ADOPTION CHECKLIST

ADMISSION NO: MBY 5879

CONTRACT NO: MA00018

- [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 30/04/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 07/05/25
- [x] Microchip Registration- chip number 992003000548404

Adoptee INFO:

Name & Surname Mrs J. Bodenstein

Contact INFO: 0784298677/ 0828368846.

Completed by: _____ Date: 02/05/2025

Manager: _____ Date: 02/05/25

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.

Virbac BackHome
Pet Certificate

Backhome

Dear Pet Owner,

Thank you for choosing BackHome and welcome to the BackHome family. Please keep your BackHome certificate in a safe place. It contains your details as registered on the BackHome national central database.

Please go to our website or download our app where you can conveniently look up or manage your details and that of your pets. For example you can update temporary addresses if you are going away, you can manage your contact details, and keep track of medical conditions of your pets.

You can login to the website and the app with the same details.
BackHome website (**www.backhome.co.za**) or download the BackHome App (from AppStore or PlayStore).

Alternatively you can contact us
E-mail: backhome@virbac.co.za
Phone: 011 027 8837 (weekdays 8:00 am - 5:00 pm)
Fax: 0800 222 546
Mail: Private Bag X115, Halfway House, 1685

Thank you for being a responsible pet owner in having your pet microchipped. Please keep your details updated – we hope your pet is always safe and never gets lost – but now you have an added security if that should ever happen.

Pet Information

Pet Details

Pet Name:	MOLLY		
Pet Registered Name:			
Date of Birth:	01 Jan 1970		
Species:	Canine	Breed:	JACK RUSSEL - FOX TERRIER CROSS
Gender:	Female	Sterilised:	Yes
Colour:	BROWN AND WHITE		
Markings:			

KUSA

KUSA registered?	No
KUSA Number:	

Microchip Information

Microchip Number:	992003000548404
Dates: Registered:	07 May 2025
Implanted:	30 Apr 2025
Name of Welfare Organisation that implanted Chip :	Garden Route SPCA Mosselbay
Person who implanted chip:	BHO SMITH

Medical

Medical Insurance Co:	
Medical Insurance Number:	
Medical Insurance Co Tel:	
Medical Conditions:	

Owner Information

Contact Details

Owner Name:	JANET BODENSTEIN
Email:	j.bodenstein@mweb.co.za
Work Phone:	
Home Phone:	
Mobile:	+27 784298677

Address

Address:	12A EGRET STREET
Suburb:	GROENVALLEI
Town/City:	SEDGEFIELD
Province:	Western Cape
Country:	South Africa
Area Code:	6570

Other Contacts

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED

DBV SPCA
Garden Route

KENNEL No.	K-12 38			ADMISSION No.	MBY5879	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	01/04/25		Time in	12:05	Date for release	

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	01/04/25	Microchip or ID Tag number	NONE	

DESCRIPTION & HISTORY					
Dog ✓	Cat	Other species (Specify)			
Breed	X BREED Jack Russel	Colour and Markings	BROWN & WHITE		
Condition	GOOD	Sex ♀		Age 1, 2 MONTHS	
Temperament	GOOD	Sterilisation details	NONE	Name	
Coat SHORT	Tail LONG	Teeth Condition FAIR	Ears DOWN	Size SMALL	
Area found / collected from	KWANONQABA			Date 01/04/25	
Reason for surrender	OWNER CANT AFFORD				

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by	X	Name			
Found by					
Residential Address					
Postal Address	NONE				
Tel (H) NONE		Tel (W) NONE		Cell	
Email	NONE				
Donation R NONE		Cash	Card	EFT	(Receipt No.) NONE

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: — Case No: — Inspector: BID

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	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 ☐

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO DATE UNDERTAKEN: 23 APRIL 2025 TIME: 16:00

NAME OF APPLICANT: MR & MRS BODENSTEIN

ADDRESS: 12A EGRET STREET, GROENVALLEI, SEDGEFIELD, 6570

HOME TEL No: _____ CELL No: 0784298677 / 0828368846

ANIMAL(S) ADOPTING: "PEANUT" JACK RUSSEL CROSS

SEX: FEMALE AGE: APPROX 3 MONTHS

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: PALISADE, WIRE MESH, WOOD		Height of fence: 1,5 – 1,8M	
Any sign of Kennel/Shelter?	(YES ☐) / NO ☐	Any sign of Chain/Runner?	YES ☐ / (NO ☐)
Is the front yard separated from the back?	(YES ☐) NO ☐	If yes, what partitioning?	PALISADE, WOOD
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? NONE	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED					
SEX	NO OTHER ANIMALS ON THE PROPERTY				
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
THE PROPERTY IS FULLY SECURED, ALTHOUGH THERE ARE SOME AREAS THAT MAY NEED TO HAVE MESH PLACED OVER THE FENCING IF THE DOG IS ABLE TO ACCESS THEM (ONE IS ON TOP OF THE RETAINING WALL). I HAVE TOLD THEM TO ENSURE THAT THESE AREAS ARE COVERED SHOULD THE DOG VENTURE INTO THIS PART OF THE PROPERTY, ALTHOUGH IT IS NOT EASILY ACCESSIBLE.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- (☐) **SMALL DOGS**
- (☐) **MEDIUM DOGS**
- ☐ **LARGE DOGS**
- (☐) **CATS**
- ☐ **EQUINE**
- ☐ **OTHER (specify)** _____

INSPECTED BY: BELINDA SPEED **SPCA:** KNYSNA ANIMAL WELFARE SOCIETY **SIGNATURE:** BSpeed

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000548404

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. * 0784298677

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

E-mail * J. Bodenstein@mweb.co.za

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

Title * MRS Initials * J Surname * BODENSTEIN

Street 12 A Egret Str, Groenvlei City

Suburb Area Code 560 GE FIELD.

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 * 07 - 04 - 2025

Date of Implant * 30 - 04 - 2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name MOLLY Date of birth 2025

Species * CANINE Breed * JACK RUSSEL

Colour BROWN + WHITE 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

Peanut 5879

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): Mr & Mrs J Bodenstein

HOME ADDRESS: 12A Egret Street, Groenvlei, Sedgefield 6572 ID NO.: 5908310035083

POSTAL ADDRESS: As above

TEL NO (H): 0784298677 or (B): 0828368846

CELL NO: " FAX NO:

EMAIL: J.Bodenstein@mweb.co.za

Address where animal will be kept: 12A Egret Street | Sedgefield 6572

Occupation: Retired

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

~~YES~~/NO

Are you a student with consent to keep pets:

Reason for wanting animal: Companion

YES/~~NO~~

Is the animal for yourself?

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? Small female

Can you afford private fees? yes Who is your vet? Knysna vets

How many animals live on the property? DOGS? none CATS? _____ OTHERS _____

What are the sexes of your animals? DOGS: Male N/A Female _____ CATS: Male _____ Female _____

Are all your animals sterilised? Give details N/A

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

Which animals do you still have, and what happened to the others? No dogs - previous one deceased (age 15)

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

Full description of the fencing and gate: lower level, electric gate upper level, palisade Height: ± 8m ± 8m

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER Indoor

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

Pre Home Inspection Fee: R100 Receipt No: 6950

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** 22/4/2

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BODENSTEIN
Names:
JANET ALEXANDRA
Sex:
F
Nationality:
RSA
Identity Number:
5908310035083
Date of Birth:
31 AUG 1959
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, 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:
19 APR 2017

RSA

104474288

KNYSNA
Municipality
Munisipaliteit
uMasipala

Collab Ref.:
File Fref: 17/4/R
Enquiries: Cllr Vanston

11 April 2024

To Whom It May Concern,

CONFIRMATION LETTER

This letter serves to confirm that **JANET ALEXANDRA BODENSTEIN**
ID :5908310035083 resides at the following address below

12 A EGRET STREET
SEDGEFIELD
6573

For more information do not hesitate to contact **Cllr VANSTON** at 044 302 6300 should you have any questions or wish to discuss this matter further.

Thanks and Kind Regards

.....
CLLR CLEONE VANSTON
WARD 2 COUNCILLOR

MY OWNER

NAME	Mrs J Bodenstein
POSTAL ADDRESS	
STREET ADDRESS	12 A Egret Street
	Groenvlei, Sedgefield
HOME PHONE	
WORK PHONE	
CELLPHONE	0784298677
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	JACK RUSSEL
COLOUR	BROWN + WHITE
SEX	FEMALE
DATE OF BIRTH	2025
MICROCHIP/TATTOO	992003000548404
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
02/04/25	Batch: A240B01 Exp.: 01-2027 + M:pro	AWA
	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	

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 (isoquinoline) 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.