ADOPTION CHECKLIST

ADMISSION NO: MBY6601

CONTRACT NO: MA0042.

- [x] Admission Form
- [x] Application for adoption
- [ ] Pre-Home Inspection Report
- [x] Adoption contract
- [ ] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 10/04/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486794. 12/06/25

Adoptee INFO:

Name & Surname Mr L.B. Robertson

Contact INFO: 0828077709

Completed by: _____ Date: 05/06/2025

Manager: _____ Date: 05/06/2025

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.

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:
04 FEB 2015

RSA

001481798

DBV SPCA

ADOPTION No ______ ADMISSIO ______

PRE AND POST HOME INSPECTION FORM

PASSED: YES ✓ / NO

DATE UNDERTAKEN: 02/06/25 TIME: 4:30 PM.

NAME OF APPLICANT: Lindsay Robertson

ADDRESS: 5 Woodpoint Road.
Plettenberg bay

HOME TEL No: ______ CELL No: 0828077709

ANIMAL(S) ADOPTING: ______

SEX: ______ AGE: ______

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Wall		Height of fence: 2m	
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?	Wall
Any hazards? (pool, rubble, razor wire, etc)	YES ☑ / NO ☐	Specify: Pool (Separated)	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	NO.

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

OTHER INFORMATION / COMMENTS
Very nice home, close to beach

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Tracy v.d. Buf **SPCA:** PAWS **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

MUNISIPALITEIT• BITOU •MUNICIPALITY

TAX INVOICE / BELASTINGFAKTUUR

GRP_EMAIL

ACCOUNT NUMBER	PLETT	1152000021
DATE OF ACCOUNT		16/05/2025
RECEIPTS POSTED TO		14/05/2025
ERF	01	1520
BUILDING		
SITE		HOOD POINT
DEPOSIT		
GUARANTEE		

STAND 1520 PLETTENBERG BAY CC
C/O L B ROBERTSON
P O BOX 850
RIVONIA
2120

Tax Invoice: 3770629

VAT No. / BTW Nommer : 4270102405
WEBSITE: http://www.bitou.gov.za/

PRIVATE BAG X1002
PLETTENBERGBAAI / BAY
6600
(044) 501-3000
(044) 533-6198
CUSTOMER CARE CALL CENTRE
044 501 3174/75

Deb.VATReg#

Printed and Mailed by CAB Holdings (021) 5340770

DESCRIPTION	Tariff	Consumption	Basic	VAT	AMOUNT
Balance brought forward:					6262.33
ACB/other payments:0000000061					6262.33-
Service type	Tariff	Consumption	Basic		
RAT02:SRES					1746.53
Refuse		1	358.89000	53.83	412.72
Sewer	Monthly	1	569.08000	85.36	654.44
Water:DOMES	Basic	1	239.00000	35.85	274.85
Water:DOMES	MinimumCharge		224.50000	33.68	258.18
Electricity	Basic		604.50000	90.68	695.18
Electricity	Days@Current	35			
Electricity	Cons@Current	1051		461.99	3541.91
Payable by ACB by 09062025					7583.81-
** Total monthly:					.00

RATES	SRES	SRES	3300000	

Nett Improved value			3300000 @.6380000	1754.50
		Surcharge/VAT		7.97-

TOTAL VAT	DUE DATE	ARREARS	CURRENT	AMOUNT DUE
761.39	09/06/2025		7583.81	7583.81

M O N T H L Y / MAANDELIKS

ARREARS / CREDIT	09/06/2025
	7583.81

A N N U A L / JAARLIKS

ARREARS / CREDIT	09/06/2025

M E T E R R E A D I N G S / METER LESINGS

TP.	METER No.	PREVIOUS	NEW	CONSUMPTION	PERIOD	DAILY AVERAGE
W	0000254534	17799	17799		18/03-22/04	
E	0000868204	76289	77340	1051.000	18/03-22/04	30.02

Message / Boodskap

THIS ACCOUNT IS PAYABLE ON OR BEFORE THE DUE DATE, FAILING WHICH SERVICES MAY BE TERMINATED WITHOUT FURTHER NOTICE.

BETALINGS WAT NIE OP DIE VERVALDATUM OP ONS BANKSTATE AANGEDUI IS NIE, WORD BESKOU AS AGTERSTALLIG EN RENTE SAL OP AGTERSTALLIGE BEDRAG GEHEF WORD EN DIENSTE SAL SUMMIER GESTAAK WORD.

PLEASE USE ONLY YOUR MUNICIPAL ACCOUNT NUMBER AS A REFERENCE. FAILURE TO DO SO WILL IMPACT PAYMENT NEGATIVELY. PENALTIES ARE PAYABLE FOR WRONG REFERENCE USED.

Payment details / Betaal inligting

YOU CAN PAY YOUR ACCOUNT AT ANY

SHOPRITE/ CHECKERS/ USAVE/ SPAR/ PICK n PAY PEP/ ACKERMANS/ MACRO /GAME/ BUILDERS/ BOXER. The Municipal Nedbank Account has officially been closed and all customers utilising this account to date must update their profiles by changing to the municipal Standard Bank account that has been setup on all banking platforms under "Public recipient/beneficiary" as "Bitou Municipality", failing which their payments will be unpaid.

pay@ 11338 0011 5200 0021

Scan the QR Code to pay via
Masterpass
Snapscan
Zapper
Card or EFT

Or click on this link to pay your account
http://payat.io/qr/11338001152000021

ACKERMANS BOXER Checkers flash game Kazang makro PEP PicknPay SHOPRITE Top it Up usave

MY OWNER

NAME	L. B. Robertson
POSTAL ADDRESS	5 Hoodpoint Rd,
	Robberg Beach, Plett
STREET ADDRESS	
HOME PHONE	
WORK PHONE	0828077709
CELLPHONE	
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	BOERBOEL X
COLOUR	Tan - black ears
SEX	Female
DATE OF BIRTH	2025 Feb
MICROCHIP/TAT	992003000486794
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
21/04/2025		
10/04/26		
2025.05.22.		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
24/03/25	Nobivac Puppy DP PLUS Batch: A240801 Exp: ...027 + Milpro	AWA
10/04/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48436 Ut. av./Exp.: 27/04-2026	AWA BAD
2025.04.22.	zoetis VANGUARD® PLUS 5 For Animal Use Only Reg.No. G2228 (Act36/1947) Namibia only: V97/24.3/925 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose Ser: 738326B Exp: 14 OCT 25	
26/05/25	Nobivac® 10APPA Ser: 02131812A Exp: 04-FEB-2026 + Triworm D	AWA
	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!

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.

Aqua.

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 L.S. ROBERTSON

HOME ADDRESS: 5 HOODPOINT ROAD, ROBBERG BEACH STAND 1520,

PLETTENBERG BAY ID NO.: 4801015124081

POSTAL ADDRESS: POSTNET PLETTENBERG BAY

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

CELL NO: 082 807 7709 FAX NO:

EMAIL: lrobertson@frm.co.za

Address where animal will be kept: AS ABOVE

Occupation: RETIRED

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: N/A YES/NO

Reason for wanting animal: LAST DOG DIED 18 MONTHS AGO

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? SMALL/MEDIUM SIZE

Can you afford private fees? YES Who is your vet? DR BERT VAN REGENM

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

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

Are all your animals sterilised? Give details

How many dogs and cats have you owned in the last 3 years? DOGS? 4 CATS? ____ OTHER? ____

Which animals do you still have, and what happened to the others? ALL DIED OF OLD AG

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

Full description of the fencing and gate: BRICK Height: 2M.

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER INDOORS.

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: 7020

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** 27/5/2025

DBV SPCA

ADOPTION No:

ADMISSION:

PRE AND POST HOME INSPECTION FORM

PASSED: YES ☑ / NO

DATE UNDERTAKEN: 02/06/23 TIME: 4:30 PM

NAME OF APPLICANT: Sundary Robertson

ADDRESS: 5 Woodpoint Road
Plettenberg Bay

HOME TEL No: CELL No: 0828017701

ANIMAL(S) ADOPTING:

SEX: AGE:

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Wall		Height of fence: 2 m	
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?	Wall
Any hazards? (pool, rubble, razor wire, etc)	YES ☑ / NO ☐	Specify: Pool (Separated)	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	NO

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

OTHER INFORMATION / COMMENTS

Very nice home, close to beach

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Tracy v.d. Berg **SPCA:** PAWS **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New Inclusion July 2013

ADMISSION, ASSESSMENT AND HISTORY RECORD Loaded

DBV SPCA
Garden Route

KENNEL No. K40				ADMISSION No. MBY6601		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	09/05/25		Time in	9.00	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	(Yes) / No	Lost & Found Date checked	09/05/25
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	09/05/25	Microchip or ID Tag number	982000300048679

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify) B/I	
Breed	Boerboel x	Colour and Markings Brown	
Condition	Fair	Sex ♀	Age ± 4 months
Temperament	Good	Sterilisation details Yes	Name Lulu.
Coat Short	Tail long / Teeth Condition Good	Ears Down	Size M
Area found / collected from	Donaboaal.		Date 09/05/25
Reason for surrender	A.R.		

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	Mark Beijer
Residential Address	21 Ryk Tulbach Str.		
Postal Address	No postal.		
Tel (H) 044 690 5188	Tel (W) No num	Cell 0823383339	
Email	No email.		
Donation R None	Cash	Card	EFT (Receipt No.) None.

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

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

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

49200 30004 86794

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 * FR14/13019

Vet Practice Name * SPCA VET Room mosselbay

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0828077709

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

E-mail * lrobertson@fnm.co.za

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

Title * MR Initials * LB Surname * ROBERTSON

Street 5 HOOPOINT City

Suburb ROBBERG BEACH Area Code PLETTENBERG BAY

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 * 12-06-2025

Date of Implant * 05-06-2025

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name Date of birth 2025.

Species * CANINE Breed * BOERBOEL X

Colour TAN 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 this 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