ADOPTION CHECKLIST

ADMISSION NO: MBY 8177

CONTRACT NO: MA0168

- [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 10/12/25
- [x] Microchip Registration- chip number 992003000578652 Done

Adoptee INFO:

Name & Surname Emma Jardine

Contact INFO: 0636050489

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.

APPLICATION TO ADOPT A RODENT OR RABBIT

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof of residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/(Ms) (including initials): Emma Jardine

HOME ADDRESS: 97 Nevina Road, Danabaai

ID NO.: 0701220387081

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): N/A

CELL NO: 0636050889 FAX NO: N/A

E-MAIL: emmajardine2201@gmail.com

Address where animal will be kept: AS ABOVE

Reason for wanting an animal: Company

Is the animal for yourself? (YES) / NO Who will be the main care-giver? I will

How many animals live on your property DOGS 2 CATS 2 OTHER chicken

Have they lived with a rodent / rabbit before? (YES) / NO

Do you still have the rodent or rabbit? YES / (NO) Are they sterilised? (YES) / (NO)

If you no longer have the animal/s, what happened to them? Still have 2 dogs, 2 cats + chicken

Rabbits can be taught to use a litter tray. Are you prepared to train them? (YES)/NO

Rabbits and rodents have teeth that constantly grow. How will you prevent the excess growth? Specific foods

Rabbits can live for 10 years or more. Are you prepared to commit to this time span? (YES)/NO

Where will the rabbit/rodent be kept? INSIDE ☑ OUTSIDE ☐ INSIDE & OUTSIDE ☐

Describe where they will be kept In a room.

Type of Housing Bedroom Size Standard

Describe the safe area where the rabbit /rodent can exercise freely. Garden

How long each day will the animal be exercised? Daily

Describe the feed the animal will be given? Tef hay, Veggies, pellet, grass.

What bedding will be used for the sleeping areas? Soft blanket.

Are you financially able to look after the rabbit or rodent correctly? (YES)/NO

Which Veterinarian do you use? Dr. Henk

Is any household member allergic to animals? If so, how will they co-exist with the animal? NO

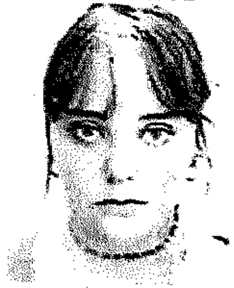
Declaration: The above information is true and correct
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT Emma Jardine.

DATE OF APPLICATION 24/11/25 SPCA [signature] INSPECTOR

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
JARDINE
Names:
EMMA
Sex:
F
Nationality:
RSA
Identity Number:
0701220387081
Date of Birth:
22 JAN 2007
Country of Birth:
RSA
Status:
CITIZEN



Signature

iD

... A TRUE REPRODUCTION ... OF THE ORIGINAL ... AN AMENDMENT OR ...

72574267C97
SSR MASHABA

72574267

SSR MASHABA

SUID AFRIKAANSE POLISIEDIENS

CSC

2024 -08- 25

NDODWANA 1209

SOUTH AFRICAN POLICE SERVICE

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAY

Mossel Bay
MUNICIPALITY

JARDINE IA & CM
POSBUS 10557
DANABAAI
6510

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

Permit Mail
SOLUTIONS

9920030005786 52

ADMISSION NO MBY 8177

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 2-12-25 TIME: 10h00

NAME OF APPLICANT: Emma Jardine

ADDRESS: 97 Nerina Road, Danabay

HOME TEL No: CELL No: 0636935910

ANIMAL(S) ADOPTING: Bunny

SEX: FeMale AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		Suitability of fence (i.e. small pets can't escape): Run	
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:	
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	Russian Blue Cat	OSH	Min Pin	Pomeranian	
CONDITION	Good	Good	Good	Good	
WELFARE (good?)	✓	✓	✓	✓	
SEX & AGE	F / 11.3	F / 12	F / 12	M / 5	/
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Good Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☒ LARGE DOGS

INSPECTED BY: Juliano SPCA: Knysna/Plett SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

T5
Plain black Face

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): & Miss Emma Jardine.

HOME ADDRESS: 97 Nerina Road Danabaai

ID NO.: 0701220387081

POSTAL ADDRESS: 6510

TEL NO (H): 073 152 2222 (B): 0636050889

CELL NO: [redacted] FAX NO:

EMAIL: Emmajardine2201@gmail.com OR emmabillison2201@gmail.com

Address where animal will be kept: 97 Nerina Road Danabaai

Occupation: SCOH Scolar

Do you own or rent your property: No Do you have consent from owner / Body Corporate? Yes

Are you a student with consent to keep pets: (YES/NO)

Reason for wanting animal: For company, interaction.

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? Rabbit

Can you afford private fees? Yes Who is your vet? Dr Hoek. (Danabaai Vets)

How many animals live on the property? DOGS? 2 CATS? 2 OTHERS chicken.
All fixed.

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 2 OTHER? Chic

Which animals do you still have, and what happened to the others?

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

Full description of the fencing and gate: fenced in the backyard with gate. Height: 1,5 Mtr.

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER fencing.

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? N

↳ As I will sit with the rabbit outdoors with me.

Pre Home Inspection Fee: 100 Receipt No: MBY 8500

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 [signature] Date of application 24/11/2025

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Carol Jardine
   - Contact Number: 073 194 2222
   - Email Address: joggreen soc@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Tony Jardine
   - Contact Number: 083 272 1082
   - Email Address: busyme0487@yahoo.co.com

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? 2021
   - Where? SPCA
   - What animal did you adopt? CAT

1. **Adoption Contract Acknowledgment**

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

Signature: [signature]
Date: 05/12/2025

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel | 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

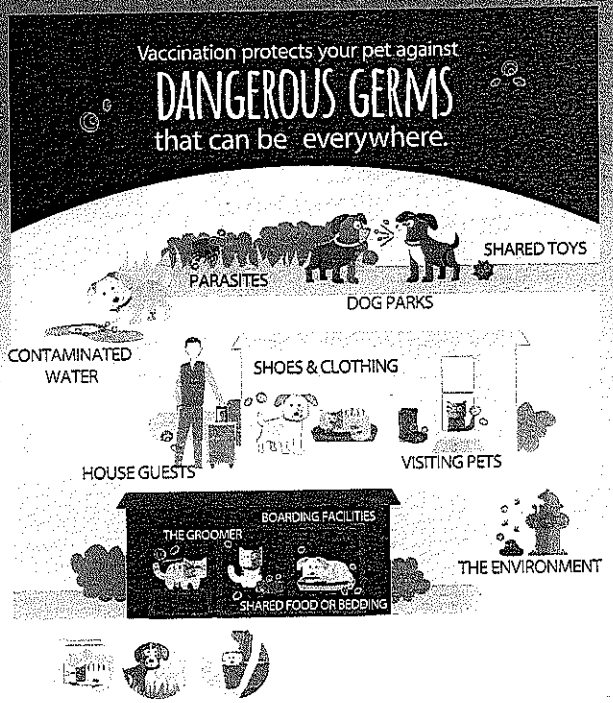
DOCTOR'S NAME Dr. AS. Muller

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

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000578652

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. * 0636050889 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * emmajardine2201@gmail.com if possible, please provide a personal email, not a company email.

Title * MS Initials * E Surname * Jardine

Street 97 Nerina Road City

Suburb Area Code Donabaai

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 * 10 - 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 PEPSI Date of birth

Species * RABBIT Breed * RABBIT

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No.	To			ADMISSION No.	MBY8177	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	30/10/25		Time in	11:20	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	30/10/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	30/10/25	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog / Cat / Other species (Specify) Rabbit			
Breed		Colour and Markings Black	
Condition Fair		Sex ~~M~~ / Female	Age Adult
Temperament Fair		Sterilisation details No	Name
Coat Short	Tail Short	Teeth Condition Fair	Ears Up	Size M
Area found / collected from Albertinia			Date 30/10/25
Reason for surrender Too many			

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	Manique Cicosen
Residential Address	Farm Keurfontein, Albertinia	
Postal Address	N/A	
Tel (H) N/A	Tel (W) N/A	Cell 060 466 2810
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: Mariaan

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 doer ook vrywillig afstand van alle belange daarin, indien enige, ter gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdrukiik ooreengekom dat noc 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 8516	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: _____