ADOPTION CHECKLIST

ADMISSION NO: MBYS333

CONTRACT NO: MA 00040T

- [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
- [N] Letter from Body Corporate
- [X] Sterilization Contract and Date of sterilization Contract Done 06/02/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486984

Adoptee INFO:

Name & Surname: Allistar Hartnick

Contact INFO: 0836891821

Completed by: [signature] Date: 07/02/2025

Manager: [signature] Date: 07/02/2025

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD Loaded.

DBV SPCA
Garden Route

KENNEL No. 20 34				ADMISSION No. MBY5333		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 17/01/25			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes / No	Lost & Found Date checked	17/01/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	17/01/25	Microchip or ID Tag number	None	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) B/I.		
Breed Malamois.		Colour and Markings Brown & Black.		
Condition fair.		Sex ♀	Age 3 years	
Temperament fair.		Sterilisation details	Name	
Coat S	Tail L	Teeth Condition fair	Ears	Size M.
Area found / collected from Excel 6.				Date 17/01/25.
Reason for surrender Relocating				

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 Marius Cook.				
Residential Address	3 Freezia Str. Tarka.					
Postal Address	No postal					
Tel (H) No num	Tel (W) No num	Cell 0749454604				
Email No email						
Donation R None	Cash	Card	EFT	(Receipt No.) None		

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** s, 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 uitdrukilk 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 4644	Witness for Society L. Joseph.
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

_____

Tel No (h): _____ Tel No (w) _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / C[illegible] and ID tag giv 992003000486984 Date 06/02/2025

MEDICAL RECORD

Date	Remarks	Treatment	Cost
17/1/2025	vaccines + antibiotic		
	NXT - Jan 2026		
06/02/2025	Sterilized Dr SM.		

PTS APPROVAL	
NAME	**SIGN**

MB-5333

MA0004OT

Malinois.

APPLICATION TO ADOPT AN ANIMAL

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): Mr A. (Aartmuk (Allister)

HOME ADDRESS: 67 Nicolaas Smuts Mn/Baai

ID NO.:

POSTAL ADDRESS: -

TEL NO (H): (B):

CELL NO: 0836891821 FAX NO:

E-MAIL:

Address where animal will be kept: above address

Reason for wanting an animal: children need a dog/myself also

Occupation: Instrument Mechanic

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

Are you a student with consent to keep pets? No YES/NO

Reason for wanting an animal:

Is the animal for yourself? Yes 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?

Can you afford private veterinary fees? Yes Who is your vet? Heidersd clinic

How many animals live on your property DOGS CATS OTHER No

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

Are all your animals sterilised? Give details

How many dogs and cats have you owned over the past 3 years? DOGS CATS OTHER

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

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

Full description of the fencing and gate: Nibrecrete Wall 2mt Height:

What shelter is provided : OUTDOORS KENNEL OTHER Indoors

Have you previously had pets from an SPCA? No Are there children under the 10 years in your household? Yes

Pre Home Inspection Fee: R100 Receipt No.: 5597

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** 31/01/2025

PRE HOME NO: MPRE 074

ADMISSION NO: MBY 5333

MA000407

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030004869 84

PASSED: (YES) / NO DATE UNDERTAKEN: 6 - 1 - 25 TIME: 14:51

NAME OF APPLICANT: Allistor Hartnick

ADDRESS: 67 Nicolaai singel, Mosselbay

HOME TEL No: _____ CELL No: _____

ANIMAL(S) ADOPTING: Dog - Malinois X GSD

SEX: Female AGE: 2 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick wall		Suitability of fence (i.e. small pets can't escape): 2mm	
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?	none
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	Specify: none	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED					
CONDITION	None				
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Approved great Home!

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☐ **SMALL DOGS**

☒ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Luciano Borzi **SPCA:** Mosselbay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	**RESULT**	**REMARK**	**BY WHOM**

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

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 06/02/2025

DOCTOR'S NAME Dr AS Wells

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

VACCINE RECORD CARD

PET'S NAME

MY VET

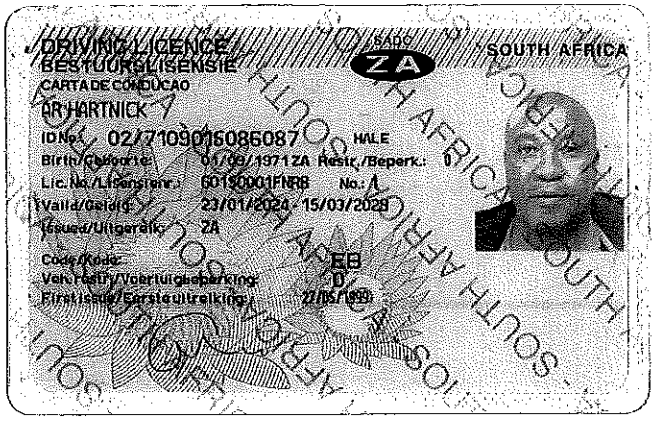
GARDEN ROUTE SPCA
MOSSEL BAY

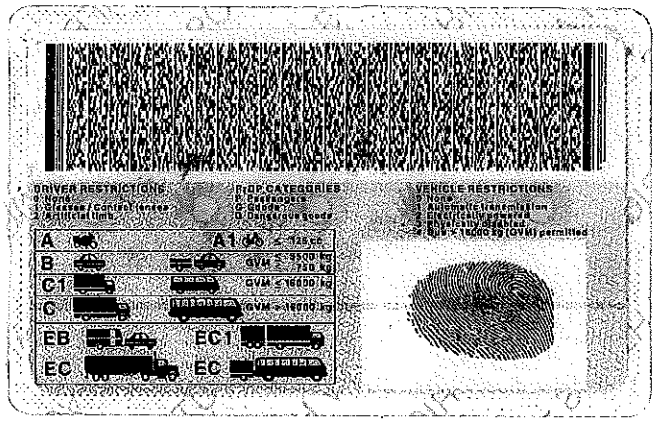
18 BILL JEFFERY AVE
KWANONQABA

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

Consulting Hours

Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00


SADC
ZA
SOUTH AFRICA
DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
DR HARTNICK
ID No./
02/7109015086087
HALE
Birth/Geboorte:
01/09/1971 ZA
Restr./Beperk.:
0
Lic.No./Lisensienr.:
6015D001FNRB
No.:
1
Valid/Geldig:
23/01/2024 - 15/03/2028
Issued/Uitgereik:
ZA
Code/Kode:
EB
Veh.Fed/Voertuigsoorte:
D
First issue/Eerste uitreiking:
27/05/1999


DRIVER RESTRICTIONS
0: None
1: Glasses / contact lenses
2: Artificial limb
PROF. CATEGORIES
P: Passengers
C: Goods
D: Dangerous goods
VEHICLE RESTRICTIONS
0: None
01: Automatic transmission
A
A1
B
C1
C
EB
EC1
EC

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	75-009064-005-0
DATUM VAN REKENING:	22/01/2025
LAASTE KWITANSIE DATUM:	21/01/2025
VOORAFBETAALDE METERNOMMER:	04192103788

BTW REG. NO.
Naam:
HARTNICK AR
Liggingsadres:
67 NICOLAAISINGEL D'ALMEIDA X23
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	0.00	ERF NOMMER:	9064000	TOTALE WAARDASIE:	530000	WYK No:	13

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		1508.25
20/01/2025 0419210378	ELEKTRISITEIT 07/01/2025-12/01/2025		451.54 *
	BASIES	392.65	
	VAT/BTW	58.89	
20/01/2025 486755	ESTIMATE		273.28 *
	BASIES	237.63	
	VAT/BTW	35.65	
20/01/2025 486755	ESTIMATE		12.09 *
	ESTIMATED (7 Kl 30 Dae)		
	07/24 5.92 @ 0.000 =	0.00	
	. 1.08 @ 9.737 =	10.52	
	VAT/BTW	1.57	
20/01/2025 400013	RIOOL		335.43 *
20/01/2025 300013	VULLIS		299.64 *
20/01/2025	BELASTING PAAIEMENT		138.61
	KWITANSIES		1510.00-
	Balans Oorgedra		0.84-
BTW OP '*' ITEMS:	178.94 ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	AMOUNT DUE
0.00	0.00	0.00	1508.84	1508.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	17/02/2025	1508.00

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. 750090640050

EasyPay >>>>>9152675009064005O7

pay@ 11379 750090640050

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
P4010396

Vou en skeur af.

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

Mossel Bay MUNICIPALITY

HARTNICK AR
NICOLAAISINGEL 67
MOSSELBAAI UIT 23
6506

75-009064-005-0

Fold and tear on perforation.

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO: MBY 5333
Microchip and or I	992003000486984		

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over-eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in the case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in the form of a microchip or a collar and tag – only **elasticised or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of the Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post within seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

ADOPTER NAME - Prof/Dr/(Mr)/Mrs/Ms (including initials): A Ilistor Hartnick.
HOME ADDRESS: 67 Nicolaai Singel. Mosselbaai ID/PASSPORT NO.:
TEL NO (H): (B):
CELL NO: 0836891821 FAX NO:
E-MAIL: allistor.hartnick@petrosa.co.za
ADOPTION FEE: R850 cash / card/ eft DONATION: RECEIPT No. 5622
VEHICLE REG. No: CBS 26320 VEHICLE MAKE: Toy Corolla COLOUR Silver
SIGNATURE: WITNESS FOR SOCIETY:
DATE: 07/02/25

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486984

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. * 0836891821

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.

E-mail *

Title * MR Initials * A Surname * HARTNICK

Street 67 NICOLAAI SINGEL City

Suburb Area Code MOSSELBAY

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 * 06 - 02 - 2025

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

Name of Vet who implanted the Chip KURT REMAS

PET DETAILS

Pet Name Date of birth 2022

Species * CANINE Breed * MALINOIS X GSD

Colour BROWN + 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