ADOPTION CHECKLIST

ADMISSION NO: MBY 8307

CONTRACT NO: MA0134

- [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
- [Y] Letter from Body Corporate
- [X] Sterilization Contract and Date of sterilization Contract Date 09/10/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 15/10/25 992003000579679

Adoptee INFO:

Name & Surname Mrs C.M. Venter

Contact INFO: 0726994136

Completed by: _____ Date: 14/10/2025

Manager: _____ Date: 14/10/2025

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: C. M. VENTER
   - Contact Number: 072 699 4136
   - Email Address: CMVENTER@POLMED.ZA

2. **Additional Family Member/Friend Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: N/A

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (~~Yes~~/No)
   - If yes, when? _____
   - Where? _____
   - What animal did you adopt? _____

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 14/10/25

GARDEN ROUTE SPCA MOSSELBAY			
DATE	19/09/2025	ANIMAL NAME	
KENNEL NUMBER	K16	BREED	COLLIE X
CARD NUMBER	MB/ 8307	STERILIZED	NO
COLOUR	Brown	MALE/FEMALE	MALE
VACCINATED	Yes	AGE	± 2 months
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.8 kg		
TEMPERATURE	38.6		
EARS	(NAD)		
EYES	(NAD)		
TEETH	(NAD)		
NOSE	(NAD)		
LUNGS	(NAD)		
HEART	(NAD)		
ABDOMEN	(NAD)		
HIPS	(NAD)		
SKIN AND COAT	(NAD)		
FIT FOR ADOPTION	(YES)	NO	

ADDITIONAL COMMENTS

9920030005796 79 ADMISSION NO MBY 8307

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 3-10-25 TIME: 12:40

NAME OF APPLICANT: C.M. Venter

ADDRESS: 14 Jonkersberglaan, Fraaiuitsig

HOME TEL No: CELL No:

ANIMAL(S) ADOPTING: Medium size collie X

SEX: Male AGE: 2 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		Suitability of fence (i.e. small pets can't escape): Ok	
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? 0	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ M.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☒ MEDIUM DOGS
- ☒ SMALL DOGS
- ☒ LARGE DOGS

INSPECTED BY: Luciano Borgi SPCA: Mossel Bay SIGNATURE: MBorgi

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
19/09/25	Milpro		

Quantel DEWORMER 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 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

DATE 9-10-2025

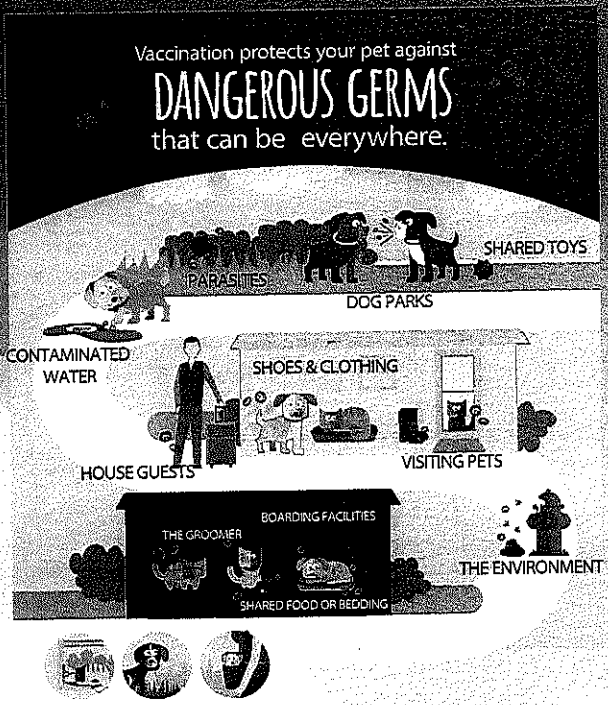
DOCTOR'S NAME Dr. AS. Muller

Garden Route SPCA
P.O. Box 238
George, 6539
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

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No. K16 ~~34~~ 42				ADMISSION No. MBY8307		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	17/09/25		Time in	15H39	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	17/09/25	Microchip or ID Tag number	done	

DESCRIPTION & HISTORY					
Dog ✓	Cat	Other species (Specify) KM 16			
Breed	Breed. Collie X	Colour and Markings ~~Brown~~ Brown + white			
Condition	Fair - good	Sex M.	Age 2 months		
Temperament	Friendly	Sterilisation details	Name		
Coat S	Tail L	Teeth Condition Good	Ears Aware	Size Small	
Area found / collected from	Dr Knife			Date	
Reason for surrender	Stray				

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	Thembinkosi Inspector
Residential Address	20 Dolfyn Dr Knife Ke		
Postal Address			
Tel (H)	Tel (W)	Cell	
Email			
Donation R	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: n/a Case No: n/a Inspector: Thembinkosi

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	

'aimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	28-000722-002-7
DATUM VAN REKENING:	22/09/2025
LAASTE KWITANSIE DATUM:	21/09/2025
VOORAFBETAALDE METERNOMMER:	04255126460

BTW REG. NO.
Naam:
VENTER CM
Liggingsadres:
14 JONKERSBERGLAAN FRAAIUITSIG
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
150.00	722000	1500000	4

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		1341.34
19/09/2025	AMR1206590WATER 15/07/2025-14/08/2025		300.59 *
	419 - 423 (4 Kl 30 Dae)		
	BASIES	261.39	
	07/25 4.00 @ 0.000 =	0.00	
	VAT/BTW	39.20	
19/09/2025	0425512646ELEKTRISITEIT		496.69 *
	BASIES	431.91	
	VAT/BTW	64.78	
19/09/2025	042551264630% Pens. Korting		149.00-*
19/09/2025	322004 VULLIS		320.62 *
19/09/2025	BELASTING PAAIEMENT		372.24
	KWITANSIES		1341.00-
	Balans Oorgedra		0.48-

BTW OP '*' ITEMS: 126.37 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	1341.48	1341.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/10/2025	1341.00

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. 280007220027

EasyPay >>>>>9152628000722002 76

pay@ 11379 280007220027

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
P4010395

Vou en skeur af.

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

Mossel Bay
MUNICIPALITY

VENTER CM
POSBUS 526
KLEIN-BRAKRIVIER
6503

28-000722-002-7

Fold and tear on perforation

K31 ♂

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - ~~Prof/Dr/Mr~~/Mrs/~~Ms~~ (including initials): C.M. VENTER

HOME ADDRESS: 14 JONKERSBERG LAAN, FRANSCHHOEK

ID NO.: 5409250012083

POSTAL ADDRESS: —

TEL NO (H): — (B): —

CELL NO: 072 689 4136 FAX NO: —

EMAIL: CMVENTER@POLKA.CO.ZA.

Address where animal will be kept: AS ABOVE - IN-HOUSE.

Occupation: Retired

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

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

Reason for wanting animal: Company

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? COLLIE X

Can you afford private fees? YES Who is your vet? DR. FRANS DE GRAAF

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Have none

How many dogs and cats have you owned in the last 3 years? DOGS? 2. CATS? — OTHER? —

Which animals do you still have, and what happened to the others? — STROKE.

Is your property fenced and has a proper gate? Y Will you chain/ an animal? NO.

Full description of the fencing and gate: PRECAST (3) WALLS PALISADE FRONT Height: —

What shelter is provided: OUTDOORS — KENNEL — OTHER —

Have you previously had pets from an SPCA? NO. Are there children under 10 in your household? —

Pre Home Inspection Fee: R100 Receipt No: 8007

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 [signature] **Date of application** 29/9/25

EGISTREERDE WOON- EN POSADRES

e bewys van u GEREGISTREERDE WOON- EN
hierdie sakkie.

an adres verander het, of indien besonderhede van u
ov. straatnaam en/of -nommer, ens. verander het,
ENNISGEWING VAN ADRESVERANDERING, wat
er in die identiteitsdokument is, gebruik word om die
te meld en moet dit ingedien word by of gepos word
sweek-distrikkantoor van die DEPARTEMENT VAN
SAKE.

ERED RESIDENTIAL AND POSTAL ADDRESS

proof of your REGISTERED RESIDENTIAL AND
ESS in this pocket.

ve changed your address, or, if particulars of your
s, e.g. name of street and/or street number, etc., have
the NOTICE OF CHANGE OF ADDRESS form in the
ack of the identity document must be used to report
o it must be handed in at or posted to the nearest
office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 540925 0012 08 3

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

VENTER

VOORNAME/FORENAMES

CHRISTIENA MARIA

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1954-09-25

DATUM UITGEREIK
DATE ISSUED

1999-04-19

UITGEREIK OP GESAG VAN DIE
DIREKTEUR GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR GENERAL
HOME AFFAIRS

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MIC

992003000579679

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

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.

Cell No. * 082 6994136

E-mail * cmventer@polka.co.za

Title * MRS Initials * C.M. Surname * VENTER

Street 14 Jonkersberglaan City

Suburb Area Code Fraaiuitsig

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 * 15 - 10 - 2025

Date of Implant * 13 - 10 - 2025

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name JACK Date of birth 2025

Species * CANINE Breed * COLLIE X

Colour BROWN + 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 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
4. By App	Download the Virbac Backhome Africa App