

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 Done 21/11/24
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number

ADMISSION NO:

MBY4026

CONTRACT NO:

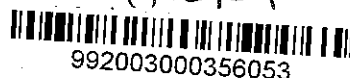
MA00078T

Adoptee INFO:

Name & Surname Jacqueline Bruwer

Contact INFO: 0760527820

04/12/24



992003000356053

Completed by: [Signature]

Date: 25/11/24

Manager: [Signature]

Date: 25/11/24

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.

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.
 2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.
 3. Any charges endorsed hereon are due and payable on request.
 4. The Society will not home any animal unsterilised.
1. Die Eienaar / Finder doen hiermee afstand van alle eiendomsreg in die dier/a, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
 2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierbeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
 3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
 4. Die Vereniging sal geen dier plaas wat ongestertliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising
signature

Witness for Society
signature

Reason for Euthanasia

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

Tel No (h): _____ Tel No (w) _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip /
and ID tag



992003000356053

Date 21/11/24

MEDICAL RECORD

Date	Remarks	Treatment	Cost
9/10/2024	Milbenex + robicel		
09/10/24	8 Nov 2024 - NXX		
09/10/24	Fibrotec		
06/11/24	Triworm + robicel		
	NXX - Nov 2025		

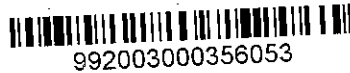
PTS APPROVAL

NAME	SIGN

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL/CAGE #	C86	DATE	09/10/24
CARD #	MBY4026	BREED	DSH
COLOUR	Black	STRAY/SURRENDER	SURRENDER
ANIMAL NAME		MALE/FEMALE	♀ FEMALE
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	5.4Y1

[illegible]



992003000356053

MBY4026 - Louise
MA00078T**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 Jacqueline BruwerHOME ADDRESS: 15 Carina rd, Southern Cross, Groot BrakrivierID NO.: 9910220028089POSTAL ADDRESS: Same as Home address

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

CELL NO: 0760527820 FAX NO: _____E-MAIL: jackie50940@gmail.comAddress where animal will be kept: 15 Carina rd, Southern Cross, Groot Brakrivier

Reason for wanting an animal: _____

Occupation: Executive PADo you own or rent your property: Own 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: _____

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? Dr Garth RiderHow many animals live on your property DOGS 1 CATS 1 OTHER _____What are the sexes of your animals? DOGS: Male 1 Female _____ CATS: Male 1 Female _____Are all your animals sterilised? Give details YesHow many dogs and cats have you owned over the past 3 years? DOGS 3 CATS 1 OTHER _____Which animals do you still have, and what happened to the others? 1 dog and 1 cat, both dogs died of old ageIs your property fenced and has a proper gate? Closed Balcony Will you chain/cage an animal? NoFull description of the fencing and gate: Balcony with glass handrails and wood gate Height: 900mmWhat shelter is provided: OUTDOORS _____ KENNEL _____ OTHER XHave you previously had pets from an SPCA? No Are there children under the 10 years in your household? No

Pre Home Inspection Fee: _____ Receipt No.: _____

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 19 Nov 2024



PRE HOME NO

MPRE 037

ADMISSION NO

MBY4026

MA00078T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000356053

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN:

20/11/24

TIME:

09:20

NAME OF APPLICANT: Jacqueline BruwerADDRESS: 15 Carina Rd, Southern Cross, Grootbrak

HOME TEL No:

CELL No:

0760527820

ANIMAL(S) ADOPTING: 2 CatsSEX: ♀ + ♂

AGE:

6 months + 8 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence:	<u>Bricks 1.2 meter</u>	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	<u>Labx</u>	<u>DSH</u>			
CONDITION	<u>Good</u>	<u>good</u>			
WELFARE (good?)	<u>good</u>	<u>good</u>			
SEX & AGE	<u>2 year male</u>	<u>male 1 year</u>	<u>1</u>	<u>1</u>	<u>1</u>
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:

Kurt

SPCA:

Messelby

SIGNATURE:

[Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

f Find us on
facebook.



Gordon Route

DOG / CAT Breed

ADOPTION CONTRACT

Male/Female

Microchip and of



992003000356053

This animal has been given to you in the full and complete confidence 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.

- 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 this 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 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)
NAAM - Prof/Dr/Mr/Mrs/Ms (Insluitende voorletters):

HOME ADDRESS

WOONADRES: 15 Carina Road,

Southern Cross, Grootbrak

TEL No (H):

TELEFOON Nr (H):

CELL No:

SELFOON Nr: 0 760527820

E-MAIL:

E-POS: jackie50940@gmail.com

ADOPTION FEE:

AANEMINGSVOOI:

cash / eft / card

kontant / eft / kaart

DONATION:

DONASIE:

KWITANSIE Nr

RECEIPT No. 4785

VEHICLE REG No.

VOERTUIG REG Nr. CJ 11 487

VEHICLE MAKE:

VOERTUIG MAAK: Nissan NP200

COLOUR:

KLEUR: Silver

SIGNATURE

HANDTEKENING:

25/11/2024

ADMISSION No.
TOELATINGSNR.

MBY 4026.



Gordon Route

HOND / KAT Ras

Manlik/Vroulik

Mikroskyfie en of ID nskyfie Nommer:

UITPLASINGSKONTRAK

Hierdie diër is aan u oorhandig met die voorwete dat u die diër 'n goeie tuiste 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 hulle plig versuim het.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden 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 besorg. 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 terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle ontkoste 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 erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle ontkoste wat die DBV mag aangaan, insluitende die regekkoste volgens 'n prokureur en klient skaal, in die terugbesorging van die diër.
- Ek sal die diër 'n redelike kans gee om aan sy nuwe tuiste gewoon 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 vasgeketteld 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 manings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
- Ek verslaan 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 skedulasie).
- Ek onderneem om toe te sien dat die diër gesteriliseer 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 - slegs rekbandjies mag vir kalle gebruik word.
- My erf is behoorlik omhef 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 verslaan 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 Uitplasingbeleid uiteengesit. Ek sal toelaat dat die Vereniging die diër in besit naam 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 gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

Jacqueline Bruwer

ID/PASSPORT No.:

ID/PASPOORT Nr.: 9910220028089

(B):

(W):

FAX No:

FAKS Nr:

SIGNATURE

HANDTEKENING:

WITNESS FOR SOCIETY:

GETUIE VIR VEREENIGING:

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER
992003000356053

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. * 0760527820

E-mail * jackie50940@gmail.com

Title * MS Initials * J

Street 15 Carina Road

Suburb Southern Cross

Country

Phone - Day time

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

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

Surname * BRUWER

City

Area Code Grootbrak

Province

Phone - Night time

OTHER CONTACTS

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

Title *

Initials *

Surname *

Cell No. *

CHIP DETAILS

Registration Date * 04 - 12 - 2024

Date of Implant * 21 - 11 - 2024

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

Name of Vet who implanted the Chip BHO. SMITH

PET DETAILS

Pet Name ~~Lila~~ Lilla Lilla

Species * FELINE

Colour BLACK

Gender Male ☒ Female

Date of birth

Breed * DLH

Markings

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 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 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 personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by 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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BRUWER
Names:
JACQUELINE
Sex:
F
Nationality:
RSA
Identity Number:
9910220028089
Date of Birth:
22 OCT 1959
Country of Birth:
RSA
Status:
CITIZEN

Signature

ID

DRIVING LICENCE
BESTUURSLISENSIE
CARTADE CONDUCAO

SAAG SOUTH AFRICA

BRUWER

ID No: **02/9910220028089** **FEMALE**
Birth/Geboorte: **22/10/1959 ZA** **Rest./Report:**
Lic No/Lisensie: **60130001948** **Mod. 1**
Valid/Geldig: **13/1/2022 - 12/11/2027**
Issued/Oitgegee: **ZA**
Code/Kode: **A1 B0**
Valid until/Voertuiggebruik: **13/01/2022 12/11/2027**
First issue/ eerste oitgegee: **13/01/2022 12/11/2027**

DRIVER RESTRICTIONS
0 None
1 Glasses / Contact (lense)
2 Artificial limb

VEHICLE CATEGORIES
A Passenger
B Goods
C Dangerous goods

VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 GVM > 10000 kg (GVM) permitted

A	A1	GVM ≤ 125 kg
B	B	GVM ≤ 3500 kg
C1	C	GVM ≤ 10000 kg
EB	EC1	GVM ≤ 35000 kg
EC	EC	GVM ≤ 35000 kg



MOSSEL BAY MUNICIPALITY
MOSSELBAY MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNUMMER: 05-000310-001-2

DATUM VAN REKENING: 23/10/2024

LAASTE KWITANSIE DATUM: 22/10/2024

VOORAFBETALDE
METERNUMMER:

INT:
KE MARIE TRUST
Ingsadres:
ARNHEMSE SLIDERKRUIS
ASTING FAKTUUR MAANDELIKE REKENING

INSTE
POSTNO: 0.00
BETALINGS
NUMMER: 310000
TOTALE
WAARDE: 2900000
WYK
NO: 5

ATUM: 10/2024 300257
BESONDERHEDE: 13/05/24
LESINGDATUM: 13/05/24
BEDRAG: 2990.08

10/2024 300257
ELEKTRISITEIT 13/08/2024-12/09/2024
94725 - 95136 (411 KWH 30 Dae)
BASIES 392.65
07/24 411.00 @ 2.427 = 997.29
VAT/BTW 208.49
WATER 13/08/2024-12/09/2024
298 - 308 (10 K1 30 Dae)
BASIES 237.63
07/24 5.92 @ 0.000 = 0.00
4.08 @ 9.737 = 39.73
VAT/BTW 41.60
VULIJS 299.64
BELASTING PAIEMENT 948.74
KWITANSIES 2990.00-
Balans Oorgedra 0.85-
BTW OP *** ITEMS: 289.17 ACB TOT: 0.00

10/2024 300005
VULIJS 299.64
BELASTING PAIEMENT 948.74
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Mossel Bay
MUNICIPALITY



JACKIE MAREE TRUST
FOURIESTRAAT 24
OUDTSHOORN
6625



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