ADOPTION CHECKLIST

ADMISSION NO: MBY 8142

CONTRACT NO: MA 0173

- [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 18/12/25 992003000578654 Done

Adoptee INFO:

Name & Surname Khristen Wilemain

Contact INFO: 062 957 4884

Completed by: [signature] Date: 05/12/25

Manager: [signature] 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: _____
- Contact Number: _____
- Email Address: _____

2. Additional Family Member/Friend Details

- Full Name: Debra Wileman
- Contact Number: 084 793 4800
- Email Address: wileman@cybersmart.co.za

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No)
- If yes, when? 9 years ago (2019/2015)
- Where? George
- What animal did you adopt? Dog

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

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): Ms Kristen Wileman

HOME ADDRESS: 25 Johan Hevnis Crescent, Rooirivierrif

George ID NO.: 0406260127088

POSTAL ADDRESS: Same as above

TEL NO (H): 044 874 0807 (B):

CELL NO: 062 957 4884 FAX NO:

EMAIL: Kristenwileman04@gmail.com

Address where animal will be kept: Same as above

Occupation: Student

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: 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? Collie

Can you afford private fees? Yes Who is your vet? Renee - Vital Vet

How many animals live on the property? DOGS? 0 CATS? 3 OTHERS

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? 3 OTHER?

Which animals do you still have, and what happened to the others? 3, dog passed away

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

Full description of the fencing and gate: Pallisade fence Height: 1.5 m

What shelter is provided: OUTDOORS 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: R100.00 Receipt No: MBY 8512

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** 28/4/25

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
WILEMAN
Names:
KRISTEN ADRIENNE
Sex:
F
Nationality:
RSA
Identity Number:
0406260127088
Date of Birth:
26 JUN 2004
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
27 AUG 2020

RSA

113691752

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICR

992003000578654

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

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.

Cell No. * 062 957 4884

E-mail * kristenwileman04@gmail.com

Title * MS Initials * K Surname * Wileman

Street 25 Johan Heunis Crescent City

Suburb Rooirivierrif 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 * - -

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 OLIVE Date of birth

Species * CANINE Breed * COLLIE x LAB

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

9 920030005786 5 4 ADMISSION NO MBY 8142

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 4/12/25 TIME: 17h05

NAME OF APPLICANT: Kristen Wiemain

ADDRESS: 25 Johan Heunis Crescent, Rooirivierrif, George

HOME TEL No: CELL No: 062 957 4884

ANIMAL(S) ADOPTING: M size Collie.

SEX: Female AGE: 6 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION Safe yard, fully walled			
Type and height of fence: Wall + palisade 1.5 - 1.8m		Suitability of fence (i.e. small pets can't escape): Good	
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: Pool - siperated yard	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	Three

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	Siamese	Siamese	Cream		
CONDITION	Good	Good	Good		
WELFARE (good?)	Good	Good	Good		
SEX & AGE	M / not 2	F / 2	F / 2	/	/
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Lovely home, safe yard. Pool area in back garden - dog will not be left in this section of property unless supervised - until adulthood. Plenty space in other section of garden.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: S. Trietsch SPCA: GRSPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No.	K 48.41			ADMISSION No.	MBY8142	
Stray / Surrender	Abandoned	Returned		Impounded	Confiscated	Request for euthanasia
Date in 17/09/25		Time in	09:20	Date for release		

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	17/09/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	17/09/25	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog / Cat	Other species (Specify)	B/I.		
Breed	Sheepdog x Lab	Colour and Markings	Black	
Condition	Good	Sex	F	Age 1 Months
Temperament	Friendly	Sterilisation details	None	Name
Coat L	Tail L	Teeth Condition G	Ears up	Size Small
Area found / collected from	Hartenbos			Date 17/09/25
Reason for surrender	Can't keep the dog.			

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	Liezel van Tonder
Residential Address	Erf uitsig 31 Olckers Drive	
Postal Address	No postal	
Tel (H) —	Tel (W) —	Cell 081 351 5339
Email	No email.	
Donation R —	Cash	Card	EFT	(Receipt No.) —

PLEASE INSIST ON A RECEIPT

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

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	Witness for Society N/A

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
19/04/25	milpro		
25/10/25	Triworm D		
27/11/25	Triworm D		

Quantel DEWORMER 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

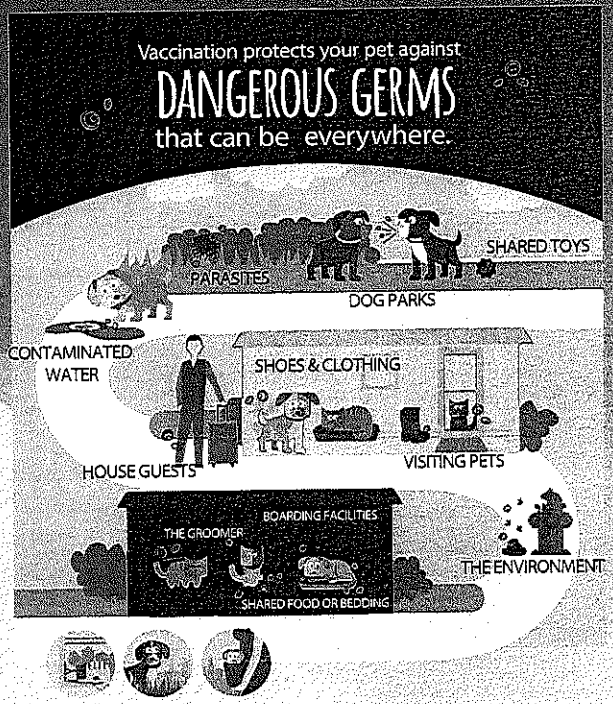
DOCTOR'S NAME Dr. AS. Muller

Garden Route SPCA
P.O. Box 258
George, 6530
Ph (044) [illegible] 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

One of the Global One money management products or services

Proof of Account Details

CAPITEC

Capitec Bank

05/12/2025
Branch: 470010
Device:

SkyQR App Store Google Play

Validate this document using SkyQR

To Whom it May Concern

We hereby confirm that Ms Kristen Wileman has the following account(s) at Capitec Bank Limited on 05/12/2025

Client Details

Name:	Kristen A Wileman
ID/Passport Number:	0406260127088
Address:	25 Johan Heunis Crescent, Rooirivierrif, Goerge, 6529
Postal Address:	25 Johan Heunis Crescent, Rooirivierrif, Goerge, 6529

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	1797952623
Bank Name:	Capitec
Branch Code:	470010
Date Opened:	2021-06-15

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.