ADOPTION CHECKLIST

ADMISSION NO: MBY4119

CONTRACT NO: MA000091T

- [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 N/A
- [X] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486830

Adoptee INFO:

Name & Surname: Wikus Rabe

Contact INFO: 0760478068.

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.

)MISSION, ASSESSMENT AND HISTORY RECORD

LOADED K

den Route

KENNEL No.	Lap 1			ADMISSION No.	MBY4119	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	16/10/24		Time in	16:00	Date for release	

)ENTIFICATION & LOST AND FOUND				Lost & Found checked		Yes / No	Lost & Found Date checked	N/A
icrochip/Collar ID tag found		Yes / No	Date scanned or checked	N/A		Microchip or ID Tag number		N/A

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

ASSESSMENT		
OOD WITH:	Yes	No
hildren		
ats		
ther Dogs		
vestock/Other		
O THEY:	Yes	No
ump Fences		
un Away		
COMMENTS:		

Surrendered by / Found by		Name	François Niewoud
Residential Address	Harry Giddy Park MBay		
Postal Address	N/A		
Tel (H)	N/A	Tel (W)	N/A
Cell	071 851 6500		
Email	N/A		
Donation R	N/A	Cash	Card	EFT	(Receipt No.) N/A

PLEASE INSIST ON A RECEIPT

onfiscated: OB No: N/A Case No: N/A Inspector: Mariaan

STATEMENT OF SURRENDER

do hereby certify that I **DO / DO NOT** own the animal/s escribed above, that **IT IS / IT IS NOT** a stray and **I DO / DO IOT** know where it comes from. I also freely surrender all nterest, if any, therein to the SPCA, and I request that the nimal be dealt with as deemed advisable in the discretion of ne SPCA. It is expressly agreed that neither the SPCA nor its fficers and employees will incur any obligation to me on ccount of such disposition of said animal/s. I confirm that I am ver 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	Refer to MBY 4115 3683	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: _____

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? ~~Bosson~~ Hedgeland Tel: 044 6912 485

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 · 5420 – 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

DBV SPCA

99200300486830

PRE HOME NO MPRE 048

ADMISSION NO MBY4119

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

MA000091T

PASSED: YES / NO DATE UNDERTAKEN: 05/12/24 TIME: 11H55

NAME OF APPLICANT: Wikus Rabé

ADDRESS: Gedeelte 33, Plaas 250, Mosselbaai

HOME TEL No: _____ CELL No: 0760478065

ANIMAL(S) ADOPTING: Goats

SEX: 1 X 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): Yes	
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: Thembe. **SPCA:** Mosselbay **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

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

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

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
1940.00	3833000	3250000	8

DATE	DETAILS				AMOUNT
	B/F BALANCE				2381.38
20/11/2024	0108036841 ELECTRICITY 16/06/2024-01/08/2024				451.54 *
	BASIC			392.65	
	VAT/BTW			58.89	
20/11/2024	CPUG2608 WATER 25/09/2024-24/10/2024				479.97 *
	8087 - 8110 (23 Kl 29 Days)				
	BASIC			237.63	
	07/24	5.72 @	0.000 =	0.00	
	.	13.35 @	9.737 =	129.99	
	.	3.93 @	12.658 =	49.75	
	VAT/BTW			62.60	
20/11/2024	400008 SEWERAGE				335.43 *
20/11/2024	300008 REFUSE				299.64 *
20/11/2024	RATES INSTALLMENT				1069.53
	RECEIPTS				2381.00-
	Balance Carried Forward				0.49-
	VAT ON '*' ITEMS: 204.32 ACB TOT:			0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	Total Due
0.00	0.00	0.00	2636.49	2636.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	17/12/2024	2636.00

VAT No. / BTW Nr. 4830118370

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. 580038330123

EasyPay >>>>>9152658003833012 32

pay@ 11379 580038330123

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
P4010396

Vou en skeur af.

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

Mossel Bay MUNICIPALITY

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

58-003833-012-3

Fold and tear on perforation.

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. 930209 5189 08

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
RABE

VOORNAME/FORENAMES
WIKUS

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

GEBOORTEDATUM/
DATE OF BIRTH
1993-02-09

DATUM UITGEREIK/
DATE ISSUED
2010-03-03

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

ADMISSION No.
TOELATINGSNR. MBY 4119.

ADOPTION CONTRACT

MA000911

Garden Route

DOG / CAT	Breed :	Male/Female	
Microchip and or ID Tag		992003000486830	

This animal has been given 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.

UITPLASINGSKONTRAI

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 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 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/Me] (Insluitende voorletters): Wikus Rabe

HOME ADDRESS
WOONADRES: Gedeelte 33, Plaas 250, Mosselbay

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

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

(B):
(W):

CELL No:
SELFOON Nr: 0760478065

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 5420

VEHICLE REG No.
VOERTUIG REG Nr. Pancake WP

VEHICLE MAKE:
VOERTUIG MAAK: Toyota. Ford

COLOUR:
KLEUR: white

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 10/12/2024.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP 992003000486830

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. * 0760478065

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

E-mail * wikusrabe7@gmail.com

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

Title * MR Initials * W Surname * RABE.

Street Gedeelte 33 Plaas 250 City

Suburb Area Code MOSSELBAY

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 * - -

Date of Implant * 10 - 12 - 2024

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

Name of Vet who implanted the Chip NDYEBO NGQELE.

PET DETAILS

Pet Name Date of birth

Species * GOAT Breed * PIGMY MOUNTAIN GOAT

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