ADOPTION CHECKLIST

ADMISSION NO: MB 7 7488

CONTRACT NO: MA0162

- [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 Done 06/11/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000577762 12/11/25

Adoptee INFO:

Name & Surname JJ6 Matimba

Contact INFO: 0762244485

Completed by: _____ Date: 10/11/25

Manager: _____ Date: 10/11/25

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

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577762

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. * 0762244485

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

E-mail * jackie.matimba@gmail.com

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

Title * MRS Initials * JJE Surname * Matimba

Street 14 Nerina Road City

Suburb Area Code DANABAY

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 *) - \ - 2025

Date of Implant * 06 - 11 - 2025

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * YORKIE

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
4. By App	Download the Virbac Backhome Africa App

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Jacqueline Mathumba
   - Contact Number: 0744[illegible]/0764/0762244485
   - Email Address: jackie@jackiemathumba@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Adventure Mathumba
   - Contact Number: 0739977155
   - Email Address: addymathumba@gmail.com

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: 10/11/25

K29 Brown

Jackie Matimba

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): JE Matimba.

HOME ADDRESS: 14 Nermard Danabay

ID NO.: 7006235016084

POSTAL ADDRESS: 14 Nermard Danabay

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

CELL NO: 0762244485 FAX NO: _____

EMAIL: jackie.matimba@gmail.com

Address where animal will be kept: above please.

Occupation: Reg. Nurse

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: for friend.

Is the animal for yourself? yes (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? Yorkie/Maltese/Sausage.

Can you afford private fees? No. Who is your vet? Dr. Stander.

How many animals live on the property? DOGS? _____ CATS? _____ OTHERS 4.

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

Are all your animals sterilised? Give details Yes.

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? 2 dogs died.

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

Full description of the fencing and gate: Wooden. Height: 10.

What shelter is provided: OUTDOORS _____ KENNEL Yes. OTHER Gazebo

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY 8439

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** 04/11/25

GARDEN ROUTE SPCA MOSSELBAY			
DATE	13/10/25	ANIMAL NAME	Buddy
KENNEL NUMBER	K 16	BREED	Yorkie
CARD NUMBER	MBY 7488	STERILIZED	NO
COLOUR	Brown	MALE/FEMALE	Male
VACCINATED		AGE	6 months
PROOF OF VACC		STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	6.0dkg.		
TEMPERATURE	38.8		
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

Vou en skeur af.

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER: 86-007035-002-7

DATE OF ACCOUNT: 25/07/2024

LAST RECEIPT DATE: 24/07/2024

PREPAID METER NUMBER:

Name:
MATIMBA JJE
Street Address:
14 NERINAWEG DANABAAI
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No:
1020.00	7035000	1450000	11

DATE	DETAILS	READING DATE: 05/07/24	AMOUNT
	B/F BALANCE		1748.68
19/07/2024	0708686171	ELECTRICITY 02/07/2024-12/07/2024	451.54 *
		BASIC 392.65	
		VAT/BTW 58.89	
19/07/2024	AMR1204391	WATER 06/06/2024-05/07/2024	329.52 *
		890 - 901 (11 Kl 29 Days)	
		BASIC 237.63	
		07/24 0.79 @ 0.000 = 0.00	
		: 0.73 @ 9.737 = 7.11	
		07/23 4.93 @ 0.000 = 0.00	
		: 4.55 @ 9.186 = 41.80	
		VAT/BTW 42.98	
19/07/2024	400011	SEWERAGE	335.43 *
19/07/2024	300011	REFUSE	299.64 *
19/07/2024		RATES INSTALLMENT	453.50
		RECEIPTS	1750.00 -
		Balance Carried Forward	0.31 -
	VAT ON '*' ITEMS: 184.70	ACB TOT: 0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	Amount Due
0.00	0.00	0.00	1868.31	1868.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/08/2024	1868.00

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.: 860070350027

EasyPay >>>>>91526860070350027 4

pay@ 11379 860070350027

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

MATIMBA JJE
POSTAL RESTANT
DANA BAY
6510

860070350027

Fold and tear on perforation.

9920030005777762 ADMISSION NO MB/7488

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 6/10/25 TIME: 15h30

NAME OF APPLICANT: JOE Matimba

ADDRESS: 14 Nerina Road, Danabay

HOME TEL No: CELL No: 0762244485

ANIMAL(S) ADOPTING: Yorkie

SEX: Male AGE: 3/4

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall + Mesh 1.7m		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	DHC	Chickens			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	F 1 Yr.	X3. 1	1	1	1
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: SPCA: SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. K 29 B/L				ADMISSION No. (logged) MBY7488		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	9-10-25		Time in	15:00	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	N/A
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	N/A	Microchip or ID Tag number	None

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	Terrier		Colour and Markings	Beige/grey	
Condition	Fair		Sex	Male	Age ~~6~~ 6 months
Temperament	Fair		Sterilisation details	None	Name Buddy
Coat	Short	Tail Long	Teeth Condition Fair	Ears Pricked	Size Small
Area found / collected from	Bolton Park				Date 9-10-2025
Reason for surrender	Too many dogs				

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	Pieter Zuydmeer
Residential Address	26 Kingfisher Str Bolton Park	
Postal Address		
Tel (H)	Tel (W)	Cell 076 881 7557
Email		
Donation R	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No:_____ Case No:_____ Inspector:_____

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

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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
13/10/25	Trivom		

Quattro | Excel Plus | Excel 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 6-11-2025

DOCTOR'S NAME Dr. AS. Muller

Garden Route SPCA
P.O. Box 258
George, 6530
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-NON-211200001

VACCINE RECORD CARD

PET'S NAME

MY VET

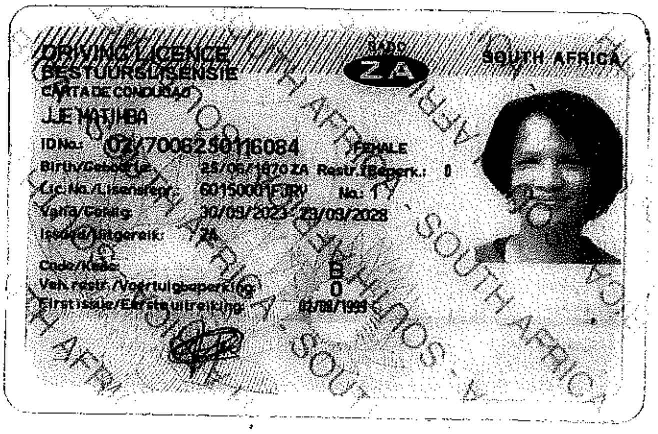
GARDEN ROUTE SPCA
MOSSEL BAY

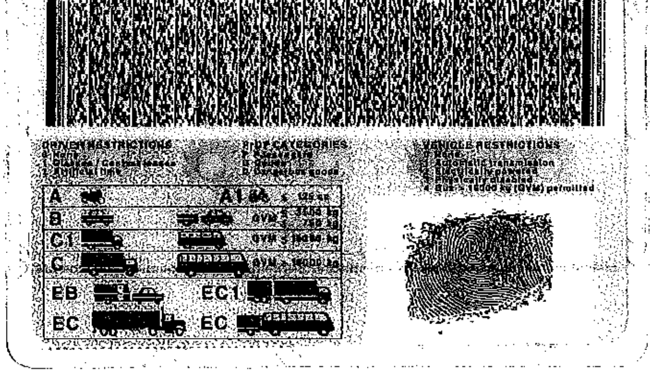
18 BILL JEFFERY AVE
KWANONQABA

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


DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUÇÃO
RSA
ZA
SOUTH AFRICA
J.E MATJHBA
ID No.: 02 7006250116084
FEMALE
Birth/Geboorte: 25/06/1970 ZA
Restr./Beperk.: 0
Lic.No./Lisensienr.: 60150001FJRY
No.: 1
Valid/Geldig: 30/09/2023 - 29/09/2028
Issued/Uitgereik: ZA
Code/Kode: B
Veh. restr./Voertuigbeperking: 0
First issue/Eerste uitreiking: 02/08/1999


DRIVER RESTRICTIONS
VEHICLE RESTRICTIONS
4. Bus > 16000 kg (GVM) permitted
A
A1
B
C1
C
EB
EC1
EC