

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 29/07/25
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☐ Microchip Registration- chip number

ADMISSION NO:

MB/7025

CONTRACT NO:

MA 0084

Adoptee INFO:

Name & Surname Arno Jacques Mouton

Contact INFO: 082 373 4414

06/08/25



992003000548290

Completed by: [Signature]

Date: 04/08/25

Manager: [Signature]

Date: 04/08/25

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.

024

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): Arno Jacques Mouton

HOME ADDRESS: Plaas 420 Leeuwenkloof, Mosselbaai

ID NO.: 9404295204080

POSTAL ADDRESS: AS ABOVE

TEL NO (H): — (B): —

CELL NO: 082 373 44 14 FAX NO: —

EMAIL: Jacquismouton10@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Farmer

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

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

Reason for wanting animal: Maatjie vir my kelpie

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? DDH Black Cat

Can you afford private fees? Yes Who is your vet? Hartenbos Dier hospital

How many animals live on the property? DOGS? 4 CATS? 2 OTHERS Farm animals

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

Are all your animals sterilised? Give details Not all farm animals

How many dogs and cats have you owned in the last 3 years? DOGS? 4 CATS? 2 OTHER? Farm animals

Which animals do you still have, and what happened to the others? Still have all

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

Full description of the fencing and gate: Farm fencing Height: 2,20m

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? NO

Pre Home Inspection Fee: R100 Receipt No: 7820

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: [Signature] Date of application: 24/07/2025

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000548290

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0823734414

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

E-mail * Jacquesmouton10@gmail.com

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

Title * MR Initials * AJ

Surname * MOUTON

Street 420 PLAAS

City

Suburb LEEUWENKLOOF

Area Code MOSS E L 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 * 06-08-2025

Date of Implant * 29-07-2025

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name

Date of birth

Species * ~~CANINE~~ FELINE

Breed * D L H

Colour 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

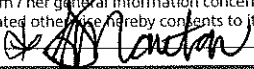
Medical Conditions

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 its 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

- On-line Log onto www.backhome.co.za. Complete the registration process.
- By fax Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
- By e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
- By App Download the Virbac Backhome Africa App



Mossel Bay

MOSSEL BAY MUNICIPALITY
MOSELBAALMUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

VAT REG NO
Name
MOTONALISA
Street Address
LETHEVEMOET WESSELDAARADE
TAX INVOICE MONTHLY ACCOUNT

ACCOUNT NUMBER	37-000428-001-9
DATE OF ACCOUNT	23/07/2025
LAST RECEIPT DATE	22/07/2025
PREPAID METER NUMBER	

SERVICE DEPOSIT	0.00	BRF NUMBER	429000	TOTAL VALUATION	4975000	WARD No.	14
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DATE	DETAILS	AMOUNT
22/07/2025	B/F BALANCE	915.93
	RATES INSTALLMENT	481.35
	RECEIPTS	800.00
	Balance Carried Forward	0.28

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	115.93	481.35	597.00

PAYMENT MUST BE MADE	DUE DATE	AMOUNT DUE
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99200300054 8290

ADMISSION NO

MBY 7025



PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 24-7-25 TIME: 16:00

NAME OF APPLICANT: Arno Jaques Mouton

ADDRESS: Plaas 420 Leeuwenkloof, Mosselbaai

HOME TEL. No: CELL No: 082 373 4414

ANIMAL(S) ADOPTING: collie x Lab + DLT cat

SEX: Female + Male AGE: 3-4 months + Adult

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Meshwire	Suitability of fence (i.e. small pets can't escape): 2m		
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?	gate
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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ R.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Groot Jam

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☐ SMALL DOGS☒ MEDIUM DOGS☐ LARGE DOGS

INSPECTED BY: Luciano Bay

SPCA: mosselbaai

SIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS VACCINATED ON

VET SIGNATURE

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1. *Introduction*
 2. *Method*
 3. *Results*
 4. *Discussion*
 5. *Conclusion*
 6. *Acknowledgements*
 7. *References*
 8. *Appendix*
 9. *Notes*
 10. *Correspondence*
 11. *Author's address*
 12. *Received*
 13. *Accepted*
 14. *Published online*
 15. *Keywords*
 16. *Abstract*
 17. *Introduction*
 18. *Method*
 19. *Results*
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 32. *Abstract*

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DATE _____

18/05/2025

Nobivac® DHPPI (Reg. No. G3377 Act38/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947), **Nobivac® Canine-1 DAPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act38/1947), **Nobivac® Titrat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2777 Act 36/1947) Contains Praziquantel (isochlinaline) 50 mg/tablet and Febendazole (benzimidazole) 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 Febendazole 150 mg, **Exitel Plus XL** (Reg. No. G4228 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate), and **Brunavet®** (Reg. No. G4023 Act 36/1947) each chew contains 25 mg Furalaner per mg body weight.

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's up to you to keep my vaccinations up to date as advised by my vet.



Nobivac

Quantel

Xitel Plus

Xitel Plus XL

BRAVECTO

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

Find us on
facebook

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.



Garden Route

KENNEL No. <u>SBF C3</u>				ADMISSION No. <u>MBY7025</u>		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>16/07/25</u>		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>16/07/25</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>16/07/25</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	Dog	<u>Cat</u>	Other species (Specify) <u>B/T</u>					
	Breed	<u>DBH</u>		Colour and Markings <u>Black</u>				
	Condition	<u>fair</u>		Sex	<u>Male</u>	Age	<u>Adult</u>	
	Temperament			Sterilisation details		Name		
	Coat	<u>S</u>	Tail	<u>L</u>	Teeth Condition	<u>fair</u>	Ears	<u>Picked</u>
	Area found / collected from	<u>Mozeibaai</u>				Date	<u>16/07/25</u>	
	Reason for surrender	<u>Stray</u>						

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 <u>TREVOR LITTE</u>		
Residential Address	<u>123 HOOBSTRANT / MOSEELBAAI</u>		
Postal Address	<u>AS ABOVE</u>		
Tel (H)	<u>—</u>	Tel (W)	<u>044-61-422</u>
		Cell	<u>0825592607</u>
Email	<u>No postal</u>		
Donation R	<u>None</u>	Cash	Card EFT (Receipt No.) <u>None</u>

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 uitdrukk 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	<u>[Signature]</u>	Witness for Society	<u>[Signature]</u>
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:
MOUTON
Names:
ARNO JACQUES
Sex:
M
Nationality:
RSA
Identity Number:
9404295204080
Date of Birth:
29 APR 1984
Country of Birth:
RSA
Status:
CITIZEN

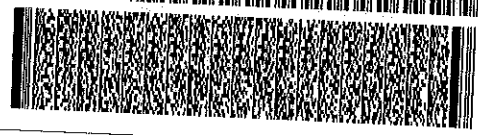

Signature:
Arno Mouton



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:
17 JAN 2024

 **123889710**

GARDEN ROUTE SPCA MOSSELBAY			
DATE	21/07/25	ANIMAL NAME	
KENNEL NUMBER	CB4.	BREED	DLH
CARD NUMBER	MBY 7025	STERILIZED	NO
COLOUR	Black	MALE/FEMALE	Male
VACCINATED	Yes	AGE	Adult
PROOF OF VACC	Yellow card	STRAY/SURRENDER	STRAY

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	3.7 kg.		
TEMPERATURE	37.6 kg		
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Amar Mouton
- Contact Number: 082 460 2555
- Email Address: hamsmouton@live.co.za

2. Additional Family Member/Friend Details

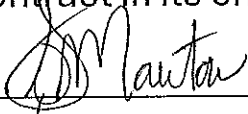
- Full Name: _____
- Contact Number: _____
- Email Address: _____

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No)
- If yes, when? _____
- Where? _____
- 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: 04/08/25