Stampie

ADOPTION CHECKLIST

ADMISSION NO: MBY6880

CONTRACT NO: MA0106

- [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 19/08/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip 27/08/25
- [x] Microchip Registration- chip number 992003000577601

Adoptee INFO:

Name & Surname Cardean Barnard

Contact INFO: 065 997 5968

Completed by: _____ Date: 21/08/2025

Manager: _____ Date: 21/08/2025

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.

MA0106

ADMISSION NO MBY6880

9920030005776O1

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 18/08/25 TIME: _____

NAME OF APPLICANT: Mrs C Barnard

ADDRESS: 2 Rika Close, Fraai Uitsig

HOME TEL No: _____ CELL No: 065 997 5968

ANIMAL(S) ADOPTING: X Breed Medium

SEX: Female AGE: ± 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:		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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Lab				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	M. 1 yr.	/	/	/	/
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: Thembe SPCA: M. Mbey SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Sample

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): Mrs C Barnard

HOME ADDRESS: 2 Rika Close, Fraai Uitsig

ID NO.: 9204170054083

POSTAL ADDRESS: –

TEL NO (H): – (B): –

CELL NO: 065 997 5968 FAX NO: –

EMAIL: cardecanb@yahoo.com

Address where animal will be kept: 2 Rika Close, Fraai Uitsig

Occupation: Administrator

Do you own or rent your property: own Do you have consent from owner / Body Corporate? YES/NO

Are you a student with consent to keep pets:

Reason for wanting animal: Company

Is the animal for yourself? yes 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? X-breed

Can you afford private fees? yes Who is your vet? De Graaf

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

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

Are all your animals sterilised? Give details yes

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 1, other died from old age

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

Full description of the fencing and gate: wall Height: 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? Yes

Pre Home Inspection Fee: R100 Receipt No: 7916

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 Barnard **Date of application** 15/05/25

GARDEN ROUTE SPCA MOSSELBAY			
DATE	24/06/25	ANIMAL NAME	
KENNEL NUMBER	K20	BREED	Staff x
CARD NUMBER	MBY 6880	STERILIZED	NO
COLOUR	Brown	MALE/FEMALE	Female
VACCINATED	NO	AGE	± 4 weeks
PROOF OF VACC	NO	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

WEIGHT	NAD	0.95	
TEMPERATURE	NAD	38.1	
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	

COMMENTS

Lovely healthy puppies.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA Garden Route

LOADED

KENNEL No.	K ~~800~~ ~~B~~ ~~40~~ 34			ADMISSION No.	MBY6880	
Stray	Surrender (circled)	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	24/06/25		Time in	10:00	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	✓ Yes / No	Lost & Found Date checked	24/06/25		
Microchip/Collar or ID tag found	Yes / ✓ No	Date scanned or checked	24/06/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog (circled)	Cat	Other species (Specify)			
Breed	Staff X	Colour and Markings	Brown, black face		
Condition	Fair	Sex	♂ ♀ (♂ crossed)	Age	± 4weeks
Temperament	Fair	Sterilisation details	NO	Name	
Coat: Short	Tail: long	Teeth Condition: Fair	Ears: Down	Size	Small
Area found / collected from	ASIA			Date	24/06/25
Reason for surrender	Too many				

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	Hyno James			
Residential Address	47 J Adolf ASIA				
Postal Address	N/A				
Tel (H)	N/A	Tel (W)	N/A	Cell	0786007821
Email	N/A				
Donation R	N/A	Cash	Card	EFT	(Receipt No.) N/A

PLEASE INSIST ON A RECEIPT

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

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 (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 uitdruklik 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: Refer to MBY 6585	Witness for Society: [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: ____________

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Marné Barnard
   - Contact Number: 066 211 0075
   - Email Address: _____

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: Barnard
Date: 21/08/2025

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
08/01/25	milpro		
05/08/25	milpro		

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus DEWORMING FOR HAPPIER HEALTHIER DOGS

Exitel Plus XL

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 19-08-2025

DOCTOR'S NAME Dr. AS. Muller

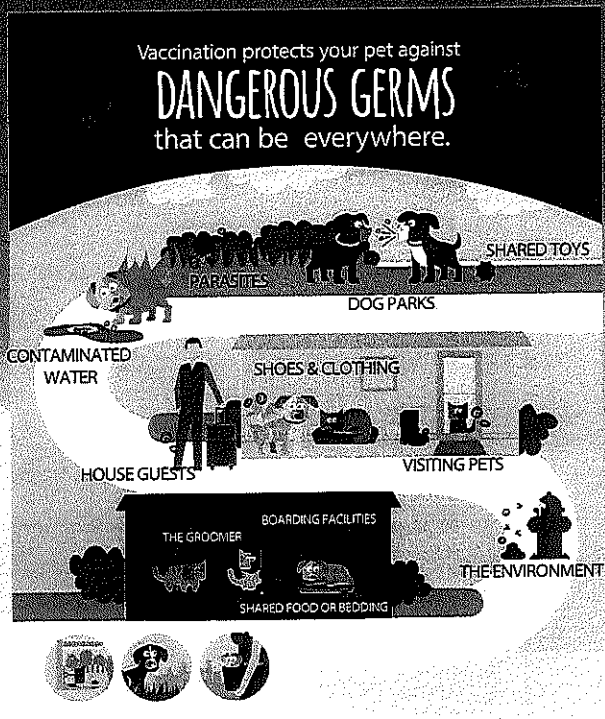
Garden Route SPCA
P.O. Box 239
George, 6530
Tel: (044) 693 0824

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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BARNARD
Names:
CARDEAN
Sex:
F
Nationality:
RSA
Identity Number:
9204170054083
Date of Birth:
17 APR 1992
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Barnard

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:
28 APR 2021

114824419

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	28-000908-005-8
DATUM VAN REKENING:	23/07/2025
LAASTE KWITANSIE DATUM:	22/07/2025
VOORAFBETAALDE METERNOMMER:	01348290881

BTW REG. NO.
Naam:
BARNARD MJ
Liggingsadres:
2 RIKASLOT FRAAIUITSIG
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
600.00	908000	1600000	4

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		1405.66
22/07/2025	0134829088 ELEKTRISITEIT		248.35 *
	BASIES	215.96	
	VAT/BTW	32.39	
22/07/2025	DRK7000 WATER 15/05/2025-13/06/2025		478.18 *
	3466 - 3487 (21 Kl 29 Dae)		
	BASIES	261.39	
	07/24 5.72 @ 0.000 =	0.00	
	. 13.35 @ 9.737 =	129.99	
	. 1.93 @ 12.658 =	24.43	
	VAT/BTW	62.37	
22/07/2025	300004 VULLIS		320.62 *
22/07/2025	BELASTING PAAIEMENT		570.53
	KWITANSIES		1405.00-
	Balans Oorgedra		0.34-

BTW OP '*' ITEMS: 136.58 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1618.34	1618.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/08/2025	1618.00

VAT No. / BTW Nr. 4630118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 280009080058

EasyPay >>>>>9152628000908000586

pay@ 11379 280009080058

Message / Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

Vou en skeur af.

SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay MUNICIPALITY

BARNARD MJ
POSBUS 1168
KLEIN-BRAKRIVIER
6503

28-000908-005-8

IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Fold and tear on perforation.

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER
992003000577601

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. * 065 997 5968

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

E-mail * cardeanb@yahoo.com

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

Title * MRS Initials * C Surname * Barnard

Street 2 Rika Close City

Suburb Area Code Fraai Uitsig

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 * 27 - 08 - 2025

Date of Implant * 19 - 08 - 2025

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

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name LUCY Date of birth 2025

Species * CANINE Breed * X BREED

Colour BROWN 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 Barnard

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