ADOPTION CHECKLIST

ADMISSION NO: MBY 8443

CONTRACT NO: MA01 SS

- [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 05/11/25 Done 30/10/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579670

Adoptee INFO:

Name & Surname Leonie Myburgh

Contact INFO: 0723972241

Completed by: _____ Date: 31/10/25

Manager: _____ Date: 31/10/25

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.

I. . 650612 0162 08 6

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

MYBURGH

VOORNAME/FORENAMES

LEONIE

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1965-06-12

DATUM UITGEREIK
DATE ISSUED

1994-02-10

UITREIK OP BEVEL VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Hein Grieb
   - Contact Number: 072 256 3276
   - Email Address: heingrieb1@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: _____

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/10/2025	ANIMAL NAME	
KENNEL NUMBER	K26	BREED	X Breed
CARD NUMBER	MBY8443	STERILIZED	NO
COLOUR	Black, white chest	MALE/FEMALE	Female
VACCINATED	Yes	AGE	± 3 months
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	5.3 kg		
TEMPERATURE	38.7		
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

NBY 8443

9920030000579670 ~~9920030000577605~~ ADMISSION NO NBY ~~7020~~

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 8/9/25 TIME: 14:05

NAME OF APPLICANT: Leonie Myburgh

ADDRESS: 3 De Bosse Kompleks, Heiderand

HOME TEL No: _____ CELL No: 0723972241

ANIMAL(S) ADOPTING: Dog - Foxie/Daxi

SEX: Female AGE: 6 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 1.8		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	Boxi X				
CONDITION	Fair				
WELFARE (good?)	Fair				
SEX & AGE	Male / 1yr4mth	/	/	/	/
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: Wally Wagenaar SPCA: MBay SPCA SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Mossel Bay MUNICIPALITY

UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER: 66-017099-009-5

DATUM VAN REKENING: 22/08/2025

LAASTE KWITANSIE DATUM: 21/08/2025

VOORAFBETAALDE METERNOMMER: 04140425879

BTW REG. NO.

Naam:

MYBURGH L

Liggingsadres:

3 DE BOSSE HEIDERAND X29

BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 958.00	ERF NOMMER: 17099000	TOTALE WAARDASIE: 1125000	WYK No 6

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				1747.25
20/08/2025	0414042587ELEKTRISITEIT				372.51 *
	BASIES			323.93	
	VAT/BTW			48.58	
20/08/2025	COH1600 WATER 26/06/2025-25/07/2025				300.59 *
	2528 - 2533 (5 K1 29 Dae)				
	BASIES			261.39	
	07/25	4.14 @	0.000	= 0.00	
	07/24	0.86 @	0.000	= 0.00	
	VAT/BTW			39.20	
20/08/2025	400006 RIOOL				365.61 *
20/08/2025	300006 VULLIS				320.62 *
20/08/2025	BELASTING PAAIEMENT				386.75
	KWITANSIES				1747.00-
	Balans Oorgedra				0.33-
	BTW OP '*' ITEMS: 177.28 ACB TOT: 0.00				

KREDIET	60 DAE	30 DAE	LOPEND
0.00	0.00	0.00	1746.33

1746.00

K38 Black pup.

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): Leonie Myburgh.

HOME ADDRESS: 3 De Bosse Kompleks, Heiderand.

ID NO.: 6506120162086

POSTAL ADDRESS: —

TEL NO (H): — (B): —

CELL NO: 0723972241 FAX NO: —

EMAIL: leonie55133@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Pensioner

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

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? Cross breed, Daxi + Foxie.

Can you afford private fees? Yes Who is your vet? Heiderand Diere Kliniek

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

What are the sexes of your animals? DOGS: Male _____ Female 1 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? 2 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 1 Died of old age

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

Full description of the fencing and gate: Wall Height: 1.5M

What shelter is provided: OUTDOORS Stoep KENNEL _____ OTHER Indoors

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

Pre Home Inspection Fee: Pre home still valid. 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 L Myburgh. **Date of application** 24/10/2025

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

LOADED

KENNEL No.	K26 38			ADMISSION No.	MBY8443	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	14/10/25		Time in	16:00	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	14/10/25	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	X Breed	Colour and Markings	Black + White	
Condition	Good	Sex	Female ♀	Age ± 3 months
Temperament	Good	Sterilisation details	NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	Kwa			Date 14/10/25
Reason for surrender	Came in on 13/10/25, unwanted.			

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 Pemels
Residential Address	47 Gcotyana Street Kwa		
Postal Address	N/A		
Tel (H)	N/A	Tel (W) N/A	Cell N/A
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: Luciano

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 **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-/ 8551	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: _____

MY OWNER

NAME	Leonie Myburgh
POSTAL ADDRESS	
STREET ADDRESS	3 De Bosse Komplels
	Heiderand
HOME PHONE	
WORK PHONE	
CELLPHONE	0723972241
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	JR X FOX16 X DAX1
COLOUR	Black + White
SEX	Female
DATE OF BIRTH	2025
MICROCHIP/TATTOO	992003000579670
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/10/25	[redacted] Batch: A241A01 Exp: 02-2027	
	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	

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.

MSD Animal Health

Find us on facebook.

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfrica

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MIC [redacted]

992003000579670

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. * 0723972241

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

E-mail * leonies5133@gmail.com

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

Title * Mrs ~~5 De Bosse Kompleks~~ Initials * L. Surname * Myburgh

Street 5 DE Bosse Kompleks City

Suburb Area Code Heidelberg

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 * 30 - 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 Terry

Date of birth 2025

Species * CANINE

Breed * Foxie

Colour BLACK + 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 he/she 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