C8 (Brown Paws)

NSPCA Operations Manual 2020

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof of residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): B.L. Abrahams

HOME ADDRESS: 53 De Beers Terrace, De Beers, Kimberley, 8301 ID NO.: 8111 29 0034 085

POSTAL ADDRESS: 53 De Beers Terrace, De Beers, Kimberley

TEL NO (H): — (B): —

CELL NO: 0614188587 FAX NO: —

E-MAIL: blance908@gmail.com

Address where animal will be kept: 53 De Beers Terrace, Kimberley

Reason for wanting an animal: Children want a pet, to give love and care

Occupation: Stay at home mom

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 an animal: love fur dogs

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?

Can you afford private veterinary fees? Yes Who is your vet? Medi vet

How many animals live on your property DOGS — CATS — OTHER —

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

Are all your animals sterilised? Give details N/A

How many dogs and cats have you owned over the past 3 years? DOGS — CATS — OTHER —

Which animals do you still have, and what happened to the others? N/A

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

Full description of the fencing and gate: Small side gate Height: 2 M

What shelter is provided : OUTDOORS Yes KENNEL Yes OTHER —

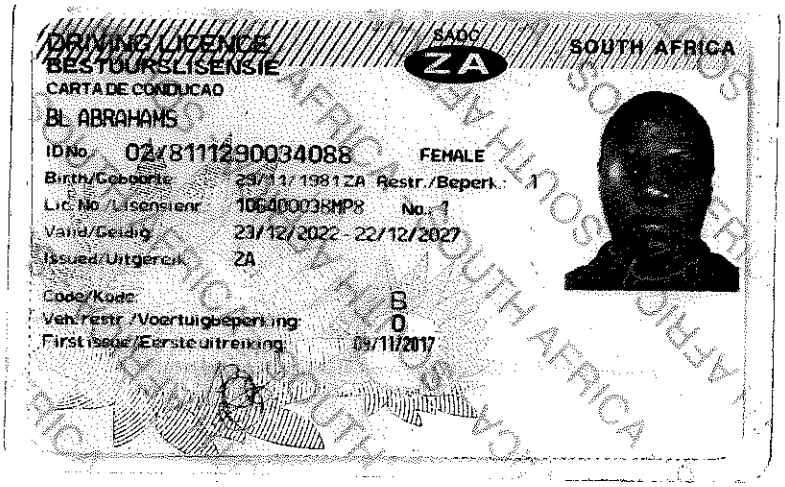
Have you previously had pets from an SPCA? No Are there children under the 10 years in your household? No

Pre Home Inspection Fee: R50 Receipt No.: 44442

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** 02.01.26



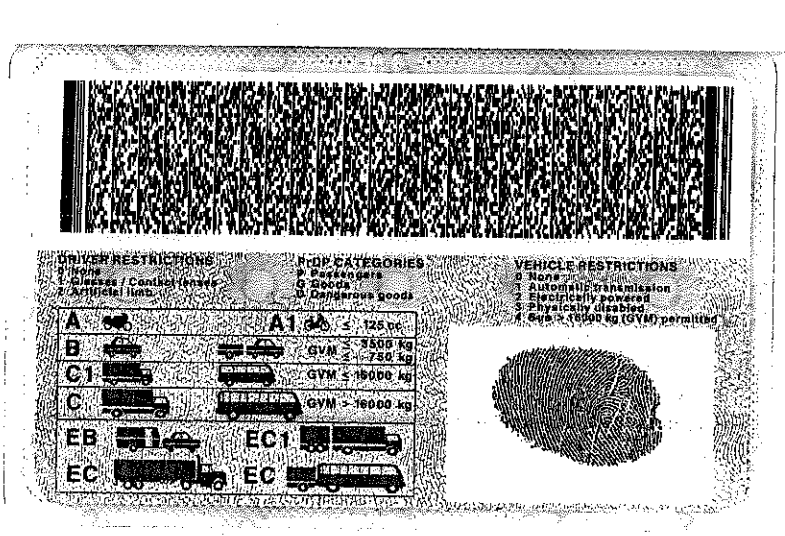
DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

SADC
ZA
SOUTH AFRICA

BL ABRAHAMS

ID No 02/811129003 4088 FEMALE
Birth/Geboorte 23/11/1981 ZA Restr./Beperk. 1
Lic No /Lisensienr 10640003RMP8 No. 1
Valid/Geldig 23/12/2022 - 22/12/2027
Issued/Uitgereik ZA

Code/Kode B
Veh restr /Voertuigbeperking 0
First issue/Eerste uitreiking 09/11/2017



DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb

PrDP CATEGORIES
P Passengers
G Goods
D Dangerous goods

VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Sub > 16000 kg (GVM) permitted

A	A1	≤ 125 cc	
B		GVM ≤ 3500 kg	≤ 750 kg
C1		GVM ≤ 16000 kg	
C		GVM > 16000 kg	
EB	EC1		
EC	EC		

SARS

Request for **Remission**

Tax Number 0 3 7 8 6 5 0 1 5 4 NTXRF001

RFR1

Applicant Details - **Individual** INDF001

Surname: A B R A H A M S

First Two Names: B L A N C E L E T T I C I A

ID No.: 8 1 1 1 2 9 0 0 3 4 0 8 8

Passport No.:

Passport Country (e.g. South Africa = ZAF):

Home Tel No.: 0 5 3 8 7 1 4 8 4 1

Bus Tel No.: 0 5 3 8 7 1 4 8 4 1

Cell No.: 0 6 1 4 1 8 8 5 8 7

Contact Email: B L A N C E 9 0 8 @ G M A I L . C O M

Particulars of **Representative** (Person Dealing with Dispute on Behalf of Taxpayer) REPIF001

Surname:

Initials:

ID No.:

Passport Country (e.g. South Africa = ZAF):

Passport No.:

Cell No.:

Bus Tel No.:

Fax No.:

Tax Practitioner Registration No. **PR -**

Capacity: Public Officer ☐ Curator / Trustee / Liquidator / Executor / Administrator ☐ Partner ☐ Treasurer ☐ Accounting officer for Local / Public Authority / Accountant ☐ Sole Proprietor ☐ Tax Practitioner ☐ Legal Representative / Attorney ☐

Contact Email:

Are you signing on behalf of the taxpayer? Y ☐ N ☐

If yes, do you have a power of attorney from the taxpayer? Y ☐ N ☐

Is the taxpayer aware of and agree with the grounds of dispute? Y ☐ N ☐

Reason why taxpayer is unable to sign this dispute

RFR1 L FV 2018.08.00 SV 1101 CT 03 NO 0378650154

Y 2025

001/003

FOR PERSONAL RECORDS ONLY, NOT FOR SUBMISSION TO SARS

Abrahams Adoption-

NSPCA Operations Manual

Section 4-2A: Form A

ADMISSION, ASSESSMENT AND HISTORY RECORD

KENNEL No: 20 C8				ADMISSION NO: AHKP16025		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated/ Siezed	Request for euthanasia
Date:	2025-11-25		Date for release:	2025-11-25	Time in:	15:54

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 Nr	

DESCRIPTION & HISTORY											
	Dog	X	Cat		Other species (Specify)						
	Breed	BERNESE MOUNTAIN DOG			Colour	BLACK					
	Condition				Sex	Female		Age	3MONTHS		
	Temperament				Sterilisation details	Unsterilised		Name			
	Coat	LONG	Tail	LONG	Teeth Condition	GOOD	Ears	UP	Size	S	
	Area found/collected from	KIMBERLEY : DE BEERS					Date	2025-11-25			
	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		Name	RELEBOHILE NTSAU
Found			
Residential Address	34114 TERRACE CLOSE, DE BEERS		
Postal Address	34114 TERRACE CLOSE, DE BEERS		
Tel (H)		Tel (W)	0719598355
Tel (Cell)			
Email:			

DONATION:	Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

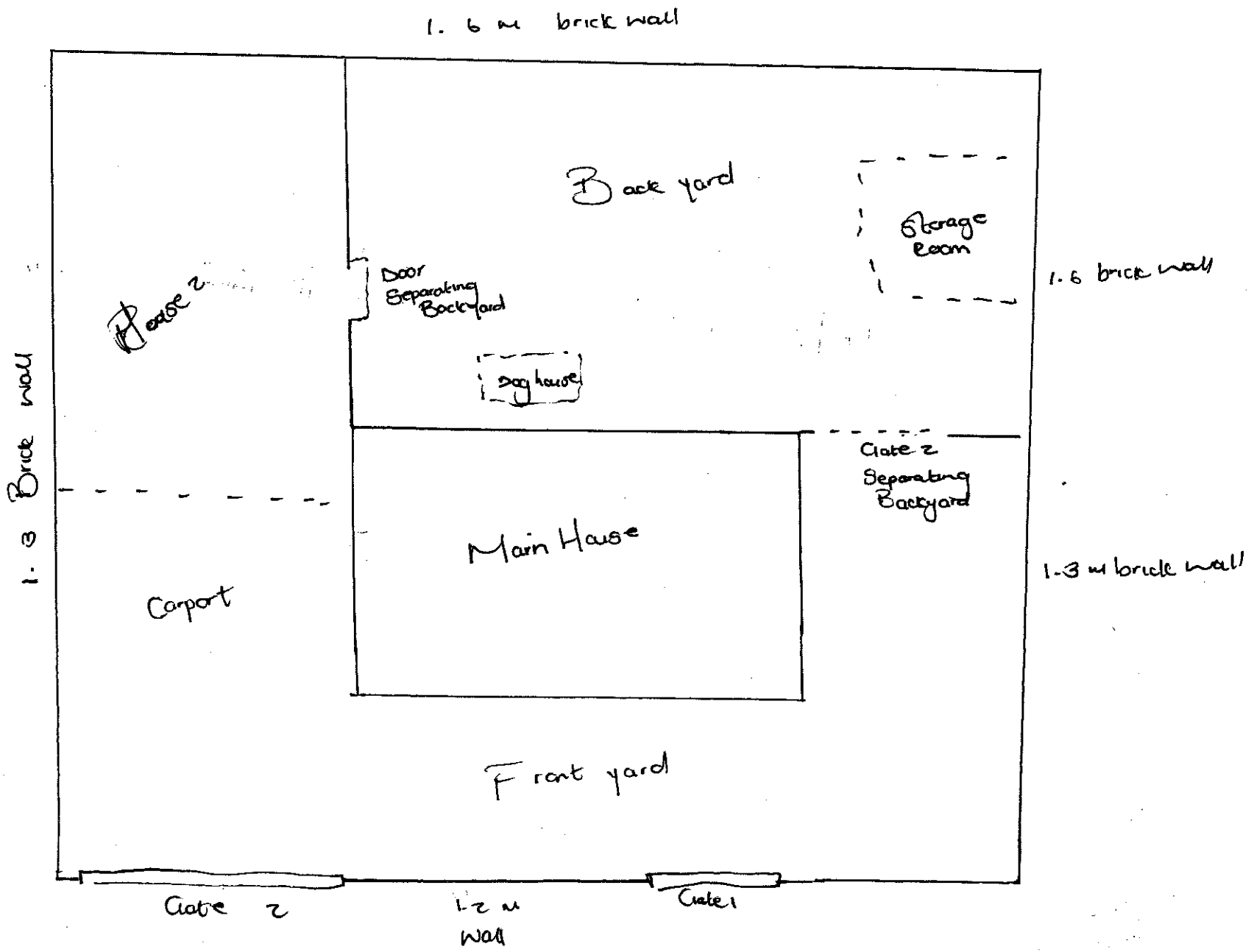
STATEMENT OF SURRENDER

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**

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 verdaan 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, teennoor my ten opsigte van die hantering van die dier/e nie. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die

Signature	Witness for Society
FOR OFFICE USE PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

ASSESSED
Name:
Date:


1. 6 m brick wall
Back yard
Storage Room
1.6 brick wall
Door Separating Backyard
Gate 2
Dog house
Gate 2 Separating Backyard
1.3 Brick wall
Main House
Carport
1.3 m brick wall
Front yard
Gate 2
1.2 m wall
Gate 1

ADMISSION NO AHEP 16025

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: [X] YES / NO DATE UNDERTAKEN: 16 January 2026 TIME: 14h00

NAME OF APPLICANT: B.L Abrahams

ADDRESS: 53 De Beers Terrace
De Beers

HOME TEL No: _____ CELL No: 0614188587

ANIMAL(S) ADOPTING: One (Bernese mountain dog) puppy

SEX: Female AGE: 6 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brickwall		Suitability of fence (i.e. small pets can't escape): 1.6 M+	
Suitable shelter? (i.e. Kennel in protected area)	YES [X] / NO [ ]	Any sign of Chain/Runner?	YES [ ] / NO [X]
Is the front yard separated from the back?	YES [X] / NO [ ]	If yes, what partitioning?	
Any hazards? (pool, rubble, razor wire, etc)	YES [ ] / NO [X]	Specify:	
Does applicant live at the address?	YES [X] / 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	/	/	/	/	/
STERILISED	YES [ ] / NO [ ]	YES [ ] / NO [ ]	YES [ ] / NO [ ]	YES [ ] / NO [ ]	YES [ ] / NO [ ]

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- [ ] **CATS**
- [ ] **MEDIUM DOGS**
- [X] **SMALL DOGS**
- [ ] **LARGE DOGS**

INSPECTED BY: Mpho **SPCA:** Kimberley **SIGNATURE:** MP

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE