ADOPTION CHECKLIST

ADMISSION NO: MBY 7489

CONTRACT NO: MA0160

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [ ] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 06/11/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [ ] Microchip Registration- chip number 992003000577763

Adoptee INFO:

Name & Surname S. A. Kingman

Contact INFO: 0650773258

Completed by: [signature] Date: 07/11/25

Manager: [signature] Date: 10/11/25

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.

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

ACCOUNT NUMBER:	86-005979-002-2
DATE OF ACCOUNT:	22/09/2025
LAST RECEIPT DATE:	21/09/2025
PREPAID METER NUMBER:	01348847144

VAT REG. NO.
Name:
KINSMAN SA
Street Address:
32 MALVAWEG DANABAAI

TAX INVOICE **MONTHLY ACCOUNT**

SERVICE DEPOSIT:	1020.00	ERF NUMBER:	5979000	TOTAL VALUATION:	2125000	WARD No:	11

DATE	DETAILS				AMOUNT
	B/F BALANCE				1502.72
19/09/2025 AMR1204514	WATER 06/08/2025-05/09/2025				371.60 *
	1086 - 1099 (13 Kl 30 Days)				
	BASIC			261.39	
	07/25	5.92 @	0.000 =	0.00	
	.	7.08 @	10.030 =	71.01	
	VAT/BTW			39.20	
19/09/2025 0134884714	ELECTRICITY				496.69 *
	BASIC			431.91	
	VAT/BTW			64.78	
19/09/2025 0134884714	50% Pens. Rebate				248.35-*
19/09/2025 403011	SEWERAGE				365.61 *
19/09/2025 403011	Sewarage 50% Discount				182.81-*
19/09/2025 321011	REFUSE				320.62 *
19/09/2025	RATES INSTALLMENT				386.75
	RECEIPTS				1502.00-
	Balance Carried Forward				0.83-
VAT ON '*' ITEMS:	137.25	ACB TOT:	0.00		

CREDIT	60 DAYS	30 DAYS	CURRENT	
0.00	0.00	0.00	1510.83	1510.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/10/2025	1510.00

VAT No. / BTW Nr. 4830118370

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. 860059790022

EasyPay >>>>>>9152686006979000226

payA 11379 860059790022

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.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

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

Mossel Bay
MUNICIPALITY

KINSMAN SA
PO BOX 2236
MOSSEL BAY
6500

86-005979-002-2

Fold and tear on perforation.

BELANGRIKE KENNISGEWING

Hierdie rekening word ooreenkomstig die Raad se toepaslike beleid gelewer.

SPERDATUM:
Rekeninge is betaalbaar wanneer gelewer. Die sperdatum op die rekening is slegs van toepassing op die lopende rekening en nie op die agterstallige gedeelte van die rekening nie. Bedrae wat onvereffen is na die vervaldatum is agterstallig en die dienste kan opgeskort word sonder verdere kennisgewing.

METODES EN PLEKKE VAN BETALING:

1. POSORDERS moet gekruis en aan Mosselbaai Munisipaliteit betaalbaar gemaak word.
2. Betalings sal eerstens toegewys word na die oudste skulde(ongeag watter tipe diens), waarna dit in _ voorafbepaalde prioriteitsvolgorde toegewys sal word.
3. **Betalings kan soos volg gemaak word:**

3.1 by enige van die MUNISIPALE KANTORE Maandae tot Vrydae (vakansiedae uitgesluit) 08:00 tot 15:30 (Mosselbaai kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nonqaba kantore).

3.2 by enige PICK & PAY, SHOPRITE, CHECKERS of SPAR winkel. Let wel dat minstens 48 uur toegelaat moet word vir die verwerking van alle derde party betalings.

3.3 deur direkte BANK- en/of ELEKTRONIESE BETALINGS by **NEDBANK** waar Mosselbaai Munisipaliteit as begunstigde gegee word. U rekeningnommer moet as verwysing gebruik word.

3.4 deur outomatiese BANKAFTREKKINGS. Vorms hiervoor is beskikbaar by enige van die Munisipale kantore.

RENTE:
Rente sal ingevolge die Raad se beleid op agterstallige bedrae gehef word.

OPSKORTING VAN DIENSTE:
Die toevoer van dienste mag, indien enige bedrag na die sperdatum verskuldig is, sonder verdere kennisgewing opgeskort word. Die deposito sal terselfdertyd hersien word en toeslag, soos van tyd tot tyd deur die Raad bepaal, sal bygevoeg word ongeag of die toevoer fisies gestaak is al dan nie.

REKENINGE:
Indien geen rekening ontvang is teen die 10de van 'n maand nie, moet 'n afskrif vanaf die Munisipaliteit aangevra word. Die rekening moet te alle tye getoon word wanneer 'n betaling gemaak word.

BEËINDIGING VAN DIENSTE:
Wanneer 'n perseel ontruim word moet die vertrekkende verbruiker die Munisipaliteit minstens 15 dae vooraf skriftelik kennis gee. Versuim hiervan sal tot gevolg hê dat die persoon aanspreeklik bly vir kostes gehef tot datum wat die kennisgewing ontvang en verwerk is.

VOORAFBETAALDE KRAG:
Waar'n voorafbetaalde elektrisiteit meter in gebruik is en enige van die ander
dienste op die perseel agterstallig is, sal slegs eenhede vir 'n gedeelte van die bedrag, wat aangebied word, uitgereik word terwyl die res van die bedrag teen die uitstaande rekening verdiskonteer sal word. (Die persentasie verdeling word van tyd tot tyd deur die Raad bepaal)

IMPORTANT NOTICE

This account has been rendered in terms of Council's relevant policies.

DUE DATE:
Accounts are payable when rendered. The due date on the account is only applicable on the current portion of the account and not the arrear portion. Amounts, which remain unpaid after the due date, are in arrears and services
may be suspended without any further notice.

METHODS AND PLACES OF PAYMENT:

1. POSTAL ORDERS must be crossed and be made payable to Mossel Bay Municipality.
2. Payments will always be appropriated to the oldest account (notwithstanding the kind of service), where after it will be appropriated in order of a predetermined priority.
3. **Payments can be made:**

3.1 at any of the MUNICIPAL OFFICES from Mondays to Fridays (public holidays excluded) 08:00 to 15:30 (Mossel Bay Office) and 08:00 to 15:00 (Great Brak River, Hartenbos, D'Almeida and Kwa Nonqaba offices).

3.2 at any PICK n PAY, SHOPRITE, CHECKERS and SPAR shop. Please note that at least 48 hours should be allowed for processing of all third party payments.

3.3 by direct BANK – and/or ELECTRONIC PAYMENTS to **NEDBANK** using Mossel Bay Municipality as beneficiary. Your Municipal account number must be used as the reference number.

3.4 by way of an automatic debit order. These forms are available at any of the Municipal Offices,

INTEREST:
Interest will be levied on arrear accounts in terms of Council's policy.

SUSPENSION OF SERVICES:
The supply of services may be disconnected without any notice, if any amount is due after the expiry date. The deposit will simultaneously be revised and a surcharge, as determined by council from time to time, will be added whether the supply had been physically disconnected or not.

ACCOUNTS:
If no account has been received by the 10th of a month, a copy should be obtained from the Municipality. The account must at all times be produced when payments or enquiries are made.

TERMINATION OF SERVICES:
When premises are vacated, the consumer leaving such premises must give the Municipality 15 day's written notice prior to leaving. Failing to do so will result in this person being held liable for any levies until the date a written notice is received.

PRE-PAID ELECTRICITY:
Where a pre-paid electricity meter is in use and any of the other services on the property is in arrears, only units to the value of a portion of the amount tendered will be issued, the rest of the amount will be allocated to the arrear account. (The percentage of the division will be as determined by Council from time to time)

DESCRIPTION	VALUATION / TARIFF	VAT	AMOUNT

Terry Grey Yorkie

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): S.A. Kinsman

HOME ADDRESS: 32 Malva Road, Danabay

ID NO.: 4404260038088

POSTAL ADDRESS: —

TEL NO (H): — (B): —

CELL NO: 0650773258 FAX NO: —

EMAIL: skinsman1944@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Retired

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

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

Reason for wanting animal: Companion

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? Yorkie

Can you afford private fees? Yes Who is your vet? Dr Basson

How many animals live on the property? DOGS? 1 CATS? 2 OTHERS —

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? 2 OTHER? —

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: Wall Height: 2M.

What shelter is provided: OUTDOORS — KENNEL — OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 8435

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 S A Kinsman **Date of application** 03/11/2025

992003000577 63

ADMISSION NO MBY 7489

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 05/10/25 TIME: 16H30

NAME OF APPLICANT: S.A. Kinsman

ADDRESS: 32 Malva Road, Danabay

HOME TEL No: CELL No: 0650773258

ANIMAL(S) ADOPTING: Yorkie

SEX: Male AGE: 3/4 Yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall. Fence 1.5m		Suitability of fence (i.e. small pets can't escape): Yes	
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Breed				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	1 M.	1	1	1	1
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: Thomba SPCA: Nbey SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE		ANIMAL NAME	
KENNEL NUMBER		BREED	
CARD NUMBER		STERILIZED	
COLOUR	Grey	MALE/FEMALE	Male
VACCINATED		AGE	
PROOF OF VACC		STRAY/SURRENDER	

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	5.90		
TEMPERATURE	39.3		
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. K 29 T/I				ADMISSION No. MBY7489 (Loaned)		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 9-10-21			Time in N.00		Date for release	

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

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Yorkie	Colour and Markings	Beige / grey	
Condition	Fair	Sex None	Age 2yrs	
Temperament	Fair	Sterilisation details None	Name Terry	
Coat None	Tail long	Teeth Condition Fair	Ears Picked	Size Small
Area found / collected from	Idaland Park			Date
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 ✓ / Found by	Name	Pieter Zaayman
Residential Address	26 Kiewiet Str Idaland Park	
Postal Address		
Tel (H)	Tel (W)	Cell 076 981 7557
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 / 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:_____

MY OWNER

NAME: S.A. Kinsman

POSTAL ADDRESS:

STREET ADDRESS: 32 Malua Road

Darabay

HOME PHONE:

WORK PHONE:

CELLPHONE: 0650773258

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: YORKIE

COLOUR: GREY

SEX: MALE

DATE OF BIRTH:

MICROCHIP/TATT: 992003000577763

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
13/10/25	Nobivac DHPPi + Tricat Trio D213181 2A 04-FEB-2026 Rabies; Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F72195 Ut. av./Exp.: 13/07-2026	
	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.

Find us on facebook.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

www.facebook.com/BravectoSouthAfrica
www.facebook.com/MSDAnimalHealthSA

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

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

2. Additional Family Member/Friend Details

- Full Name: Roy Kinsman
- Contact Number: 0650726099
- Email Address: Rkinsman1969@gmail.com

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No)
- If yes, when? YES
- Where? Alberton
- What animal did you adopt? Spaniel (25 yrs ago).

1. Adoption Contract Acknowledgment

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 7/11/2025

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
KINSMAN
Names:
SHEILA ALMA
Sex:
F
Nationality:
RSA
Identity Number:
4404260038088
Date of Birth:
26 APR 1944
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577763

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. * 0650773258

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

E-mail * skineman1944@gmail.com

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

Title * MS Initials * S.A. Surname * Kinsman

Street 32 Malva Road City

Suburb Area Code Dainbury

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 * [illegible]

Date of Implant * 06 - 11 - 2025

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

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name Terry Date of birth

Species * CANINE Breed * YORKIE

Colour GREY 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