ADOPTION CHECKLIST

ADMISSION NO: MBY 6693

CONTRACT NO: MA 0049

- [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 05/06/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 12/06/25 992003000548383

Adoptee INFO:

Name & Surname Mr Janis Raux

Contact INFO: 0761029442

Completed by: _____ Date: 06/06/2025.

Manager: _____ Date: 06/06/2025

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.

Pre-home, 9:00 5/6/25 for M/Bay

Section 4-5B: Page 1

PRE HOME NO GPRE 089

ADMISSION NO GA 7524

MA 0049

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030005483 83

PASSED: YES / NO DATE UNDERTAKEN: 5/6/25 TIME: 9:00

NAME OF APPLICANT: Janus (J.P) Roux

ADDRESS: 6 Edgeley Road, Kingswood Golf Estate, George

HOME TEL No: M CELL No: 076 107 9447

ANIMAL(S) ADOPTING: 1X Malkie

SEX: Female AGE: +3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Walls + Fence Clearview fence at back 2 meters		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?	Wooden gates.
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?	0

DESCRIPTION OF ANIMALS ON PROPERTY	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS No Animals, Lovely family, fully fenced + secured.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ **CATS**
- ☐ **SMALL DOGS**
- ☑ **MEDIUM DOGS**
- ☑ **LARGE DOGS**

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

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED.

DBV SPCA
Garden Route

KENNEL No. CB6				ADMISSION No. MBY6693		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 1-6-25	none		Time in 14:03	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	None	Microchip or ID Tag number	No

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify) Rabbit	
Breed ~~Labrador~~ Yorkie		Colour and Markings Brown Silver	
Condition Good		Sex ♀	Age 4 months
Temperament Friendly		Sterilisation details	Name Sophia
Coat Long	Tail Long	Teeth Condition good	Ears up	Size Small
Area found / collected from Mossel Bay			Date 1-6-25
Reason for surrender Can't 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	Name	Charlotte Rayt-Jones			
Residential Address	Point ling side Mossel Bay				
Postal Address					
Tel (H) None	Tel (W) None	Cell 083 288 3479			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: Luciano

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 reverse 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 Charlotte Jones	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:

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 1002376663

MR/MRS JP & M ROUX
4 EDGELEY ROAD
KINGSWOOD GOLF ESTATE
GEORGE
6529

STATEMENT DATE	22/05/2025
TAX INVOICE NO.	12191911
ACCOUNT NO.	GRG 1002376663
RECEIPTS POSTED TILL	21/05/2025
GUARANTEE / DEPOSIT	0 / 1100.00-
SUBURB	05 22534 00000
VALUATION	4550000
SITE ADDRESS:	EDGELEY ROAD 4
DEBTS DUE BY TENANTS	0.00
CLIENT VAT NO.	

SERVICE	OPENING BALANCE	RECEIPTS	CHARGE	INTEREST	ADJUSTMENTS	VAT	CLOSING BALANCE
	312.24	-312.24	446.41	0.00	0.00	66.96	513.37
	265.31	-265.31	251.51	0.00	0.00	37.73	289.24
	360.82	-360.82	313.76	0.00	0.00	47.06	360.82
	361.27	-361.27	314.15	0.00	0.00	47.12	361.27
	2,230.93	-2,230.93	2,230.93	0.00	0.00	0.00	2,230.93
TOTAL	3,530.57	-3,530.57	3,556.76	0.00	0.00	198.87	3,755.63

TOTAL VAT	ARREAR/ADVANCE	CURRENT	PAYMENT DATE	AMOUNT DUE
R198.87	R0.00	R3,755.63	17/06/2025	R3755.63

	FUTURE	CURRENT	30 DAYS	60 DAYS	90 DAYS	90 DAYS +
MONTHLY	0.00	3755.63	0.00	0.00	0.00	0.00
ANNUAL	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	3755.63	0.00	0.00	0.00	0.00

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.

Attention all consumers

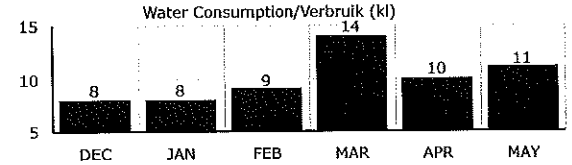
UPDATE YOUR DETAILS HERE

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		11	35.00		
Water:1401	Basic New		1	147.46	169.58	22.12
Water:1401	0-6 New		6	20.81	143.59	18.73
Water:1401	Free New		6-	20.81	143.59-	18.73-
Water:1401	6-15 New		5	20.81	119.66	15.61
Elec Prepaid Basic	Domestic	04257140527	60	446.41	513.37	66.96



Tp.	Meter No.	Previous	New Reading	Factor	Consumption	Period	Daily Aver.
W	CBKK4984	1008	1019		11.000	02/04-07/05	.31

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 1002376663

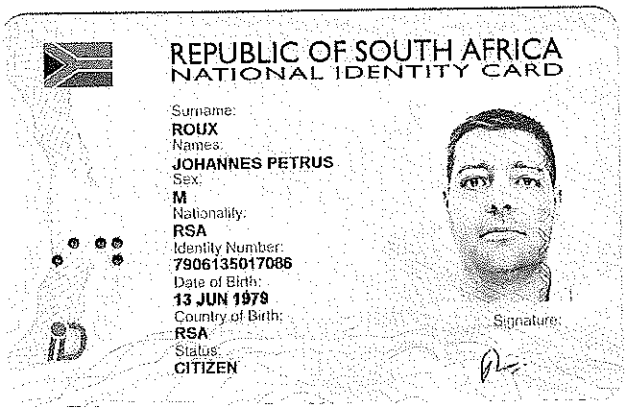
ALLOCATION 0118
ACCOUNT NUMBER 1002376663

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

Smart Water Meter
UniPay
My Smart City

PEP
game
WOOLWORTHS

FNB
BRANCH CODE: 210554
ACCOUNT NUMBER: 62869623150
9153 0000 0100 2376 6631



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
ROUX
Names:
JOHANNES PETRUS
Sex:
M
Nationality:
RSA
Identity Number:
7906135017086
Date of Birth:
13 JUN 1979
Country of Birth:
RSA
Status:
CITIZEN

Signature:

MY OWNER

NAME: Janis Roux

POSTAL ADDRESS:

STREET ADDRESS: 4 Edgeley Road,

Kingswood Golf Estate, George

HOME PHONE:

WORK PHONE:

CELLPHONE: 0761029442

BREEDER DETAILS:

ME

SPECIES: ~~Canine~~ Canine

BREED: Morkie

COLOUR: Black & Brown.

SEX: Female.

DATE OF BIRTH: 2025

MICROCHIP/TATT: 992003000548383

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
30/5/2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
2/6/25	Batch: A240B01 Exp.: 01-2027 D4 milpro Health	AWA
05/06/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: F48436 27/04-2026 alth	B.S.
	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!

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/(M)/Mrs/Ms (including initials): Janis Roux

HOME ADDRESS: 4 Edgeley Road, Kingswood Golf Estate, George

ID NO.: 7906135017086

POSTAL ADDRESS: N/A

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

CELL NO: 0761029442 FAX NO: N/A

EMAIL: rouxjanus@yahoo.co.uk

Address where animal will be kept: AS ABOVE

Occupation: Chartered Accountant

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

Are you a student with consent to keep pets: YES/(NO)

Reason for wanting animal: This dog will be a good addition to our home especially for the children and will teach them life skills.

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? Morkie

Can you afford private fees? Yes Who is your vet? George Vet

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Have none

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 0 OTHER? 0

Which animals do you still have, and what happened to the others? NONE

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

Full description of the fencing and gate: Fenced around so pup can stay at front of house Height: lowest 1.2M

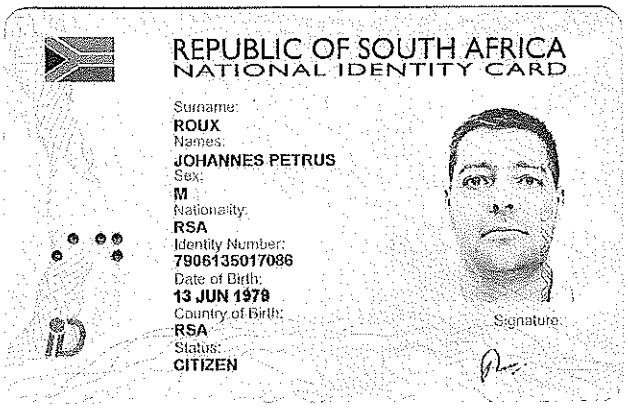
What shelter is provided: OUTDOORS KENNEL OTHER Indoors

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

Pre Home Inspection Fee: Receipt No:

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** 3 June 2025



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
ROUX
Names:
JOHANNES PETRUS
Sex:
M
Nationality:
RSA
Identity Number:
7906135017086
Date of Birth:
13 JUN 1979
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000548383

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 * FR 14 / 13019.

Vet Practice Name * SPCA VETROOM MOSSELBAY

Vet Practice Phone - Daytime * 0446930824.

PET OWNER INFORMATION

Cell No. * 0761029442

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

E-mail * rouxjanus@yahoo.co.uk

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

Title * MR Initials * J Surname * ROUX

Street 4 Edgeley Road City

Suburb KINGSWOOD GOLF ESTATE Area Code GEORGE

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 * 05 - 06 - 2025

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name SOPHIE Date of birth 2025

Species * CANINE Breed * MORKIE

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