ADOPTION CHECKLIST

ADMISSION NO: MBY 8122

CONTRACT NO: MA0144

- [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 16/10/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 05/11/25 992003000579676

Adoptee INFO:

Name & Surname Zelarie Els

Contact INFO: 0727646033

Completed by: _____ 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 processes.

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: Zelarie Els
- Contact Number: 0722666033
- 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	Zebrie Els
POSTAL ADDRESS	
STREET ADDRESS	6 A Fevox
	Danabaai
HOME PHONE	
WORK PHONE	
CELLPHONE	0727646033
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
09/09/25	[redacted] Batch: A240A01 Exp.: 12-2026 MSD Animal Health Milpro	
13/10/25	[redacted] 02131824 04-FEB-2026 MSD Animal Health Milpro	
	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 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.

Find us on facebook.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	86-006057-006-6
DATUM VAN REKENING:	22/08/2025
LAASTE KWITANSIE DATUM:	21/08/2025
VOORAFBETAALDE METERNOMMER:	07165177226

BTW REG. NO.
Naam:
ELS JN
Liggingsadres:
6 A FEROXSTRAAT DANABAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1020.00	6057000	1300000	11

DATUM	BESONDERHEDE			BEDRAG
	BALANS OORGEBRING			1976.37
20/08/2025 0716517722	ELEKTRISITEIT			496.69 *
	BASIES		431.91	
	VAT/BTW		64.78	
20/08/2025 CARK0381	WATER 08/07/2025-06/08/2025			384.57 *
	1601 - 1614 (13 Kl 29 Dae)			
	BASIES		261.39	
	07/25 5.72 @ 0.000 =		0.00	
	. 7.28 @ 10.030 =		73.02	
	VAT/BTW		50.16	
20/08/2025 300011	VULLIS			320.62 *
20/08/2025 400011	RIOOL			365.61 *
20/08/2025	BELASTING PAAIEMENT			454.43
	KWITANSIES			1980.00-
	Balans Oorgedra			0.29-
BTW OP '*' ITEMS:	204.44 ACB TOT:		0.00	

KREDIET	60 DAE	30 DAE	LOPEND	DUE AMOUNT
0.00	0.00	0.00	2018.29	2018.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/09/2025	2018.00

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. 860060570066

EasyPay >>>>>9152686006057006 67

pay@ your payment partner 11379 860060570066

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

Vou en skeur af.

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

ELS JN
POSTE RESTANTE
DANABAAI
6510

86-006057-006-6

Fold and tear on perforation.

ADMISSION, ASSESSMENT AND HISTORY RECORD corrected

DBV SPCA
Garden Route

KENNEL No. K25 3F				ADMISSION No. MBY8122		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 08/09/25			Time in	14:00	Date for release	

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

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	X Breed	Colour and Markings	Brown, white chin.	
Condition	Fair	Sex	Female	Age 8 weeks
Temperament	Good	Sterilisation details	NO	Name
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small
Area found / collected from	Newrest			Date 08/09/25
Reason for surrender	Owner left			

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	Lutao Madiha		
Residential Address	7224 Newrest Asia			
Postal Address	N/A			
Tel (H) N/A	Tel (W) N/A	Cell 0643962894		
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: Bho

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 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 Refer to MBY 8060	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: _____

GARDEN ROUTE SPCA MOSSELBAY			
DATE	09/09/25	ANIMAL NAME	
KENNEL NUMBER	K23	BREED	X Breed
CARD NUMBER	MBY8122	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 GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. 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-/distrikkantoor 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

K37 Light Brown 8122

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 Donabaai

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 Donabaai

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 Troaff

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: 2.1m 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

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICRO

992003000579676

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. * 0727646033 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * ~~kvanfarova~~ amazingbuilding@gmail.com — 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 LEVERS

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 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