ADOPTION CHECKLIST

ADMISSION NO: MBY 6201

CONTRACT NO: MA0027

- [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
- [x] Microchip Registration- chip number 07/05/25 992003000548403

Adoptee INFO:

Name & Surname Marné van der Walt

Contact INFO: 0833884639

Completed by: _____ Date: 02/05/25

Manager: _____ Date: _____

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:		ENZO	
Pet Registered Name:			
Date of Birth:		01 Jan 1970	
Species:	Canine	Breed:	Labrador X
Gender:	Male	Sterilised:	Yes
Colour:	BLACK AND WHITE		
Markings:			

KUSA

KUSA registered?	No
KUSA Number:	

Microchip Information

Microchip Number:	992003000548403
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:	MARNE VAN DER WALT
Email:	marnevanwyk113@gmail.com
Work Phone:	
Home Phone:	
Mobile:	+27 833884639

Address

Address:	61 LEO CRESENT
Suburb:	
Town/City:	DE AAR
Province:	Western Cape
Country:	South Africa
Area Code:	

Other Contacts

BBST78 036777

MEV MARNE L VAN DER WALT
61 LEO CRESCENT
DE AAR
7000

29 APR 2025

Statements
250-655

Straat Adres De Aar
Alidastraat
Universele Takkode 250655
fnb.co.za
Verlore Kaarte 087-575-9406
Rekeningnavrae 087-575-9404
Bedrog 087-575-9444
Verhoudingsbestuurder Premier Suite
(087) 577-7000

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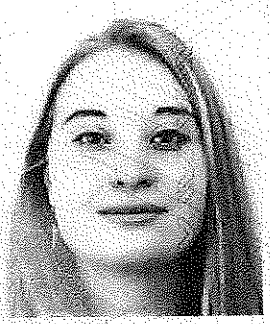
REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
VAN DER WALT
Names:
MARNÉ LOUISE
Sex:
F
Nationality:
RSA
Identity Number:
9508040085089
Date of Birth:
04 AUG 1995
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, 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:
31 OCT 2020

113118593

DBV SPCA

ADOPTION No [ ]

ADMISSIO [ ]

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 1 May 2025 TIME: 11:26

NAME OF APPLICANT: Mr. Louis van der Walt & Mrs Mame' van der Walt

ADDRESS: 61 Leo Crescent

De Aar, 7000

HOME TEL No: - CELL No: 083 388 4639

ANIMAL(S) ADOPTING:

SEX: Male AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:		Height of fence:	
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?	N/A
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Labrador X				
SEX	Female				
AGE	5 Years				
STERILIZED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Stevens + L Stell SPCA: De Aar SIGNATURE: L Stell

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM
1 / 5 / 2025	Positive	Recomended	Surean + Laurette

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Marné van der Walt
POSTAL ADDRESS	
STREET ADDRESS	61 Leo Cresent
	De Aar
HOME PHONE	
WORK PHONE	
CELLPHONE	0833884639
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	Lab X
COLOUR	BLACK
SEX	MALE
DATE OF BIRTH	2025
MICROCHIP/TATTOO	992003000548403
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
07/05		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
16/04/25	[redacted] + Milpro Batch: A240B01 Exp.: 01-2027	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.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on: facebook.com/BravectoSouthAfrica

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED

Garden Route

KENNEL No.	KK 33			ADMISSION No.	MBY6201	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	15/4/25		Time in		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		Microchip or ID Tag number			

DESCRIPTION & HISTORY						
Dog ✓	Cat	Other species (Specify)				
Breed	X Breed		Colour and Markings	Black-wh.		
Condition	Good		Sex	Male	Age	
Temperament	Good		Sterilisation details	No.	Name	
Coat S	Tail ✓	Teeth Condition Good	Ears	Down	Size	Puppy
Area found / collected from	Dalmeidah.				Date	15/4/25
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	C. Faure'		
Residential Address	736 Alofstr. Dalmeidah				
Postal Address					
Tel (H)	Tel (W)		Cell ✓		
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: ✓ Case No: ✓ Inspector: MARMAN

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.**

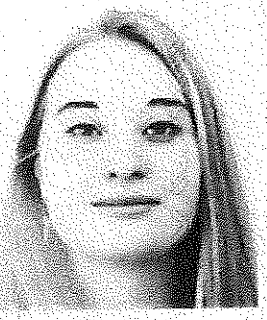
Signature	Faure'	Witness for Society	

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname
VAN DER WALT
Names
MARNÉ LOUISE
Sex
F
Nationality
RSA
Identity Number
9508040085089
Date of Birth
04 AUG 1995
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, 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
31 OCT 2020

113118593

FNB Verified Statement 29/04/2025
Reference Number: SMTPG925A939
To verify this statement, please keep the above reference number with the client's ID number/business account number on hand. Visit www.fnb.co.za, select Contact us + tools on the menu, followed by Verify Statement and follow the on-screen instructions. The reference number is valid for a minimum of 3 months.

Posbus 45
De Aar 7000
Straat Adres De Aar
Alidastraat
Universele Takkode 250655
fnb.co.za
Verlore Kaarte 087-575-9406
Rekeningnavrae 087-575-9404
Bedrog 087-575-9444
Verhoudingsbestuurder Premier Suite
(087) 577-7000

BBS176 036777
MEV MARNE L VAN DER WALT
61 LEO CRESCENT
DE AAR
7000

29 APR 2025
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EMTHANJENI LOCAL MUNICIPALITY
TAX INVOICE / STATEMENT

VAT Reg No 4150193474

PO Box 42
De Aar
7000
Telephone Number:
053 632 9100

PO Box 15
Hanover
7005
Telephone Number:
053 643 0026

PO Box 13
Britstown
8782
Telephone Number:
053 672 0202

To: Mr / Mrs / Miss / Dr / Prof / Adv

Louis Johanes Van Der Walt

61 Leo

Leo

De Aar

Invoice Number.: INV 000000002337

000000002337

Month:	March
Statement Date:	2025/03/31

VAT NO:

Stand Number	Deposit	Market Value	Town	Category
ERF 3354 OF DE AAR	.00	740 000.00		Residential

Date	Description	VAT	Debit	Credit	Balance
01/03/2025	Balance Brought Forward				3,397.79
26/03/2025	Payment - Water Cons	0.00		613.94	2,783.85
26/03/2025	Payment - Property Rates	0.00		1,619.14	1,164.71
26/03/2025	Payment - Sewer Basic	0.00		521.08	643.63
26/03/2025	Payment - Waste Disposal	0.00		324.94	318.69
26/03/2025	Payment - Water - Basic	0.00		318.69	0.00
26/03/2025	Payment for Services	0.00		2.21	-2.21
31/03/2025	Property Rates [Mkt Value x 0.01378/12]	0.00	849.77		847.56
31/03/2025	Property Rates - Impermissibles	0.00		17.23	830.33
31/03/2025	Property Rates - Reductions	0.00		22.97	807.36
31/03/2025	0301 - Sanitation Basic - Units 1	33.98	260.54		1,067.90
31/03/2025	0400 - Waste Disposal - Removal - Units 1	21.19	162.47		1,230.37
31/03/2025	B205 - Water Basic - Household - Units 1	13.86	106.23		1,336.60
31/03/2025	Water Cons 9KL - [2049 to 2058]	11.51	88.22		1,424.82

Meter Number	Date From	Date To	Days	Band From	Band End	Rate	Units	Exclusive
W1108_1|01	20/02/2025	31/03/2025	39	0.00	6.00	6.71	6.00	40.26
W1108_1|01	20/02/2025	31/03/2025	39	6.00	15.00	12.15	3.00	36.45

180 Days	150 Days	120 Days	90 Days	60 Days	30 Days	Current	Amount Due
0.00	0.00	0.00	0.00	0.00	0.00	1,424.82	1,424.82

- Receipts only valid if printed by official cash receipting machine - Services will be disconnected after the due date unless the amount has been pai
d in full- Payment maybe made at ABSA, Account number: 1850000081, Branch Code: 33
4308 Reference Customer account number(11 digits) - Errors and omissions excluded- Kwitansie slegs geldig indien deur amptelike kontant ontvangsmajien gedruk - Diense sal outomaties gestaak word na die verval datum indien betaling nog nie ontva
ng is nie - Betalling kan gemaak word by ABSA, Rekenin nommer 1850000081,Takkode 3343
08 Verwusing:kliente rekening nommer(11 syfers)- Foute en weglatings uitgesluit
NB: The Municipality is still in the process of migrating to the new financial system , any quiries on account balances kindly visit our accounts department or email credit control :chardire@emthanjeni.co.za

Reference : **000000002337**

Name of Account	Emthanjeni Local Municipality
Account Number	1850000081
Branch Code	334308
Swift Code	ABSAZAJJ

TOTAL VAT AMOUNT	80.54
TOTAL AMOUNT DUE	1 424.82

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

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. * 0833884639

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

E-mail * marneuanwyk113@gmail.com

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

Title * MRS Initials * M Surname * VAN DER WALT

Street 61 Leo crescent City

Suburb Area Code 06 AAR

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 - 05 - 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 ENZO.

Date of birth 2025

Species * CANINE

Breed * LAB X COLLIE

Colour BLACK + 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

Lab 7
K33
6201

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): Marné van der Walt

HOME ADDRESS: 61 Lee Crescent, De Aar 7000

ID NO.: 9508040085089

POSTAL ADDRESS: N/A

TEL NO (H): 0786422306 (B): N/A

CELL NO: 0833884639 FAX NO: N/A

EMAIL: marnevanwyk113@gmail.com

Address where animal will be kept: As Above

Occupation: Teacher

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: our eldest dog passed away at 11 years old, our female needs a friend.

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? Lab X Collie

Can you afford private fees? Yes Who is your vet? Donald Anderson

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

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

Are all your animals sterilised? Give details Yes

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? 1 dog, other died of old age.

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

Full description of the fencing and gate: Devils fork in front, brick wall around. Height: 1.8 M

What shelter is provided: OUTDOORS "Outer room" Flat bed and food. KENNEL _____ OTHER Sleep in our room on duvet.

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

Pre Home Inspection Fee: R100 Receipt No: 6972

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 MWalt. **Date of application** 29/04/2025