ADOPTION CHECKLIST

ADMISSION NO: MBY 8651

CONTRACT NO: MA 0156

- [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 Already done
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548299

Adoptee INFO:

Name & Surname J. L. Botha

Contact INFO: 0824129291

Completed by: [signature] Date: 06/11/25

Manager: _____ Date: _____

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.

9920030005482 99 ADMISSION NO MG/ 8651

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) NO. DATE UNDERTAKEN: 29 October 2025 TIME: 16h40.

NAME OF APPLICANT: J L Botha

ADDRESS: 35 Lang Street, George

HOME TEL No: CELL No: 0824129291

ANIMAL(S) ADOPTING: Lab X

SEX: Male AGE: ± 6 months

PRE- HOME INSPECTION: Large yard

PROPERTY DESCRIPTION Fenced front and backyard (see notes)			
Type and height of fence: Vibacrete 1m front, back 1.8m		Suitability of fence (i.e. small pets can't escape): Good	
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 + Clear mesh fence
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify: Yard untidy but not hazardous	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	One

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	X breed (Husky)				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	F / ±	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Front fencing low - owner confirmed that dogs will be in the backyard, which is suitably fenced off. Kennel outside, will also be indoors

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS: Sent photos to Mossel Bay (Lucy)

- ☐ CATS
- ☑ SMALL DOGS
- ☑ MEDIUM DOGS
- ☐ LARGE DOGS

INSPECTED BY: S. Trietsch SPCA: GNSPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/10/2025	ANIMAL NAME	Whiskey
KENNEL NUMBER	K19	BREED	Lab X
CARD NUMBER	MBY 8651	STERILIZED	Yes
COLOUR	Cream	MALE/FEMALE	Male
VACCINATED	Yes	AGE	± 5months
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	11.5 kg		
TEMPERATURE	39.6		
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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loades

DBV SPCA
Garden Route

KENNEL No.	K19 36.			ADMISSION No.	MBY8651	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	17/10/25		Time in		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	17/10/25	Microchip or ID Tag number			

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	Bl I.		
Breed	x Breed		Colour and Markings	Wit	
Condition	Fair		Sex	♂	Age
Temperament	Friendly		Sterilisation details	Yes	Name Whiskey
Coat S	Tail L	Teeth Condition	Ears	Down	Size M
Area found / collected from	Danabaai.				Date 17/10/25
Reason for surrender	Jumping the fence. A.R.				

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	Amanda Scheepers		
Residential Address	16 E. Pinea St				
	Danaboy				
Postal Address	No postal.				
Tel (H) No num	Tel (W) No num		Cell 0820577451		
Email	No email				
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

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

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	A Scheepers.	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: _____

Whiskey
HB1 8651

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): J.L. Botha

HOME ADDRESS: 35 Loing Str George South George

ID NO.: 6509235017088

POSTAL ADDRESS: Same as Above

TEL NO (H): ________ (B): 044 802 4404

CELL NO: 0824129291 FAX NO: ________

EMAIL: kobus.hannake@gmail.com

Address where animal will be kept: 35 Loing Str George South George

Occupation: Artisan

Do you own or rent your property: OWN Do you have consent from owner / Body Corporate? ________ YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: To Replace Deceased Dog, company YES/NO

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

What breed of dog or cat are you interested in? Labrador X

Can you afford private fees? Yes Who is your vet? Vital Vet

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

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

Are all your animals sterilised? Give details No

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? Husky Died

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

Full description of the fencing and gate: Vibracrete and Clearview Height: 2m

What shelter is provided: OUTDOORS ________ KENNEL ✓ OTHER INSIDE

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

Pre Home Inspection Fee: R100.00 Receipt No: MB4 8401

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** 27/10/2025

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BOTHA
Names:
JACOBUS LODEWIKUS
Sex:
M
Nationality:
RSA
Identity Number:
6509235017088
Date of Birth:
23 SEP 1965
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, 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:
05 AUG 2025

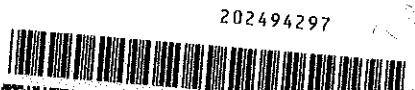
202494297

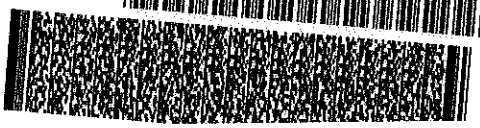
Conditions:
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

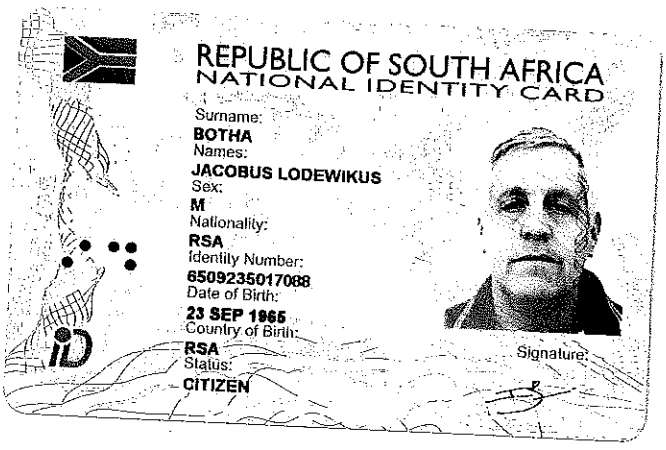
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
05 AUG 2025

202494297







ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Johanna Catharina Botha
   - Contact Number: 0676467937
   - Email Address: bhannalie@gmail.com

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

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: 06/11/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

9920030005 48290 change prev. details owner. to MR Botha

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. * 0824129291

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

E-mail * kobus.hannalie@gmail.com

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

Title * MR Initials * J. L. Surname * BOTHA

Street 35 Lang Str City

Suburb George South Area Code George

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 * - -

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * LAB X

Colour TAN 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

MY OWNER

NAME: J. L. Botha

POSTAL ADDRESS:

STREET ADDRESS: 35 Long Street

George South, George

HOME PHONE:

WORK PHONE:

CELLPHONE: 0824129291

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: Lab X

COLOUR: Tan

SEX: Male

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000548299

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/10/25	02131812A 04-FEB-2026	
	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	

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 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and 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.