ADOPTION CHECKLIST

ADMISSION NO: MBY 7062

CONTRACT NO: MA0122

- [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 Already done
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 18/09/25 992003000577543

Adoptee INFO:

Name & Surname Lena Rivers

Contact INFO: 0661988670

Completed by: [signature] Date: 04/09/25

Manager: Eam Date:

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.

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.

2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 710902 0256 089

S.A.CITIZEN

SURNAME
RIVERS

FORENAMES
SUSARA JOHANNA MAGDALENA

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1971-09-02

DATE ISSUED
2012-12-13

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL HOME AFFAIRS

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: _____
   - Contact Number: _____
   - Email Address: _____

2. **Additional Family Member/Friend Details**
   - Full Name: Pieter du Toit
   - Contact Number: 071 328 1209.
   - 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: _____

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MIC

992003000577543

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. * 0661988670

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

E-mail * Susanariversegmail.com

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

Title * MRS Initials * AL Surname * RIVERS

Street 35 Erika Street City

Suburb Area Code Oamaboy

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 * 10 - 09 - 2025

Date of Implant * 03 - 09 - 2025

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

Name of Vet who implanted the Chip KAY RIVERS

PET DETAILS

Pet Name Date of birth 2025

Species * FELINE Breed * DSH

Colour TORTOISE SHELL 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 * L. Rivers

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

Cricket.

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): Lena Rivers.

HOME ADDRESS: 35 Erika Dana bay

710902 ID NO.: 710902

POSTAL ADDRESS: Na

TEL NO (H): — (B): N/A

CELL NO: 0661988670 FAX NO: N/A

EMAIL: Susarariversegmail.com

Address where animal will be kept: Bo

Occupation: Nanny

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

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

Reason for wanting animal: maatjie vir die ander kat

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? Fimel

Can you afford private fees? Ja Who is your vet? Dana bay vet

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

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

Are all your animals sterilised? Give details Ja.

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

Which animals do you still have, and what happened to the others? 1 cat

Is your property fenced and has a proper gate? yes Will you chain/ an animal? nee

Full description of the fencing and gate: whal Height: 1.8

What shelter is provided: OUTDOORS ____ KENNEL ____ OTHER indoor

Have you previously had pets from an SPCA? nee Are there children under 10 in your household? nee

Pre Home Inspection Fee: R100 Receipt No: 7958

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 L. Rivers. **Date of application** 01/09/25

NAME AND ADDRESS OF OWNER:

WD - SERVICE DEPOSIT I
ED - PREPAID CONS 2PR

PEST POLICE CC
35 ERIKAWEG
DANA BAY

TOTAL DUE:

6510

TEL:

BANK DETAILS: BRANCH CODE: ACCOUNT NO: 0

SIGNATURE

ID NUMBER: 2006215974 23 VEHICLE

FOR OFFICE USE ONLY

JOB NUMBER: 939689, CAPTURED BY USER VF1 (VANESSLEIGH FLORES)
RECEIPT NUMBER CASHIER

STREET ADDRESS: 35 ERIKAWEG DANABAAI

ACCOUNT NUMBER: 860068870111 ERF: 6887000

METER NUMBER	E / W	PHASE	AMPS	PREPAID

9920030005775 ADMISSION NO MBY 7062.

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 1/09/25 TIME: 12:00

NAME OF APPLICANT: Lena Rivers

ADDRESS: 35 Erika Street, Danabay

HOME TEL No: _____ CELL No: 0661988670

ANIMAL(S) ADOPTING: Cat - Tortoise Shell

SEX: Female AGE: Juvenile

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Bricks 2 meter		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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	DSH				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	Male 14yrs	1	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Property big enough. Cat is going to a great home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ CATS
- ☒ SMALL DOGS
- ☒ MEDIUM DOGS
- ☒ LARGE DOGS

INSPECTED BY: KK SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	29/07/25	ANIMAL NAME	
KENNEL NUMBER	CS	BREED	DSH
CARD NUMBER	MB470 62	STERILIZED	Yes
COLOUR	Tortoise shell	MALE/FEMALE	Female
VACCINATED	Yes	AGE	Adult
PROOF OF VACC	Yellow card	STRAY/SURRENDER	Abandoned

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	2.8kg		
TEMPERATURE	38.9°		
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.	150 18 CE EB4			ADMISSION No.	MBY7062	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	18/01/25		Time in	16H50	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked		Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)		
Breed	DHC		Colour and Markings	Tortoise shell
Condition			Sex Fem	Age
Temperament	Skittish		Sterilisation details Yes	Name
Coat	Tail	Teeth Condition	Ears	Size
Area found / collected from	Alkantina			Date
Reason for surrender	Abandoned.			

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	Thembe	
Residential Address	68 Seaymen Sto. Alkantina.			
Postal Address				
Tel (H)	Tel (W)	Cell	0715602950	
Email				
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 / 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 / NI BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** i en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doe ook vrywillig afstand van alle belange daarin, indien enige, te gunste van die DBV en ek versoek dat die dier hanteer word soo wat die DBV goed ag. Daar word uitdrukliik ooreengekom dat n die DBV nog sy amptenare, en werknemers enige verpligtin het, teenoor my ten opsigte van die hantering van die dier/e. I bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien o 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

imed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

MY OWNER

NAME	Lena Rivers
POSTAL ADDRESS	
STREET ADDRESS	35 Erika Straat
	Danabaai
HOME PHONE	
WORK PHONE	
CELLPHONE	0661988670
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DSH
COLOUR	Tortoise Shell
SEX	Female
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000577543
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
29/07/25	Nobivac HCPPi 02071465C 02-JAN-2026 + milpro	
29/08/25	Nobivac HCPPi 02071465C 02-JAN-2026 + milpro	
	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.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

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