ADOPTION CHECKLIST

ADMISSION NO: MBY 8442

CONTRACT NO: MA 0158

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [ ] 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 30/10/2025
- [X] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000577765

Adoptee INFO:

Name & Surname Saret Bylema

Contact INFO: 0823183874

Completed by: [signature] Date: 06/11/25

Manager: [signature] 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.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BYLSMA
Names:
SARET
Sex:
F
Nationality:
RSA
Identity Number:
8109170053087
Date of Birth:
17 SEP 1961
Country of Birth:
RSA
Status:
CITIZEN

Signature:

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:

30 SEP 2019

111600494

GEORGE MUNISIPALITEIT
Belasting Faktuur

BTW Nr. 4630193664
POSBUS 19, GEORGE, 6530
(044) 801-9111 086 589 6402
EPOS: accounts@george.gov.za

DATUM VAN REKENING	23/10/2025
BELASTING FAKTUUR NR.	12440299
REKENING NR.	GRG 1002400434
KWITANSIES GEPOS TOT	22/10/2025
WAARBORG / DEPOSITO	0 / 1200.00-
AREA	08 15204 00000
WAARDASIE	2950000
LIGGING:	MOPANIE LAAN 8
VERSKULDIG DEUR HUURDERS	0.00
KLIËNT BTW NR.	

EMAIL

GRG 1002400434

Me S BYLSMA
62 ARBOUR ROAD
GLEN BARRIE
GEORGE
6529

DIENS	OPENINGS BALANS	KWITANSIES	HEFFING	RENTE	REGSTELLINGS	BTW	SLUITINGS BALANS
	420.83	-420.83	365.94	0.00	0.00	54.89	420.83
	796.34	-796.34	1,146.29	0.00	-0.26	171.95	1,317.98
	382.48	-382.48	332.59	0.00	0.00	49.89	382.48
	381.14	-381.14	331.43	0.00	0.00	49.71	381.14
	1,481.95	-1,481.95	1,481.95	0.00	0.00	0.00	1,481.95
	0.00	-0.26	0.00	0.00	0.26	0.00	0.00
TOTAAL	3,462.74	-3,463.00	3,658.20	0.00	0.00	326.44	3,984.38

KANTOOR URE

08H00 -15H30 MAANDAG - VRYDAG
PUBLIEKE VAKANSIE DAE UITGESLUIT

BETAALPUNTE

MUNISIPALE KANTORE: GEORGE, UNIONDALE, HAARLEM, PICK 'N PAY, SHOPRITE, SPAR, PEP STORES, GAME, WOOLWORTHS EN UNIPAY PUNTE LANDWYD.

BOODSKAP

LET ASSEBLIEF DAAROP DAT U REKENINGNOMMER TEN ALLE TYE VERSKAF MOET WORD, INDIEN ENIGE REKENINGNAVRAE, OF DUPLIKAAT REKENINGE VERLANG WORD.

TOTALE BTW	AGTERSTALLIG/ VOORUITBETAAL	HUIDIGE	BETAAL DATUM	BEDRAG BETAALBAAR
R326.44	R0.00	R3,984.38	17/11/2025	R3984.38

	TOEKOMSTIGE	HUIDIGE	30 DAE	60 DAE	90 DAE	90 DAE +
MAANDELIKS	0.00	3984.38	0.00	0.00	0.00	0.00
JAARLIKS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAAL	0.00	3984.38	0.00	0.00	0.00	0.00

Aandag alle verbruikers

UPDATE YOUR DETAILS HERE

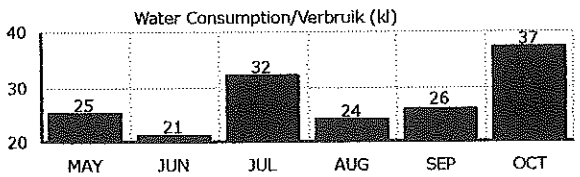
Dit is die verantwoordelikheid van elke verbruiker om navraag te doen by die Munisipaliteit indien geen rekening ontvang was voor die sperdatum nie. Navrae met betrekking tot rekeninge kan soos volg gemaak word:

1)E-pos: Accounts@george.gov.za
2) Telefoon: (044) 801 9111

Dankie.

REPORT FRAUD
0860 044 044
fraud@george.gov.za

Water:1401	Cons/Days New		37	31.00		
Water:1401	Basic New		1	156.31	179.76	23.45
Water:1401	0-6 New		6	22.06	152.21	19.85
Water:1401	Free New		6-	22.06	152.21-	19.85-
Water:1401	6-15 New		9	22.06	228.32	29.78
Water:1401	15-20 New		5	25.92	149.04	19.44
Water:1401	20-30 New		10	34.67	398.71	52.01
Water:1401	30-50 New		7	45.02	362.41	47.27
Elec Prepaid Basic	Domestic	01343653711	40	365.94	420.83	54.89



Tp.	Meter Nr.	Vorige	Nuwe Lesing	Faktor	Verbruik	Periode	dag gemid
W	74795694	475	512		37.000	31/08-01/10	1.19

Meld en rapporteer foute, betaal munisipale rekeninge, dien self-meterlesings in en nog meer met die My Smart City-toepassing (App). Word deel van die Verbeteringsbeweging saam met George en My Smart City. Verbeter jou stad. Wees deel van verandering. Laai die toepassing (App) nou af!

BETALINGSADVIES

Smart Water Meter
UniPay
My Smart City

FNB
TAKKODE: 210554
REKENNINGNOMMER: 62869623150
9153 0000 0100 2400 4347

MY OWNER

NAME: Saret Bylsma

POSTAL ADDRESS:

STREET ADDRESS: 62 Arbour Road

Glen Barrie, George

HOME PHONE:

WORK PHONE:

CELLPHONE: 0823183874

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: X Breed

COLOUR: Black & Tan

SEX: Female

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000577765

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/10/25	[redacted] Batch: A240A01 Exp.: 12-2026	
30/10/25	Rabisin	BHO

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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

Find us on facebook.

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Monte Bylsma
- Contact Number: 082 469 7447
- Email Address: _____

2. Additional Family Member/Friend Details

- Full Name: Laura van Zyl
- Contact Number: 084 581 3658
- Email Address: _____

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No) ✓
- If yes, when? 2005
- Where? Kimberley
- What animal did you adopt? Dog + Cat

1. Adoption Contract Acknowledgment

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

Signature: _____

Date: 06 Nov 2025

GARDEN ROUTE SPCA MOSSELBAY			
DATE	17/10/2025	ANIMAL NAME	
KENNEL NUMBER	K26	BREED	X Breed
CARD NUMBER	MBY8442	STERILIZED	NO
COLOUR	Black + light tan	MALE/FEMALE	Female
VACCINATED	Yes	AGE	± 3 months
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	5.10		
TEMPERATURE	38.7.		
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. K2/6 39 (LOADED)				ADMISSION No. MBY8442		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	14/10/25		Time in	16:00	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	X Yes / No	Lost & Found Date checked	14/10/25
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	14/10/25	Microchip or ID Tag number	None		

DESCRIPTION & HISTORY					
(Dog)	Cat	Other species (Specify)			
Breed	X Breed		Colour and Markings	Black + Tan light	
Condition	Good		Sex ♀	Age ± 3 months	
Temperament	Good		Sterilisation details No	Name	
Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small	
Area found / collected from	Kwa			Date 14/10/25	
Reason for surrender	Came in on 13/10/25, unwanted				

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

Surrendered by / Found by	X	Name	Pieter Pennels
Residential Address	47 Grotyana Street Kwa		
Postal Address	N/A		
Tel (H) N/A	Tel (W) N/A	Cell N/A	
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: Luciano

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 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 Refer to MBY 8551	~~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: _____

K39

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): Saret Bylsma

HOME ADDRESS: 62 Arbour Road, Glen Barrie, George

ID NO.: 8109170053087

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): N/A

CELL NO: 082 318 3874 FAX NO: N/A

EMAIL: sarlinbdy@yahoo.com

Address where animal will be kept: AS ABOVE

Occupation: SELF EMPLOYED

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

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

Reason for wanting animal: Our dog died and we want a new friend for our daughter and other dog.

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? Small dog

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

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

What are the sexes of your animals? DOGS: Male X 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? 2 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 1 dog, the other passed due to liver failure

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

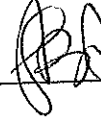
Full description of the fencing and gate: Wall in front, fence in back Height: 1.2 M

What shelter is provided: OUTDOORS _____ KENNEL ✓ OTHER Indoors @ night

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

Pre Home Inspection Fee: R100 Receipt No: _____

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** 28/10/2025

ADMISSION NO HBY 8442

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) NO DATE UNDERTAKEN: 3/11/25 TIME: 17h10

NAME OF APPLICANT: Saret Bylsma

ADDRESS: 62 Arbour Road, Glen Barrie, George

HOME TEL No: CELL No: 0823183874

ANIMAL(S) ADOPTING: X Breed

SEX: Female AGE: ± 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION: Large yard, well secured, quiet road			
Type and height of fence: Various, 1.5m plus		Suitability of fence (i.e. small pets can't escape): Good.	
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: Pool - dog will be in front yard unt	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property? One dog 3 birds	

I adult hens- separated away from pool

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	X Breed cat	budgie X			
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	M / ±8 years	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS: Great home, sleep indoors, plenty space
2 budgies one cockatiel : good condition (in cages indoors on veranda)

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: S Trietsch SPCA: GRSPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000577765

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. * 0823183874

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

E-mail * sarlinbdy@yahoo.com

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

Title * MRS Initials * S Surname * BYLSMA

Street 62 ARBOUR ROAD City

Suburb GLEN BARRIE Area Code GEORGE

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 * - - 2025

Date of Implant * 04 - 11 - 2025

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

Name of Vet who implanted the Chip KAY LOUBSER

PET DETAILS

Pet Name Date of birth 2025

Species * CANINE Breed * No Breed

Colour BLACK + TAN 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 he 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