ADOPTION CHECKLIST

ADMISSION NO: MBY5692-1

CONTRACT NO: MA00004

- [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 03/04/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 10/05/25 992003000486791

Adoptee INFO:

Name & Surname: Christa Burger

Contact INFO: 082 578 1043

Completed by: _____ Date: 04/04/2025

Manager: _____ Date: 04/04/2025

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.

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:		ZARA	
Pet Registered Name:			
Date of Birth:		01 Jan 1970	
Species:	Canine	Breed:	x breed
Gender:	Female	Sterilised:	Yes
Colour:	BROWN		
Markings:			

KUSA

KUSA registered?	No
KUSA Number:	

Microchip Information

Microchip Number:	992003000486791
Dates: Registered:	10 May 2025
Implanted:	03 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:	CHRISTA BURGER
Email:	christa.burger@gmail.com
Work Phone:	
Home Phone:	
Mobile:	+27 825781043

Address

Address:	48 IMPALA WEG
Suburb:	REEBOK
Town/City:	MOSSELBAAI
Province:	Western Cape
Country:	South Africa
Area Code:	

Other Contacts

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): Christa Burger

HOME ADDRESS: 48 Impalaweg, Reebok

ID NO.: 8310240076088

POSTAL ADDRESS: N/A

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

CELL NO: 0825781043 FAX NO: N/A

EMAIL: christa.burger639@gmail.com

Address where animal will be kept: As above

Occupation: Office Manager

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 animal: Soek 'n maatjie vir my worsie

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? CROSS BREED

Can you afford private fees? YES Who is your vet? CROFT

How many animals live on the property? DOGS? 1 CATS? 1 OTHERS –

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? worsie had seizers - PTS pitbull had cancer - PTS

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

Full description of the fencing and gate: Fully fenced Height: –

What shelter is provided: OUTDOORS N/A KENNEL N/A OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 5741

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** 27/03/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER
992003000486791

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. * 0825781043

E-mail * christa.burger639@gmail.com

Title * MS Initials * C Surname * BURGER

Street 48 Impalaweg City

Suburb Reebok Area Code Reebok

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 - 05 - 2025

Date of Implant * 03 - 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 ZARA Date of birth 2025

Species * CANINE Breed * X BREED

Colour BROWN 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

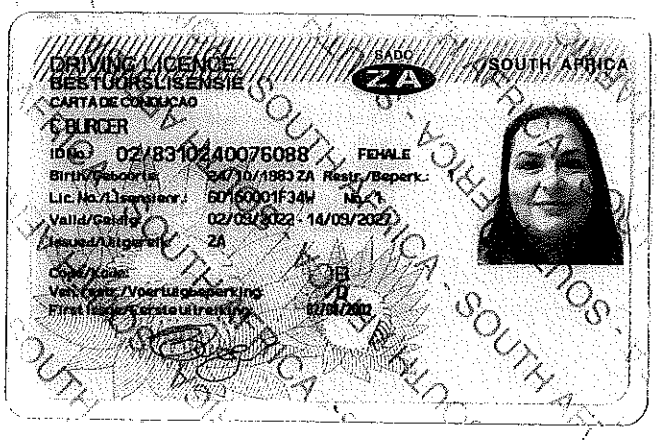
Medical Insurance Phone

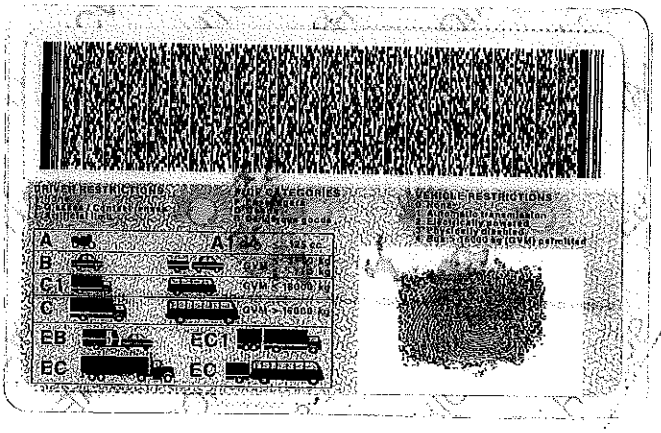
PROTECTION OF PERSONAL INFORMATION LAW

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


DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUÇÃO
SADC
ZA
SOUTH AFRICA
ÇBURCER
ID No. 02/8310240076088
FEMALE
Birth/Geboorte: 24/10/1983 ZA
Lic. No./Lisensienr.: 601600O1F34W
Valid/Geldig: 02/03/2022 - 14/09/2022
Issued/Uitgereik: 2A
Code/Kode:
Vehicles /Voertuigsoorte/ing:
First issue/Eerste uitreiking:
B


DRIVER RESTRICTIONS
FOR CATEGORIES
VEHICLE RESTRICTIONS
A
A1
B
C1
C
EB
EC1
EC

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

BTW REG. NO.
Naam:
BURGER C
Liggingsadres:
48 IMPALALAAN REEBOK
BELASTING FAKTUUR MAANDELIKSE REKENING

REKENINGNOMMER:	23-000095-003-0
DATUM VAN REKENING:	26/03/2025
LAASTE KWITANSIE DATUM:	24/03/2025
VOORAFBETAALDE METERNOMMER:	07142304265

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
2130.00	95000	1825000	5

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				2342.35
24/03/2025	0714230426ELEKTRISITEIT				451.54 *
	BASIES			392.65	
	VAT/BTW			58.89	
24/03/2025	AMR1204517WATER 17/01/2025-17/02/2025				1192.95 *
	2149 - 2203 (54 Kl 31 Dae)				
	BASIES			237.63	
	07/24	6.12 @	0.000 =	0.00	
	.	14.27 @	9.737 =	138.95	
	.	10.19 @	12.658 =	128.99	
	.	10.19 @	16.456 =	167.69	
	.	10.19 @	24.684 =	251.53	
	.	3.04 @	37.026 =	112.56	
	VAT/BTW			155.60	
24/03/2025	300005 VULLIS				299.64 *
24/03/2025	BELASTING PAAIEMENT				581.82
	KWITANSIES				2342.35-
	Balans Oorgedra				0.95-

BTW OP '*' ITEMS: 253.57 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	2525.95	2525.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/04/2025	2525.00

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. 230000950030

EasyPay >>>>>9152623000095000302

pay@ 11379 230000950030

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
P4010395

Mossel Bay
MUNICIPALITY

BURGER C
POSBUS 408
KLEIN-BRAKRIVIER
6503

23-000095-003-0

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

Vou en skeur af.

Fold and tear on perforation.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

loaded

KENNEL No. K Bb 32 29				ADMISSION No. MBY5692-1		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 03/03/25			Time in 16.10	Date for release		

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	X Yes / No	Lost & Found Date checked	03/03/25
Microchip/Collar or ID tag found	X Yes / No	Date scanned or checked	03/03/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	X Breed	Colour and Markings	Brown	
Condition	Fair	Sex	Female	Age + - 2 month
Temperament	Fair	Sterilisation details	No	Name
Coat Short	Tail long	Teeth Condition Fair	Ears Down.	Size Small
Area found / collected from	ASLA			Date 03/03/25
Reason for surrender	Can't afford to keep			

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

Surrendered by / Found by	X	Name	Gawn Matthee
Residential Address	42 83 Mokaba Str. 7de Laan		
Postal Address	ASLA		
Tel (H) N/A	Tel (W)	Cell 0795696983	
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: Themba

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 Refer to MBY5802	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: _____

9920030004867 91

Section 4-12a

DBV SPCA

ADOPTION No MA 0004

ADMISSIO MBY 5604

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO

DATE UNDERTAKEN: 27/3/25 TIME: 12:25

NAME OF APPLICANT: MS Christa Burger

ADDRESS: 48 Impalaweg, Reebok

HOME TEL No: _____ CELL No: 0825781043

ANIMAL(S) ADOPTING: Dog - Medium X Breed

SEX: Female AGE: ± 4 months.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Slaps + Wooden Fence		Height of fence: 1.8	
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?	
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? (2)	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Daxi	DSH			
SEX	Female	Female			
AGE	12 YEA	3 YEAR			
STERILIZED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Property big with lot of space and Play grounds (Grass) Good to Go

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Wally Wagenaar **SPCA:** MBay SPCA **SIGNATURE:** _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

MY OWNER

NAME	Christa Burger
POSTAL ADDRESS	
STREET ADDRESS	48 Impalaweg
	Reebok
HOME PHONE	
WORK PHONE	
CELLPHONE	082 5781043
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	STAFFIE X
COLOUR	BROWN/BLACK
SEX	FEMALE
DATE OF BIRTH	2025
MICROCHIP/TATTOO	992003000486791
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
02/04/25		
02/04/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
05/03/25	Batch: A240B01 Exp.: 01-2027 SD + Milpro	Wentzel
02/04/25	SZ10R3 Batch: 02131812A Exp.: 04-FEB-2026 SD + Milpro	Wentzel
	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	
	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!