ADOPTION CHECKLIST

ADMISSION NO: MBY4656

CONTRACT NO: MA00065T

- [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 13/03/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548246

Adoptee INFO:

Name & Surname DR A.S. MULLER

Contact INFO: 073 275 4148

Completed by: _____ Date: 13/03/2025

Manager: _____ Date: 13/03/2025

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.

V.M.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

KENNEL No.	14 15 32			ADMISSION No.	MBY4656	
Stray ✓	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	[illegible]	NA	Time in	6:35	Date for release	7/3/25

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	Yes / No	Lost & Found Date checked	
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	
Microchip or ID Tag number			

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify)	BTIN		
Breed	[illegible] German Shepherd	Colour and Markings	[illegible]		
Condition	Good	Sex	♂	Age	
Temperament	Good	Sterilisation details		Name	
Coat Good	Tail Long	Teeth Condition Good	Ears up	Size	Med
Area found / collected from	Hartenbos Corgen			Date	28/2/25
Reason for surrender	STRAY				

079 5454708 Bianca Dicker

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	Bianca Dicker				
Residential Address	Mosselbay					
Postal Address	6506					
Tel (H)	None	Tel (W)	None	Cell	0795454708	
Email	None					
Donation R	None	Cash	Card	EFT	(Receipt No.)	None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: ____________

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 [signature]	Witness for Society [signature]
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

GPRE 100

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) NO DATE UNDERTAKEN: 13/3/25 TIME: 11:00

NAME OF APPLICANT: Dr. S. Muller

ADDRESS: Plot 274, Whites Rd, Wilderness Heights

HOME TEL No: N/A CELL No: 073 275 4148

ANIMAL(S) ADOPTING: GSD

SEX: AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 6 foot Game fence		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?	N/A
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?	5

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	X GSD	X GSD	DSH	DSH	DSH
CONDITION	Good	Good	Good	Good	Good
WELFARE (good?)	Good	Good	Good	Good	Good
SEX & AGE	F 1	F 1	M 1	F 1	F 1
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☑ / NO ☐

OTHER INFORMATION / COMMENTS Very Large Farm, with fully game fence, electric gate.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ **CATS** ☑ **SMALL DOGS**

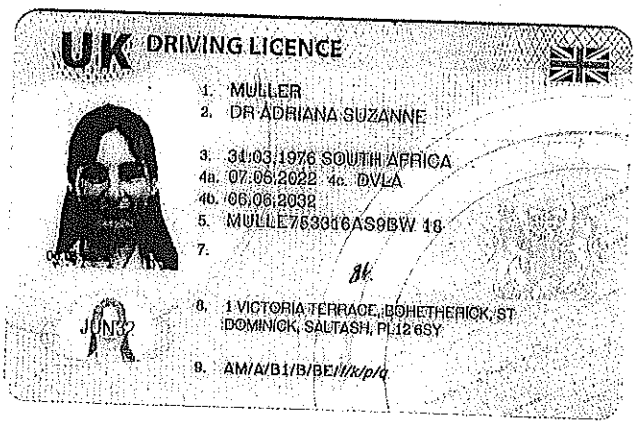
☑ **MEDIUM DOGS** ☑ **LARGE DOGS**

INSPECTED BY: Gerda **SPCA:** George **SIGNATURE:** G Greenwald

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

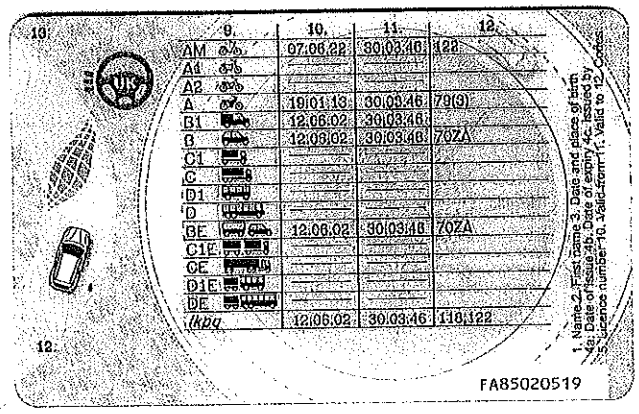
DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



UK DRIVING LICENCE

1. MULLER
2. DR ADRIANA SUZANNE
3. 31.03.1976 SOUTH AFRICA
4a. 07.06.2022 4c. DVLA
4b. 06.06.2032
5. MULLE763316AS9BW 18
7.
8. 1 VICTORIA TERRACE, BOHETHERICK, ST DOMINICK, SALTASH, PL12 6SY
9. AM/A/B1/B/BE/I/k/p/q

JUN 22



9.	10.	11.	12.
AM	07.06.22	30.03.46	122
A1			
A2			
A	19.01.13	30.03.46	79(3)
B1	12.06.02	30.03.46	
B	12.06.02	30.03.46	70ZA
C1			
C			
D1			
D			
BE	12.06.02	30.03.46	70ZA
C1E			
CE			
D1E			
DE			
(k)(p)(q)	12.06.02	30.03.46	110,122

10.

12.

1. Name 2. First name 3. Date and place of birth
4a. Date of issue 4b. Date of expiry 4c. Issued by
5. Licence number 7(a). Valid from 7(b). Valid to 9. Codes

FA85020519

GEORGE MUNICIPALITY

Tax invoice

VAT No. 4630193664
P.O.BOX 19, GEORGE, 6530
(044) 801-9111 086 589 6402
EMAIL: accounts@george.gov.za

EMAIL

GRG 1002376137

MRS AS MULLER
P O BOX 276
WILDERNESS
6560

STATEMENT DATE	24/04/2024
TAX INVOICE NO.	11570513
ACCOUNT NO.	GRG 1002376137
RECEIPTS POSTED TILL	23/04/2024
GUARANTEE / DEPOSIT	0 / 1100.00-
SUBURB	52 274 00001
VALUATION	1690000
SITE ADDRESS:	WHITES ROAD (WH)
DEBTS DUE BY TENANTS	0.00
CLIENT VAT NO.	

SERVICE	OPENING BALANCE	RECEIPTS	CHARGE	INTEREST	ADJUSTMENTS	VAT	CLOSING BALANCE
	822.52	-822.52	627.85	0.00	0.00	94.19	722.04
	340.40	-340.40	296.00	0.00	0.00	44.40	340.40
	711.28	-711.28	711.28	0.00	0.00	0.00	711.28
TOTAL	1,874.20	-1,874.20	1,635.13	0.00	0.00	138.59	1,773.72

PLEASE SEE REVERSE FOR IMPORTANT NOTES.

OFFICE HOURS

08H00 -15H30 MONDAY - FRIDAY
EXCLUDING PUBLIC HOLIDAYS

PAY POINTS

MUNICIPAL OFFICES: GEORGE, UNIONDALE, HAARLEM, POST OFFICES, PICK 'N PAY, SPAR, PEP STORES AND EASYPAY POINTS COUNTRYWIDE.

MESSAGE

PLEASE NOTE THAT YOUR ACCOUNT NUMBER, MUST BE PROVIDED AT ALL TIMES, WHEN YOU LODGE ANY ACCOUNT QUERY, OR REQUEST A DUPLICATE ACCOUNT STATEMENT.

TOTAL VAT	ARREARS	CURRENT	PAYMENT DATE	AMOUNT DUE
138.59	0.00	1,773.72	15/05/2024	R1773.72

	FUTURE	CURRENT	30 DAYS	60 DAYS	90 DAYS	90 DAYS +
MONTHLY	0.00	1773.72	0.00	0.00	0.00	0.00
ANNUAL	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	1773.72	0.00	0.00	0.00	0.00

Attention all consumers

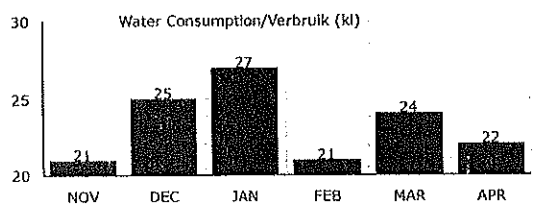
UPDATE YOUR DETAILS HERE

It is the responsibility of each and every consumer to enquire from the municipality if no account is delivered before the due date. Enquiries with regards to accounts can be made with the following options:

1)Email: Accounts@george.gov.za
2) Telephone: (044) 801 9111

Thank you.

Water:1401	Cons/Days New	22	30.00		
Water:1401	Basic New	1	139.11	159.98	20.87
Water:1401	0-6 New	6	24.19	166.91	21.77
Water:1401	Free New	6-	24.19	166.91-	21.77-
Water:1401	6-15 New	9	24.19	250.37	32.66
Water:1401	15-20 New	5	36.73	211.20	27.55
Water:1401	20-30 New	2	43.69	100.49	13.11



Tp.	Meter No.	Previous	New Reading	Factor	Consumption	Period Daily Avg.
W	CBRL4850	2164	2186 E		22.000	11/03-10/04 .73

Log & report faults, pay municipal bills, submit self-meter readings and more with the My Smart City App. Become a part of the Improvement Movement with George and My Smart City. Improve your city. Be part of the change. Download the app now!

PAYMENT DETAILS

ACCOUNT: GRG 1002376137

ALLOCATION 0118

ACCOUNT NUMBER 1002376137

Post Office
BOXER
Pick n Pay
SPAR
ACKERMANS
SHOPRITE
Checkers
Usave
FNB

Smart Water Meter
UniPay
My Smart City

FNB
BRANCH CODE: 210554
ACCOUNT NUMBER: 62869623150

9153 0000 0100 2376 1376

MY OWNER

NAME	DR A.S. MULLER
POSTAL ADDRESS	
STREET ADDRESS	PLOT 274, Whites Road,
	Wilderness Heights
HOME PHONE	
WORK PHONE	
CELLPHONE	073 275 4148
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	GERMAN SHEPARD
COLOUR	BROWN + BLACK
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TATT	992003000548246
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
13/03/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
06/03/25		AWA
18/03/25		AWA SPCA
	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 (isoqinoline) 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.

MSD Animal Health

Find us on facebook.

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfrica
facebook.com/MsdPetSa

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): A.S. MULLER

HOME ADDRESS: Plot 274, Whites Road, Wilderness Heights

ID NO.: 7603310043082

POSTAL ADDRESS: AS ABOVE

TEL NO (H): - (B): -

CELL NO: 073 275 4148 FAX NO: -

E-MAIL: muller.suzanne1@gmail.com

Address where animal will be kept: AS ABOVE

Reason for wanting an animal: COMPANION

Occupation: VETERINARIAN

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? YES/(NO)

Reason for wanting an animal: COMPANION

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? _____

Can you afford private veterinary fees? YES Who is your vet? WILDERNESS VETS

How many animals live on your property DOGS 2 CATS 3 OTHER _____

What are the sexes of your animals? DOGS: Male 2 Female _____ CATS : Male _____ Female 3

Are all your animals sterilised? Give details YES

How many dogs and cats have you owned over the past 3 years? DOGS 2 CATS 3 OTHER _____

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

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

Full description of the fencing and gate: GAME FENCING Height: 6 FT

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER INDOORS

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

Pre Home Inspection Fee: R100 Receipt No.: 5697

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** 07/03/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548246

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. * 073 275 4148

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

E-mail * muller.suzanne1@gmail.com

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

Title * OR

Initials * AS

Surname * MULLER

Street PLOT 274 Whites Road

City

Suburb

Area Code WILDERNESS

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 * 14 - 03 - 2025

Date of Implant * 13 - 03 - 2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name CODA

Date of birth

Species * CANINE

Breed * 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

ADOPTION CONTRACT

DOG/CAT	Breed	GSD	Male/Female	ADMISSION NO:	MB-/4656
Microchip and or ID Tag	992003000548246				

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.S. Muller

HOME ADDRESS: Plot 274 Whites Road, Wilderness ID/PASSPORT NO.: 7603310043082

TEL NO (H): _____ (B): _____

CELL NO: 073 275 4148 FAX NO: _____

E-MAIL: muller.suzanne1@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. 13/03/25

VEHICLE REG. No. CAW 87706 VEHICLE MAKE: Mitsubishi COLOUR Silver

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 13/03/2025