ADOPTION CHECKLIST

ADMISSION NO: MB/ 8131

CONTRACT NO: MA0150

- [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 30/10/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000577767

Adoptee INFO:

Name & Surname Christo Alberts

Contact INFO: 079 360 3092

Completed by: _____ 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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

M[illegible]

992003000577767

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. * 079 360 3092

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

E-mail * christojalbert5086@gmail.com

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

Title * MR Initials * C Surname * ALBERTS

Street Langberg Halt City

Suburb Welgevonden Area Code Riversdal

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 * [illegible]

Date of Implant * 04 - 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 [illegible]

Date of birth 2025

Species * CANINE Breed * X BREED

Colour BLACK 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

GARDEN ROUTE SPCA MOSSELBAY			
DATE	11/09/2025	ANIMAL NAME	
KENNEL NUMBER	K24	BREED	Staffy x
CARD NUMBER	MB18131	STERILIZED	NO
COLOUR	Black, white on face	MALE/FEMALE	Male.
VACCINATED	Yes	AGE	2 months
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.55kg.		
TEMPERATURE	37.7		
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

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

_____

Tel No (h): _____ Tel No (w) _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / and ID tag : 992003000577767 _____ Date 04/11/2025

MEDICAL RECORD

Date	Remarks	Treatment	Cost
11/09/2025	Vaccinate and milpro		
13/10/25	Vaccinate and milpro		
30/10/25.	AA: Sterilized. DrSM.		

PTS APPROVAL

NAME	SIGN

ANNEXURE A

Additional Household Members & Emergency Contacts

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

2. **Additional Family Member/Friend Details**
   - Full Name: Johannes Brits
   - Contact Number: _____
   - Email Address: 0629960916

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: _____

MY OWNER

NAME: Christo Alberts

POSTAL ADDRESS:

STREET ADDRESS: Langberg Halt, Welgevonden, R327, Riversdal Rural

HOME PHONE:

WORK PHONE:

CELLPHONE: 079 360 3092

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: COLLIE X

COLOUR: Black & White

SEX: Male

DATE OF BIRTH: 2025

MICROCHIP/TATTOO: 992003000577767

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
11/09/25	Batch: A240A01 Exp.: 12-2026 + milpro	
13/10/25	02131812A 04-FEB-2026 + milpro	
30/10/25	Rabisin	BHo

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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.

Quantel Exitel Plus Exitel Plus XL BRAVECTO

K37 Blade

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): Christo Alberts

HOME ADDRESS: Langberg Halt, Welgevonden, R327

Riversdal Rural, ID NO.: 9412215041086

POSTAL ADDRESS: Pobox 134

TEL NO (H): (B):

CELL NO: 079 360 3092 FAX NO:

EMAIL: christojalberts086@gmail.com

Address where animal will be kept: As above.

Occupation: farmer.

Do you own or rent your property: own Do you have consent from owner / Body Corporate? 1

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 Cross

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

How many animals live on the property? DOGS? 3 CATS? 4 OTHERS

What are the sexes of your animals? DOGS: Male 2 Female 1 CATS: Male Female 4

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 3 CATS? 5 OTHER?

Which animals do you still have, and what happened to the others? 1 cat died.

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

Full description of the fencing and gate: Palaside, Height: 2.1 m

What shelter is provided: OUTDOORS KENNEL OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 8085

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** 23/10/2025

HESSEQUA
MUNISIPALITEIT
MUNICIPALITY
U MASIPALA

BTW NR: 4780193258

BELASTING FAKTUUR

ALBERTS CJ
FARM WELGEVONDEN NO 47 PTN 40
RIVERSDALE RD
6670

BTW Nr.: 00000000000

BELASTING FAK Nr.	18153
STAAT DATUM	2025/10/15
REKENING NOMMER	9904704003
DEPOSITO	0.00

MARK WAARDE	TARIEF BEDRAG	KORTING	AFSLAG	KORTING PERS.
869000	0.0080900	50000.00	10.00000	

DIENS	KODE/ DATUM	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	BALANS
	10/15	83.95	-83.95	73.00	10.95	0.00	0.00	83.95
rates	10/15	496.93	-496.93	496.93	0.00	0.00	0.00	496.93
SUB TOTAAL		580.88	-580.88	569.93	10.95	0.00	0.00	580.88

	BEGIN BEDRAG	BETALING	HUIDIGE MAAND	BTW	RENTE	AANPASSINGS	VERSKULDIG
TOTALE:	580.88	-580.88	569.93	10.95	0.00	0.00	580.88

VERVAL DATUM 2025/11/07	
REELING	0.00
BEDRAG VERSKULDIG	580.88

TARIEWE

WATER	ELEKTRISITEIT

WATER METER LESING

VORIGE	HUIDIGE	VERBRUIK

ELEKTRISITEIT METER LESINGS

VORIGE	HUIDIGE	VERBRUIK

EIENDOMS INLIGTING

ERF NR	00047040	WYK	6
STRAAT ADRES	47040 WELGEVONDEN		
DORPS GEBIED	RIVERSDALE RD		
GEDEELTE			
EENHEID	99999900047040000000000000	OPPERVLAKTE	40865

AFSNY

Die verskaffing van dienste mag gestaak word sonder verdere kennisgewing as enige balans onbetaald is na die betaaldatum en die deposito mag bersien word. Let asseblief op dat die betaaldatum nie van toepassing is op agterstallige balanse.

ONTHOU ASB DAT DIE BETAALDATUM VERANDER HET NA DIE 7DE VAN ELKE MAAND.

SOUTH AFRICA
Permit Mail
P0001250

MUNICIPALITY **HESSEQUA** MUNISIPALITEIT
U MASIPALA

9904704003
ALBERTS CJ
FARM WELGEVONDEN NO 47 PTN 40
RIVERSDALE RD
6670

VOU EN SKEUR AF.

MUNISIPALITEIT/
HESSEQUA
U MASIPALA

ALBERTS CJ

SKEUR ASSEBLIEF AF EN STUUR TERUG MET BETALING

BETAAL DATUM	2025/11/07
BEDRAG	580.88
REKENING NOMMER	9904704003

DIREKTE INBETALING

VIR U GERIEF MAG HIERDIE REKENING BY ENIGE TAK VAN EERSTE NASIONALE BANK BETAAL WORD.

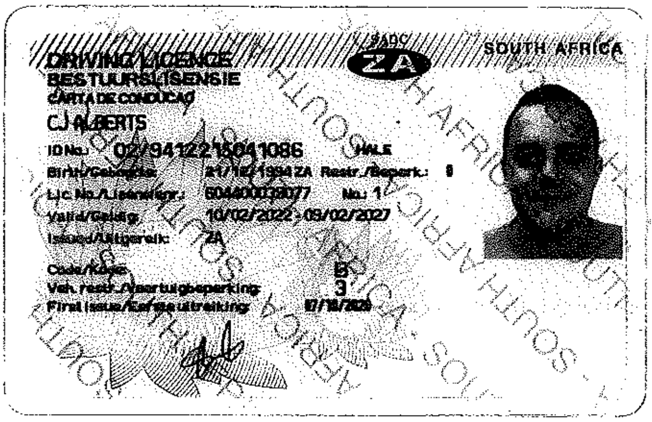
TAK Nr.: 200313 REK. Nr.: 53571024174 REK. TIPE: TJEK

VERWYSING Nr.: 9904704003

GEBRUIK ASB DIE KORREKTE VERWYSINGSNO OM STAKING VAN DIENSTE TE VOORKOM

accounts@hessequa.gov.za

VOU EN SKEUR AF.


SADC
ZA
SOUTH AFRICA
DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
CJ ALBERTS
ID No.: 02/9412215641086 MALE
Birth/Geboorte: 21/12/1994 ZA Restr./Beperk.: 0
Lic. No./Lisensienr.: 604400039077 No.: 1
Valid/Geldig: 10/02/2022 - 09/02/2027
Issued/Uitgereik: ZA
Code/Kode: B
Veh. restr./Voertuigbeperking: 3
First issue/Eerste uitreiking:


DRIVER RESTRICTIONS
PrDP CATEGORIES
VEHICLE RESTRICTIONS
A
A1 ≤ 125 cc
B
GVM ≤ 3500 kg
≤ 750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC
No Print

ADMISSION NO MBY 8131

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 08/10/25 TIME: 12H10

NAME OF APPLICANT: Christo Alberts

ADDRESS: Langberg Halt, Welgevonden, R327, Riversdal Rural

HOME TEL No: 079 360 3092 CELL No:

ANIMAL(S) ADOPTING: X Breed

SEX: Male AGE: ± 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Mesh		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	J. Russell	Pitbull	Swiss Shepherd		
CONDITION	Good	Good	Good		
WELFARE (good?)	Good	Good	Good		
SEX & AGE	F 1 Yr.	M. 17 years	M 8½ Yr.	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: Thembe SPCA: Mossel SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE