ADOPTION CHECKLIST

ADMISSION NO: MBY 8123

CONTRACT NO: MA 0139

- [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 End October
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 15/10/25
- [x] Microchip Registration- chip number 992003000577782

Adoptee INFO:

Name & Surname Wendy Le Roux

Contact INFO: 0765350871

Completed by: _____ Date: 06/10/2025

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.

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000577782

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. * 0765350871

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

E-mail * andieler123@gmail.com

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

Title * MRS Initials * W Surname * LE ROUX

Street 11 P. Lorea Street City

Suburb Area Code Dana bay

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 * 06 - 10 - 2025

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

Name of Vet who implanted the Chip Kay Kuers

PET DETAILS

Pet Name Date of birth 2025

Species * CANINE Breed * Chihuahua X

Colour Light 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 he / she 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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: André Le Roux
   - Contact Number: 0713328398
   - Email Address: andreleri23@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Valerie
   - Contact Number: 0646587280
   - Email Address: valerie@valart.co.za

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: 06/10/2025

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER: 86-007830-010-5

DATE OF ACCOUNT: 22/09/2025

LAST RECEIPT DATE: 21/09/2025

PREPAID METER NUMBER: 04140425812

VAT REG. NO.

Name:
LE ROUX AP & W

Street Address:
11 P LOREASTRAAT DANABAAI

TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
2040.00	7830000	1400000	11

DATE	DETAILS					AMOUNT
	B/F BALANCE					2126.29
19/09/2025	04140425811ELECTRICITY					372.51*
	BASIC				323.93	
	VAT/BTW				48.58	
19/09/2025	COUI460 WATER 06/08/2025-04/09/2025					605.26*
	3426 - 3455 (29 Kl 29 Days)					
	BASIC				261.39	
	07/25	5.72 @	0.000	=	0.00	
	.	13.35 @	10.030	=	133.90	
	.	9.53 @	13.038	=	124.25	
	.	0.40 @	16.950	=	6.78	
	VAT/BTW				78.94	
19/09/2025	400011 SEWERAGE					365.61*
19/09/2025	300011 REFUSE					320.62*
19/09/2025	RATES INSTALLMENT					493.10
	RECEIPTS					2126.00-
	Balance Carried Forward					0.99-
	VAT ON '*' ITEMS: 217.02 ACB TOT: 0.00					

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	0.00	2157.39	2157.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE

DUE DATE
15/10/2025

AMOUNT DUE
2157.00

VAT No. / BTW Nr. 4630118370

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. 860078300105

EasyPay >>>>>>9152686007830010 52

payat

11379 860078300105

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

Mossel Bay MUNICIPALITY

LE ROUX AP & W
11 P LOREASTREET
DANA BAY
6510

86-007830-010-5

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

Vou en skeur af.

Fold and tear on perforation.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
LE ROUX
Names:
WENDY
Sex:
F
Nationality:
RSA
Identity Number:
7603040008082
Date of Birth:
04 MAR 1976
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, 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:
15 JUL 2016

RSA

102504905

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): W. Le Roux.

HOME ADDRESS: 11 P. Lorea Street, Dana Bay

ID NO.: 7603040008082

POSTAL ADDRESS: NA

TEL NO (H): NA (B):

CELL NO: 0765350871 FAX NO:

EMAIL: andreleri123@gmail.com.

Address where animal will be kept: same as above.

Occupation: House wife.

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

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

Reason for wanting animal: friend for the other dog.

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? chiuahuh.

Can you afford private fees? YES Who is your vet? Heiderand Vet

How many animals live on the property? DOGS? 1 CATS? _____ OTHERS _____

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 in the last 3 years? DOGS? 3 CATS? 1 OTHER? _____

Which animals do you still have, and what happened to the others? 1 dog left, others

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

Full description of the fencing and gate: vibereretete Height: 1,8 m.

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER indoor

Have you previously had pets from an SPCA? YES. Are there children under 10 in your household? _____

Pre Home Inspection Fee: R100 Receipt No: 8013

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 Roux **Date of application** 21/10/20

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 0139 DATE: 06/10/2025

between Mosselbay SPCA

and

Name Wendy Le Roux

Address 11 P. Lorea Street Dana Bay

Telephone Number/s (H) (B) 0765350871

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Sex Female Age 8 weeks

Description Chihuahua X

On (due date) End October Adoption Form No. MA0139

on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: LRoux For SPCA:

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

9920030 0057782 ADMISSION NO MBY 8123

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 04-10-25 TIME: 11h00

NAME OF APPLICANT: Mrs W. Le Roux

ADDRESS: 11 P. Lorea Street, Dana Bay

HOME TEL No: CELL No: 0765350871

ANIMAL(S) ADOPTING: Chihuahua x

SEX: Female AGE: 8 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall 1.8		Suitability of fence (i.e. small pets can't escape): 1.8	
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?	gate
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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ 8w.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Species and great home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: Luvuno Bayi SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	22/09/2025	ANIMAL NAME	
KENNEL NUMBER	K21	BREED	Fox16 x Chihuahua
CARD NUMBER	MBY 8123	STERILIZED	no
COLOUR	Dark tan	MALE/FEMALE	Female
VACCINATED	Yes	AGE	6 weeks
PROOF OF VACC	VACC CARD	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	1.25 kg		
TEMPERATURE	38.3		
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

MY OWNER

NAME: Wendy Le Roux

POSTAL ADDRESS:

STREET ADDRESS: 11 P. Lorea Street

Dana Bay

HOME PHONE:

WORK PHONE:

CELLPHONE: 0765350871

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: FOXIE X POM X CHIHUAHUA

COLOUR: BROWN

SEX: FEMALE

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000577782

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
22/09/25	Batch: A240A01 Exp.: 12-2026 MSD + milpro Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoquinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

ADMISSION, ASSESSMENT AND HISTORY RECORD Loaded

DBV SPCA
Garden Route

KENNEL No. K8A30				ADMISSION No. MBY8123		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 08/09/25			Time in	13:00	Date for release	

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked	X Yes / No	Lost & Found Date checked	08/09/25				
Microchip/Collar or ID tag found	X Yes / No	Date scanned or checked	08/09/25	Microchip or ID Tag number			

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Pom X Chihuahua	Colour and Markings	Brown	
Condition	Fair	Sex	Female	Age 6 weeks
Temperament	Good	Sterilisation details	NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	Tarka			Date 08/09/25
Reason for surrender	Too many, can't afford.			

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

Surrendered by / Found by	X	Name	Rieta Stoffels		
Residential Address	54 Fragapanie Street Tarka				
Postal Address	N/A				
Tel (H) N/A	Tel (W)	Cell 064 3940896			
Email	N/A				
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A	

PLEASE INSIST ON A RECEIPT

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

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 Refer to MB/8251	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: _____