ADOPTION CHECKLIST

ADMISSION NO: MBY 4672

CONTRACT NO: MA 0113

- [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 01/09/25 Done 26/08/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000577548

Adoptee INFO:

Name & Surname: Isabella Joubert

Contact INFO: 0727336649

Completed by: _____ Date: 28/08/25

Manager: _____ Date: 28/08/25

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.

ADMISSION NO MBY4672

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 26/08/25 TIME: 13:55

NAME OF APPLICANT: Isabella Joubert

ADDRESS: 20 Harold loop, Fraiinitsig

HOME TEL No: _____ CELL No: 0727336649/0763171745

ANIMAL(S) ADOPTING: Kitteri black

SEX: Male AGE: ± 10 weeks

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Vibracrete / Sneeze		Suitability of fence (i.e. small pets can't escape):	
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?	
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?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ 10w.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Kerr SPCA: Hermanus SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000577548

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. * 0727336649

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

E-mail * nickisabel@joubert.bz

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

Title * MRS

Initials * I

Surname * JOUBERT

Street 20 Harold

City

Suburb loop

Area Code Franschhoek

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 * 01 - 09 - 2025

Date of Implant * 26 - 08 - 2025

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name

Date of birth 2025

Species * FELINE

Breed * DSH

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 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

GARDEN ROUTE SPCA MOSSELBAY			
DATE	08/08/25	ANIMAL NAME	
KENNEL NUMBER	CB3	BREED	DSH
CARD NUMBER	MBY 4672	STERILIZED	NO
COLOUR	Black	MALE/FEMALE	MALE
VACCINATED	Yes	AGE	10 weeks
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.70g.		
TEMPERATURE	39.1		
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

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	CB8 CB6			ADMISSION No.	MBY4672	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	06/08/25		Time in	16:11	Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	06/08/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	06/08/25	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog / Cat		Other species (Specify)	B/T
Breed	PSH	Colour and Markings	Black
Condition	good	Sex ♂	Age Juvenile
Temperament	Friendly	Sterilisation details None	Name —
Coat Short	Tail Short	Teeth Condition good	Ears up	Size Small
Area found / collected from			Date 06/08/25
Reason for surrender	Stray		

ASSESSMENT		
GOOD WITH:	Yes	No
Children		X
Cats		X
Other Dogs		X
Livestock/Other		X
DO THEY:	Yes	No
Jump Fences		X
Run Away		X
COMMENTS:		

Surrendered by / Found by	X	Name	Phoebe Goniwe		
Residential Address	16 Wesley Street Mossel Bay				
Postal Address	None				
Tel (H) None	Tel (W) None			Cell 0828912344	
Email	Chiraleeg@nedbank.co.za				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: B/T

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	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: _____

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
08/08/25	Milpro		

Quantel DEWORMER FOR DOGS AND CATS

Extel Plus Extel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS.

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 26-08-2025

DOCTOR'S NAME Dr. A.S. Muller

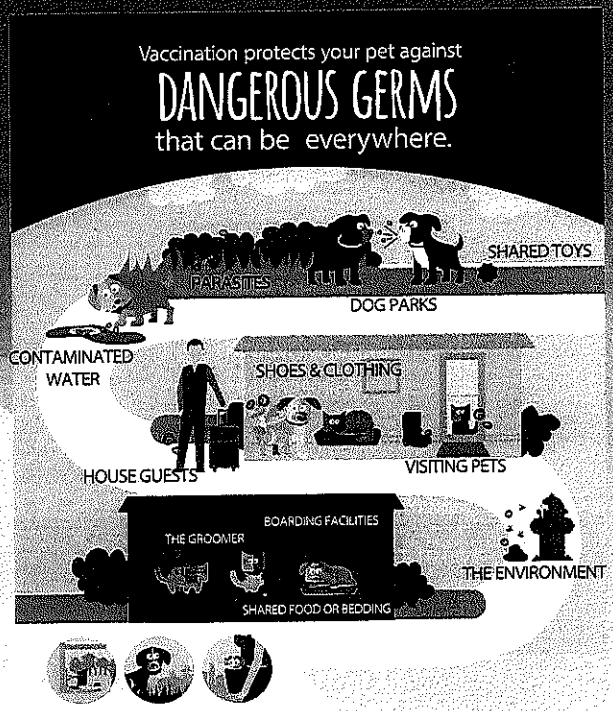
Garden Route SPCA
P.O. Box 358
George, 6530
Tel: (044) 873 - 0824

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16:00
Saturday: 09:00 -11:00

7431-28-000715-001-6_2025-0... Done

Mossel Bay

MOSSEL BAY MUNICIPALITY
MUNISIPALITEIT MOSSELBAAI
UMASIPALA WASEMOSSELBAY

DATUM	BESKRYWING	BEDRAG
	[illegible]	[illegible]

KREDIET	90 DAE	30 DAE	LOPEND	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

BETAALBAAR OP 15/08/2025

BEDRAG BETAALBAAR 1737,00

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500

PREFERRED BENEFICIARY
MOSSEL BAY MUNICIPALITY

Standard Bank is now the Primary banker for the MOSSEL BAY MUNICIPALITY.

Mossel Bay

BELANGRIKE KENNISGEWING

SPERDATUM

METODES EN PLEKKE VAN BETALING

RENTE

OPSKORTING VAN DIENSTE

REKENINGS

BEËINDIGING VAN DIENSTE

VOORAFBETAALDE KRAG

IMPORTANT NOTICE

DUE DATE

METHODS AND PLACE OF PAYMENT

INTEREST

SUSPENSION OF SERVICES

ACCOUNTS

TERMINATION OF SERVICES

PREPAID ELECTRICITY

BESKRYWING	WAARDASIE / TARIEF	BTW	BEDRAG