ADOPTION CHECKLIST

ADMISSION NO: MBY 8821

CONTRACT NO: MA0178

- [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 04/12/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000579309 Done 10/12/25

Adoptee INFO:

Name & Surname Mr + Mrs Briers

Contact INFO: 074 580 0976 / 076 807 4191

Completed by: _____ Date: 05/12/25

Manager: _____ Date: 05/12/25

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: Dominique Briers
   - Contact Number: 076 807 4191
   - Email Address: dominiquestopforth@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Marelia Briers
   - Contact Number: 072 108 2852
   - Email Address: ~~Marelia~~ briersmarel@gmail.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? _____
   - Where? _____
   - What animal did you adopt? 1

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 05/12/2025

RESIDENTIAL LEASE AGREEMENT

GENERAL DETAILS		
1.1	The Agent	LODGE 741 FANCOURT (PTY) LTD
1.2	The Landlord	WHEATFIELDS INVESTMENTS NO 6 (PTY) LTD
	Registration number / identity number	1998/011933/07
	VAT registration number	N/A
1.3	The Tenant	DE WET BRIERS & DOMINIQUE STOPFORTH (JOINTLY AND SEVERALLY)
	Registration number / identity number	0001285023089 & 0009070094082
1.4	The Property	17 HAWTHORNDENE ROAD, GEORGE, 6529
1.5	Full names and maximum number of occupants of the Premises. It is recorded that the Tenant take responsibility to ensure that all the said occupants adhere to the stipulations of the lease contract together with annexure thereto. DE WET BRIERS – ID: 0001285023089 DOMINIQUE STOPFORTH – ID: 0009070094082 NO OTHER OCCUPANTS ALLOWED	

TENANT COSTS		
1.6	The rent (monthly)	[redacted]
1.7	The deposit	[redacted]
1.8	The lease preparation fee (once-off)	[redacted]
1.9	The credit check fee	RNIL
1.10	Deposit administration fee	RNIL
1.11	Rental escalation	9% TO BE NEGOTIATED ON RENEWAL

GARDENROUTE Spca Mosselbay

From: Dominique Stopforth <dominiquestopforth@gmail.com>
Sent: Wednesday, 26 November 2025 14:42
To: GARDENROUTE Spca Mosselbay
Cc: Dewet Briers
Subject: Re: Aansoek vorm

Goeie dag,

Aangeheg is die toestemming van ons Huurders, hulle het slegs op epos vir ons geantwoord so ek stuur 'n screenshot.

Ek wil graag hoor hoe die proses verder gaan werk? Kay het genoem dat sy Donderdag by die veearts eers moet hoor of sy reggemaak kan word. Ek wil net graag weer 'n draai kom maak sodat ons kan wys watter een van die twee hondjies ons graag wil vat.

En dan wanneer kan ons reel vir 'n huis besoek?

Groete,

14:37

Petro Be[illegible]uid... 10:37

to me, Dewe[illegible], R...

Goeie more Dominique

Hoop dit gaan goed.

Baie geluk met die hondjie. Die Verhu
toestemming vir julle versoek om 'n h

Goeie dag,

Asb vind aangeheg die nodige dokumente.

Ons wag nog vir die toestemmings brief van ons verhuurder, hulle sal eers Woensdag vir ons die brief kan stuur.

Laatweet as daar nog enige iets is wat ons kan stuur of doen. Hier is ons kontak besonderhede:

Dominique Briers - 074 580 0976

De Wet Briers - 076 807 4191

Mooi dag verder!*

Groete,

Dominique

On Mon, Nov 24, 2025, 15:10 GARDENROUTE Spca Mosselbay <receptionm@grspca.co.za> wrote:

> Hi Dominique
>
> Vind aangeheg die vorm soos aangevra.
>
> **Kind regards**
>
> **Lavern Joseph**
>
> **Receptionist**
>
> **044 693 0824 / receptionm@grspca.co.za**

For mossel Bay

8821

992003000579309 ADMISSION NO MBY ~~8765~~

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 28/11/25 TIME: 11:00

NAME OF APPLICANT: Dominique Briers

ADDRESS: 17 Hawthornden Street, Heatherlands, George, 6529

HOME TEL No: CELL No: 074 580 0976

ANIMAL(S) ADOPTING: Medium X Breed

SEX: Female AGE: 3 months.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick walls + Carport		Suitability of fence (i.e. small pets can't escape): Yes	
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
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify: n/a	
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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ 11m	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Neat + Tidy property Cleaning lady opend for me just asc it outlined inside.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ CATS
- ☐ MEDIUM DOGS
- ☒ SMALL DOGS
- ☐ LARGE DOGS

INSPECTED BY: Geena Greenwald SPCA: George SIGNATURE: Greenwald

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
14/11/25	milpro		

Quantel DEWORMERS FOR DOGS AND CATS | Exitel Plus | Exitel Plus XL DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 04-12-2025

DOCTOR'S NAME Dr. AS. Muller

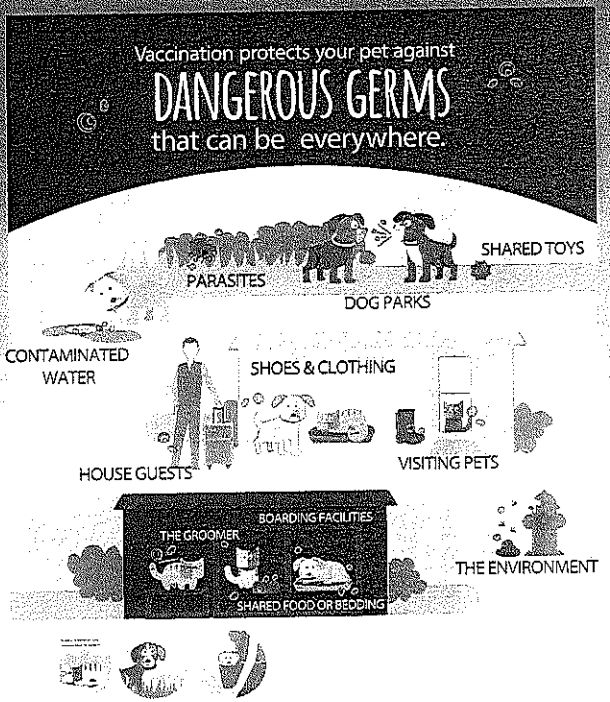
Garden Route SPCA
P.O. Box 258
George, 6530
Ph (044) 693 - 0824

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

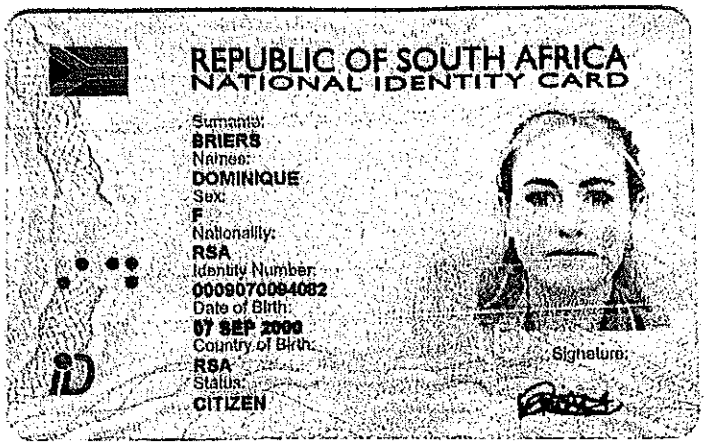
MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

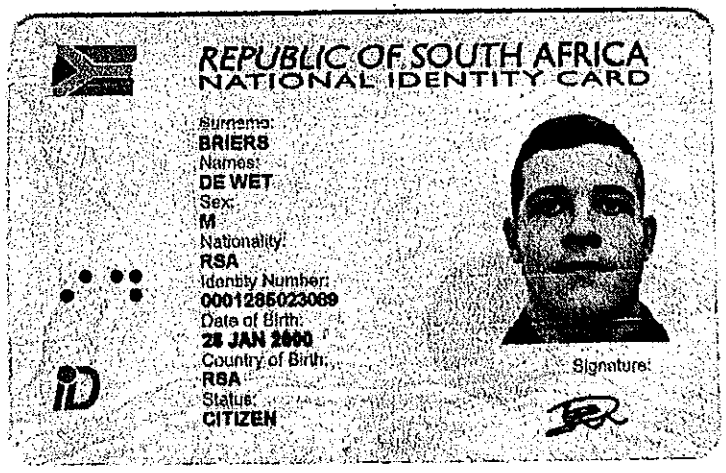
Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16.00
Saturday: 09:00 -11:00



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BRIERS
Names:
DOMINIQUE
Sex:
F
Nationality:
RSA
Identity Number:
0009070084082
Date of Birth:
07 SEP 2000
Country of Birth:
RSA
Status:
CITIZEN

Signature:



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BRIERS
Names:
DE WET
Sex:
M
Nationality:
RSA
Identity Number:
0001285023089
Date of Birth:
28 JAN 2000
Country of Birth:
RSA
Status:
CITIZEN

Signature:

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): Mrs Dominique + Mr De Wet Briers

HOME ADDRESS: 17 Hawthornden Street, Heatherlands, George 6529 ID NO.: 0009070094082

POSTAL ADDRESS: As Above

TEL NO (H): N/A (B): 076 807 4191

CELL NO: 074 580 0976 FAX NO: N/A

EMAIL: dominiquestopforth@gmail.com

Address where animal will be kept: As Above

Occupation: Medical Scrub Tech, Husband is agriculture consultan

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

YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: Companionship

YES/N

Is the animal for yourself?

YES/N

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? Lab X

Can you afford private fees? Yes Who is your vet? Still deciding

How many animals live on the property? DOGS? - CATS? - OTHERS -

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

Are all your animals sterilised? Give details Have none

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

Which animals do you still have, and what happened to the others? NONE

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

Full description of the fencing and gate: BRICK WALL Height: 6 FT

What shelter is provided: OUTDOORS - KENNEL - OTHER Indoo

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

Pre Home Inspection Fee: R100 Receipt No: 8509

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** 25/11/25

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No.	KB34			ADMISSION No.	MBY8719	
Stray	Surrender ✓	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	12/11/25	NA	Time in		Date for release	NA

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		Yes	✓	No	Lost & Found Date checked	None	
Microchip/Collar or ID tag found	✓	Yes	No	Date scanned or checked	None	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog XB	Cat	Other species (Specify)	2 km		
Breed	Lab x		Colour and Markings	Tan - dark	
Condition	Fair		Sex ♀	Age 6 weeks	
Temperament	Fair		Sterilisation details NO	Name	
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small	
Area found / collected from	Asla Park ward 15			Date 12/11/25	
Reason for surrender	unwanted sweeps				

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	Justin October			
Residential Address	4545 Callisdorp Straat				
	Mbuy				
Postal Address	PO				
Tel (H) None	Tel (W) None	Cell None			
Email	None				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: Wally

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	Refer to MBY 8717	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: _____

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICRO[illegible]

992003000579309

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. * 0745800976

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

E-mail * dominiquestopforth@gmail.com

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

Title * MRS Initials * D Surname * BRIERS

Street 17 Hawthornden Street City

Suburb Heatherlands 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 * 12 - 12 - 2025

Date of Implant * 04 - 12 - 2025

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * LAB X

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

GARDEN ROUTE SPCA MOSSELBAY			
DATE	14/11/25	ANIMAL NAME	
KENNEL NUMBER	K15	BREED	Lab x
CARD NUMBER	MBY 8719	STERILIZED	NO
COLOUR	Tan	MALE/FEMALE	Female
VACCINATED	Yes	AGE	8 weeks
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.3kg		
TEMPERATURE	36.9		
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