Tergniet

ADOPTION CHECKLIST

ADMISSION NO: MBY 1655

CONTRACT NO: MBY0086

- [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
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000418789

Adoptee INFO:

Name & Surname: Leigh Foyster

Contact INFO: 079 926 0064

Completed by: Kay levers Date: 09/03/24

Manager: Date: 09/03/24

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.

20th June '24

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0086 ~~0085~~ DATE: 09/03/24

between Mosselbay SPCA

and

Name Leigh Foyster

Address 16 Mayer str, Terrace

Telephone Numbers (H) 0799266064 (B)

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Hudson Sex Male Age 2 months

Description GSD x

On (due date) Adoption Form No. MBY 0085

on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: L Foyster For SPCA

CONFIRMATION OF STERILISATION:

Vet: Dr. S Muller Signed: DVM

Date: 20/6/24

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0086 DATE: 09/08/24

between Mosselbay SPCA

and

Name Leigh Fogeler

Address 16 Meyer str Tergniet

Telephone Numbers (H) (B)

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Hugo Hudson Sex Male Age 3 months

Description X Breed

On (due date) Adoption Form No. MBY 0086

on the understanding that you will arrange to have this done at the Mosselbay SPCA Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: Mogy For SPCA:

CONFIRMATION OF STERILISATION:

Vet: Signed:

Date:

ADMISSION, ASSESSMENT AND HISTORY RECORD

MBY 0086

DBV SPCA
Garden Route

KENNEL No. KS 20				ADMISSION No. MBY1655		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 9/01/24			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	9/01/24
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked 9/01/24	Microchip or ID Tag number	None.

DESCRIPTION & HISTORY					
Dog ✓	Cat	Other species (Specify)		B/T.	
Breed	Unknown		Colour and Markings	Black & Brown	
Condition	Healthy		Sex	M	Age 10-14 weeks
Temperament	first time good		Sterilisation details	not fixed	Name Honey
Coat good	Tail good	Teeth Condition good	Ears good		Size small
Area found / collected from	Outdoor Municipal		Found		Date 01 Jan 2024
Reason for surrender	Unable to keep him anymore				

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	Public media / Hartland Lifestyle Estate Malmesbury 6506
Residential Address		
Postal Address		
Tel (H) No num	Tel (W) No num	Cell 0662587426
Email		
Donation R	Cash	Card	EFT	(Receipt No.) MBY1525.

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 "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	Witness for Society

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

BackHome®

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER *

992003000418789

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database.

VETERINARY / WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

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

Cell No. * 079 926 0064

E-mail * leighfoyster@gmail.com

Title * Mrs Initials * L Surname * Foyster

Street 16 Meyer Str City

Suburb Tergnier Area Code Tergniet

Country Province

Phone - Day time 079 926 0064 Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

CHIP DETAILS

Registration Date * 13 - 03 - 2024

Date of Implant * 05 - 03 - 2024

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

Name of Person who implanted the Chip NOYEBO NGQELE

PET DETAILS

Pet Name

Species * ~~Feline~~ DOG Year of Birth 2023

Colour BLACK + Brown Breed * ~~Feline~~ XBREED

Gender (Male) Female Markings

Sterilised Yes (No)

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registartion 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.

Mail completed form to BackHome on 0800 222 546 (TOLL FREE) or 0864 570 463.

FNB
First National Bank

SPCA MB CLINIC

D:09 03-24 T:09:03:12
V:0320 R:20230314

DECLINED

LIMITS EXCEEDED

Host Response: 076
ISO Response : 50

N:0971 B:0446 RRN:WN02000896
528497******2826 TSN: 0896
Host:Insert
Savings
UTI: 100000001273134-0446-000
0-0896-16977

Purchase R1,500.00

TOTAL R1,500.00

AID: A0000000041010
TSI: E800
TVR: 0000008000
AC : 9186AA5E23F6E039
IAD: 0111275205020000ABF590513C4
C569711F403F9

FNB
First National Bank

SPCA MB CLINIC

D:09-03-24 T:09:02:36
V:0320 R:20230314

DECLINED

Card Declined

Host Response: Z4
ISO Response : Z4

N:0970 B:0446 RRN:WN01000896
528497******2826 TSN: 0896
Host:Insert
Savings
UTI: 100000001273134-0446-000
0-0896-6d194

Purchase R1,500.00

TOTAL R1,500.00

AID: A0000000041010
TSI: E800
TVR: 0000008000
AC : DB86A25AF27A171F
IAD: 0111A7420502000000016CCDA7
EBE695A9703F7

MY OWNER

NAME	Leigh Foyster
POSTAL ADDRESS	
STREET ADDRESS	16 Meyer Str.
	Tergniet
HOME PHONE	
WORK PHONE	
CELLPHONE	079 926 0064
BREEDER DETAILS	

ME

SPECIES	Feline
BREED	DLH
COLOUR	BLACK
SEX	MALE
DATE OF BIRTH	
MICROCHIP	992003000418789
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
11/3/24		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
11/1/24	For Animal Use Only VANGUARD® PLUS 5 Reg.No. G2238 (Act 36/1947) Namibia only: V07/24.1/525 NS2 U.S. Veterinary License No. 190 Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine Modified Live Virus 1 Dose; 635607 25 JUN 24; Boehringer Ingelheim RABISIN R 924507 Lot/Batch: E48017 Ut. av./Exp.: 28/01-2025	N.N
11/2/24	PEEL HERE Nobivac® 1-DAPPv; 021317859 21FEB25	
	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!

K41 Hans

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): Leigh Foyster

HOME ADDRESS: 16 Meyer Street, Tergniet

ID NO.: 780406 0040 084

POSTAL ADDRESS: P.O. Box 752, Great Brak, 6525

TEL NO (H): (B):

CELL NO: 079 926 0064 FAX NO:

EMAIL: leighfoyster@gmail.com

Address where animal will be kept: 16 Meyer Street, Tergniet

Occupation: Finance Manager

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: Company + love

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? X Breed

Can you afford private fees? Yes Who is your vet? Croft

How many animals live on the property? DOGS? 1 CATS? 0 OTHERS 0

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

Which animals do you still have, and what happened to the others? Cat died of 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: Wooden gate + fence Height: 1.5

What shelter is provided: OUTDOORS ____ KENNEL ✓ OTHER ____

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

Pre Home Inspection Fee: R100 Receipt No: 1673

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** 02/03/24

Sectior

ADOPTION No MBY0086 MBY 0085

ABMISSIO MBY 2149 MBY 1655

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO DATE UNDERTAKEN: 4/8/24 TIME: 14:41

NAME OF APPLICANT: Leigh Fayster

ADDRESS: 46 Meyer Str, Terenier

HOME TEL No: CELL No: 079 926 0064

ANIMAL(S) ADOPTING: 1 X Dog 2 x Cats

SEX: ♂ + ♀ + ♂ + ♂ AGE: 4 mont pup, 2 month cat, 3 yr cat

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Wood / Kraal		Height of fence:	
Any sign of Kennel/Shelter?	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	Cat				
SEX	Female				
AGE	7-8 years				
STERILIZED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Lovely property. Lovely people. Big property. Animal in good condition!

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ SMALL DOGS
- ☑ MEDIUM DOGS
- ☐ LARGE DOGS
- ☑ CATS
- ☐ EQUINE
- ☐ OTHER (specify)

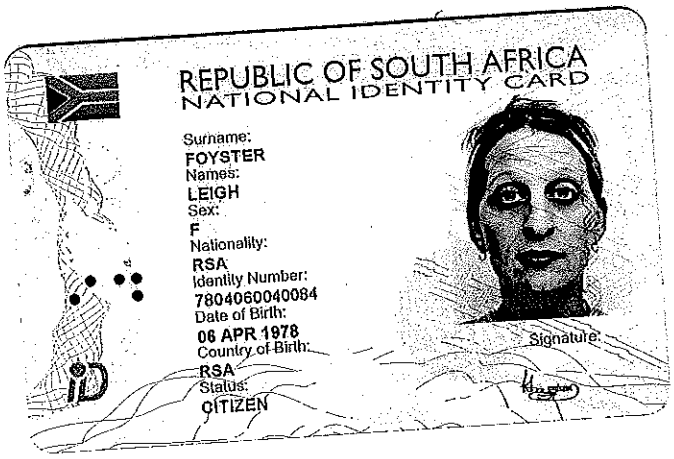
INSPECTED BY: KARIN SPCA: Knysna SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New Inclusion July 2013


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
FOYSTER
Names:
LEIGH
Sex:
F
Nationality:
RSA
Identity Number:
7804060040084
Date of Birth:
06 APR 1978
Country of Birth:
RSA
Status:
CITIZEN
Signature:

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAY

ACCOUNT NUMBER:	28-000616-001-4
DATE OF ACCOUNT:	23/01/2024
LAST RECEIPT DATE:	22/01/2024
PREPAID METER NUMBER:	01076712395

Name:
FOYSTER L
Street Address:
16 MEYERSTRAAT TERGNIET
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	860.00	ERF NUMBER:	616000	TOTAL VALUATION:	1250000	WARD No:	5

DATE		DETAILS	READING DATE: 13/12/23			AMOUNT
		B/F BALANCE				4702.95
16/01/2024	12.75%	INTEREST				7.42
17/01/2024	12.75%	INTEREST				6.92
17/01/2024	12.75%	INTEREST				5.84
17/01/2024	12.75%	INTEREST				7.24
22/01/2024	0107671239	ELECTRICITY 17/01/2024-20/01/2024				217.20 *
		BASIC			188.87	
		VAT/BTW			28.33	
22/01/2024	113	WATER 14/11/2023-13/12/2023				376.95 *
		3509 - 3526 (17 Kl 29 Days)				
		BASIC			224.17	
		07/23	5.72 @	0.000 =	0.00	
			11.28 @	9.186 =	103.62	
		VAT/BTW			49.16	
22/01/2024	300005	REFUSE				274.89 *
22/01/2024		RATES INSTALLMENT				340.78
		AUXILIARY RECEIPTS				1127.50 -
		Balance Carried Forward				0.69 -
		VAT ON '*' ITEMS: 113.34 ACB TOT:			0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	Amount Due
0.00	2414.16	1161.29	1237.24	4812.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE	AMOUNT DUE
	15/02/2024	4812.00

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.: 260006160014

EasyPay >>>>>9152626000616001 42

payat 11379 260006160014

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
P40-10395

Mossel Bay MUNICIPALITY

FOYSTER L
PO BOX 752
GREAT BRAK RIVER
6525

260006160014

Fold and tear on perforation.