ADOPTION CHECKLIST

ADMISSION NO: MB Y 6229

CONTRACT NO: MA0053

- [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 19/06/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 25/06/25 992003000548235

Adoptee INFO:

Name & Surname Luca Giardini

Contact INFO: 0823370293

Completed by: _____ Date: 24/06/25

Manager: _____ Date: 24/06/25

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.

One of the Global One money management products or services

Proof of Account Details

CAPITEC

Capitec Bank

22/02/2025
Branch: 470010
Device:
2141SSERV01

SkyQR
Validate this document using SkyQR

To Whom It May Concern

We hereby confirm that Bridgette Giardini has the following account(s) at Capitec Bank Limited on 22/02/2025

Client Details

Name:	Bridgette Giardini
ID/Passport Number:	7703190058083
Residential Address:	PORTION 9, FARM 216 MAITLAND STREET, BLANCO, GEORGE, 6529
Postal Address:	PORTION 9, FARM 216 MAITLAND STREET, BLANCO, GEORGE, 6529

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	2074227597
Branch Code:	470010
Date Opened:	2023-01-24

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER
992003000548235

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. * 0823370293

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

E-mail * musicalworx@gmail.com

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

Title * MR Initials * L Surname * GIARDINI

Street PORTION 9 MAITLAND STR City

Suburb FARM 212 Area Code BLANCO

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 * 25-06-2025.

Date of Implant * 23-06-2025

Was the Microchip implanted by this veterinary practice? X Yes No

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name ZARA.

Date of birth 2025.

Species * CANINE

Breed * ALSATION X

Colour CREAM

Markings

Gender Male X Female

Sterilised X 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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: BRIDGETTE GIARDINI
   - Contact Number: 082 703 8858
   - Email Address: Stellastardust@outlook.com

2. **Additional Family Member/Friend Details**
   - Full Name: KATHLEEN BADENHORST
   - Contact Number: 072 464 6572
   - Email Address: _____

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (Yes/No) THUNDER
   - If yes, when? 2016 - PEANUT 2014 - CAT
   - Where? SPCA GEORGE DOG
   - What animal did you adopt? _____

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 24.06.2025

MY OWNER

NAME	Luca Giardini
POSTAL ADDRESS	
STREET ADDRESS	Portion 9 of Farm 212
	Maitland Str, Blanco
HOME PHONE	
WORK PHONE	
CELLPHONE	0823370293
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	AISATION X
COLOUR	BEIGE + BLACK
SEX	FEMALE.
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000548235
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
15/07/2025		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
16/05/25	Batch: A240801 Exp.: 01-2027 + Triworm	AWA
17/06/25	02151812A 04-FEB-2026 + Triworm	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	
	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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

KENNEL No.	KT 35 Iso. R			ADMISSION No.	MBY6229 (LOADED)	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	14-5-25		Time in	17'01	Date for release	\

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	N/A
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	N/A	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)			
Breed	Alsation X	Colour and Markings	Brown/Beige		
Condition	Fair	Sex	♀	Age	3 months
Temperament	Fair	Sterilisation details	None	Name	—
Coat Short	Tail long	Teeth Condition Fair	Ears Pricked	Size	Small
Area found / collected from	Sedgefield			Date	14-5-2025
Reason for surrender	Too many dogs				

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	Annalize Booysen			
Residential Address	No 5 Ryklaan 9 Seemeeu Park				
Hartenbos					
Postal Address					
Tel (H)	Tel (W)	Cell 0824201020			
Email	jbooysen67@telkomsa.net				
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: ________ Case No: ________ Inspector: ________

STATEMENT OF SURRENDER

I do hereby certify that I DO / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO / I 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	Abooysen	Witness for Society	[illegible signature]
FOR OFFICE USE: PENDING ADOPTION		Details of second Applicant	
Details of first Applicant		Details of third Applicant	

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

mossel bay

ADMISSION NO MBY 6229

DBU SPCA

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) NO DATE UNDERTAKEN: 23/6/25 TIME: 13:36.

NAME OF APPLICANT: Luca Giardini

ADDRESS: Portion 9 of Farm 212, Maitland Street, Blanco

HOME TEL No: CELL No:

ANIMAL(S) ADOPTING: Alsatian X

SEX: Female AGE: ± 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: High farm fence ± 2meter		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?	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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	GSD X	X Chihuahua DSH	Black good		
CONDITION	Good	Good	Good		
WELFARE (good?)	Good	Good	Good		
SEX & AGE	M / 1-2YRS	F / 14YRS	M / 6YRS	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Very Very large Property, fully enclosed Very nice family

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☐ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: Gerda SPCA: George SIGNATURE: GG renewed

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

HAAS PAS.

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): LUCA GIARDINI

HOME ADDRESS: PORTION 9 OF FARM 212 MAITLAND ST

BLANCO ID NO.: 6910265151088

POSTAL ADDRESS: N/A

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

CELL NO: 0823370293 FAX NO: N/A

EMAIL: musicalwor@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: SELF EMPLOYED

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: COMPANION

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? MIX

Can you afford private fees? yes Who is your vet? ALRA

How many animals live on the property? DOGS? 2 CATS? 1 OTHERS CHICKI

What are the sexes of your animals? DOGS: Male 2 Female 0 CATS: Male 1 Female 0

Are all your animals sterilised? Give details NOT THE OLD ONE

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? 2 DOGS 1 CAT

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

Full description of the fencing and gate: BONOX 1.8M Height: 1.8M

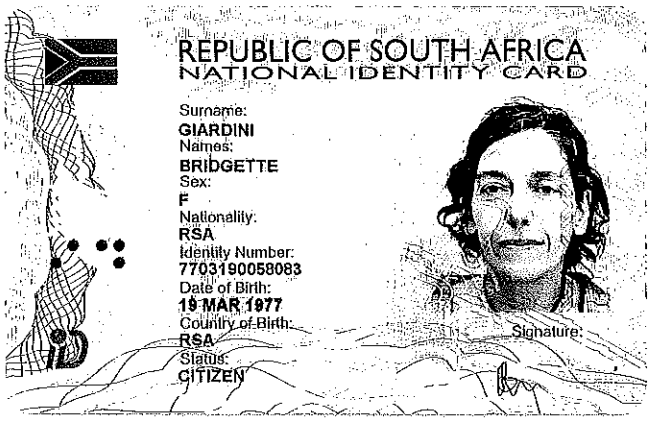
What shelter is provided: OUTDOORS STOEP KENNEL 0 OTHER IN DOOR

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: 7057

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** 12/06/2025



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
GIARDINI
Names:
BRIDGETTE
Sex:
F
Nationality:
RSA
Identity Number:
7703190058083
Date of Birth:
19 MAR 1977
Country of Birth:
RSA
Status:
CITIZEN

Signature: