breed * PYGMY MOUNTAIN GOAT

Markings

Sterilised Yes ☒ No

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 its 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 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 email

Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support@virbac.co.za