

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 16/10/25
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number

ADMISSION NO:

MBY 8122

CONTRACT NO:

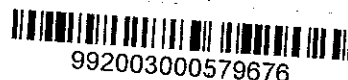
MA0144

Adoptee INFO:

Name & Surname Zelarie Els

Contact INFO: 0727646033

05/11/25



992003000579676

Completed by:

[Signature]

Date:

17/10/25

Manager:

Date:

17/10/25

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 processed.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Zeloric Els
- Contact Number: 0727666033
- Email Address: amazingbuilding@gmail.com

2. Additional Family Member/Friend Details

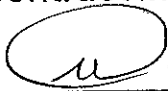
- Full Name: Surita Volschenk
- Contact Number: 072 838 9106
- Email Address: suritavolschenk@gmail.com

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: 17/10/25

MY OWNER

NAME Zebvie Els
 POSTAL ADDRESS
 STREET ADDRESS 6 A Ferox
Danabai
 HOME PHONE
 WORK PHONE
 CELLPHONE 072 764 6033
 BREEDER DETAILS

ME

SPECIES CANINE
 BREED XBREED
 COLOUR Brown
 SEX Female
 DATE OF BIRTH 2025

MICROCHIP/TA 
 992003000579676

FEATURES/MARKS

NEXT VACCINATION DUE

DATE DATE DATE

I WAS VACCINATED ON

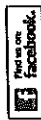
DATE	VACCINE AND BATCH NO.	VET SIGNATURE
09/07/25	SD+ Bottle A240A01 Exp: 12-2026 SD+ Animal Health	
13/10/25	SD+ 021518124 04-FEB-2026 SD+ Animal Health	
	MSD Animal Health	
	MSD Animal Health	
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	MSD Animal Health	
	MSD Animal Health	

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	
	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 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), 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 G3880 Act 36/1947), 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 50 mg (equivalent to Praziquantel (isogonine) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 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.





Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAY MUNISIPALITEIT
UMASIPALA WASEMOSELBAYI

BTW REG. NO.

Naam:

ELS JN

Liggingadres:

6 A FERROXSTRAAT DANABAAI

BELASTING FAKTUR MAANDELIKSE REKENING

REKENINGNOMMER:

86-006057-006-6

DATUM VAN REKENING:

22/08/2025

LAASTE KWITANSIE DATUM:

21/08/2025

VOORAFBETALDE
METERNOMMER:

07165177226

DIENTE
DEPOSITO: 1020.00

ERF
NOMMER: 6057000

TOTALE
WAARDE: 1300000

WYK
No: 11

DATUM

BESONDERHEDE

BEDRAG

20/08/2025 07165177226LEKTRISITEIT

BALANS OORGERING

1976.37

BASIES

431.91

VAT/BTW

64.78

20/08/2025 CARRO381

WATER 08/07/2025-06/08/2025

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BASIES

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VAT/BTW

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ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K25 35</u>				ADMISSION No. <u>MBY8122</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>08/09/25</u>		Time in	<u>14:00</u>	Date for release	

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

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify)			
	Breed	<u>X Breed</u>		Colour and Markings	<u>Brown, white chin.</u>	
	Condition	<u>Fair</u>		Sex	<u>Female</u>	
	Temperament	<u>Good</u>		Age	<u>8 weeks</u>	
	Coat	<u>Short</u>	Tail	<u>long</u>	Teeth Condition	<u>Fair</u>
	Area found / collected from	<u>Newrest</u>			Date	<u>08/09/25</u>
	Reason for surrender	<u>Owner left</u>				

ASSESSMENT		Surrendered by ☒ Found by		Name	<u>Lutao Maditha</u>
GOOD WITH:					
Children	☐ Yes ☐ No	Residential Address			
Cats	☐ Yes ☐ No	<u>7224 Newrest</u>			
Other Dogs	☐ Yes ☐ No	<u>ASIA</u>			
Livestock/Other	☐ Yes ☐ No	Postal Address			
DO THEY:	☐ Yes ☐ No	<u>N/A</u>			
Jump Fences	☐ Yes ☐ No	Tel (H)			
Run Away	☐ Yes ☐ No	<u>N/A</u>			
COMMENTS:		Tel (W)			
		<u>N/A</u>			
		Cell			
		<u>0643962894</u>			
		Email			
		<u>N/A</u>			
		Donation R			
		<u>N/A</u>			
		Cash	Card	EFT	(Receipt No.)
					<u>N/A</u>

PLEASE INSIST ON A RECEIPT

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

STATEMENT OF SURRENDER

I do hereby certify that 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 uitdruklik 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	<u>Ref 10 MBY 8060</u>	Witness for Society	<u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION		Details of second Applicant	
Details of first Applicant		Details of third Applicant	

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

GARDEN ROUTE SPCA MOSSELBAY			
DATE	09/09/25	ANIMAL NAME	
KENNEL NUMBER	K23	BREED	X Breed
CARD NUMBER	MBV8122	STERILIZED	No
COLOUR	Brown, white chin	MALE/FEMALE	Female
VACCINATED	yes	AGE	2 months
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.05kg		
TEMPERATURE	37.6.		
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

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No: 770107 0013 08 7



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

ELS

VOORNAME/FORENAMES

ZELARIÉ

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH

1977-01-07

DATUM UITGEREIK
DATE ISSUED

2000-09-28

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



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): Zelanie Els

HOME ADDRESS: 6 A Ferox Donabacui

ID NO.: 7701070013087

POSTAL ADDRESS: 10548

TEL NO (H): (B):

CELL NO: 0727646033 FAX NO:

EMAIL: amazingbuilding@gmail.com

Address where animal will be kept: 6 A Ferox Donabacui

Occupation: JZ dynamic PTY

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: True animal lover

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? X Breed

Can you afford private fees? yes Who is your vet? Dr Frans De Graaff

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. Sterilised when 6 months old

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? Pearl Passed away age 11

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

Full description of the fencing and gate: Build wall with Gate Height: 2.1 m H

What shelter is provided: OUTDOORS KENNEL for shade OTHER Inside

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

Pre Home Inspection Fee: R100 Receipt No: 8062

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 16/10/25

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000579676

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0727646033

E-mail * ~~WANTARA~~ amazingbuilding@gmail.com

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

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

Title * MRS

Initials * Z

Surname * ELS

Street 6 A Ferox

City

Suburb DANABAY

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 *

Date of Implant * 17 - 10 - 2025

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip KAY LEVERIS

PET DETAILS

Pet Name MORGAN

Date of birth 2025

Species * CANINE

Breed * XBREED

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 its 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
2. By fax
3. By e-mail
4. By App

Log onto www.backhome.co.za. Complete the registration process.

Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364

Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za

Download the Virbac Backhome Africa App

www.backhome.co.za • Tel: 011 852-8120 or 011 027 8837 • Fax: 0800 222 546