ADOPTION CHECKLIST

ADMISSION NO: MBY 4160

CONTRACT NO: MA 00035T

- [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 Done 06/02/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration chip number 992003000486981

Adoptee INFO:

Name & Surname: Lily Boogens

Contact INFO: 083 562 1914

Completed by: [signature] Date: 07/02/2025

Manager: [signature] Date: 07/02/2025

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No. C3				ADMISSION No. MBY4160		
Stray	Surrender X	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	04/11/24		Time in	12:17	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes / No	Lost & Found Date checked	04/11/24
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked		Microchip or ID Tag number	NONE	

DESCRIPTION & HISTORY

Dog	Cat Yes	Other species (Specify) 5 KM			
Breed	DSH		Colour and Markings	Ginger White	
Condition	Good		Sex	♂	Age 1. 1. Month
Temperament	Good		Sterilisation details	NONE	Name NONE
Coat	Short	Tail Long / Teeth Condition Fair	Ears	Up	Size Small
Area found / collected from	Civic PARK				Date 04/11/24
Reason for surrender	Can't Afford Them				

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	x Shaun Titus		
Residential Address	x 6 Beachcroft Highway Park				
Postal Address	NONE				
Tel (H) NONE	Tel (W) NONE	Cell 0078356685			
Email	NONE				
Donation R NONE	Cash	Card	EFT	(Receipt No.) NONE	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: ~ Case No: ~ Inspector: BRO

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 x	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: _____

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BOOYENS
Names:
MECAYLA-LILY
Sex:
F
Nationality:
RSA
Identity Number:
0503111544089
Date of Birth:
11 MAR 2005
Country of Birth:
RSA
Status:
CITIZEN

Signature

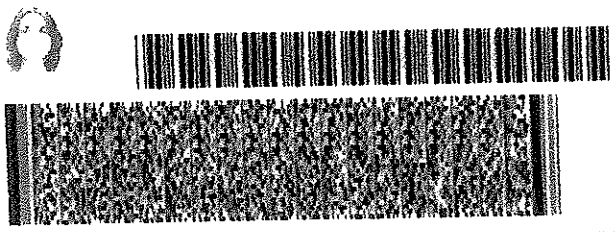
Conditions:

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:
28 MAR 2023

121200280



I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

.....
SIGNATURE
Commissioner of Oaths - N Booyens
Tax Practitioner (SA) SAIT Member: 72463573
Date: 2024-10-14
5 Vegkop Road, Hartenbos, Mossel Bay, 6520

PRE HOME NO: MPRE 073

ADMISSION NO: 4160

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 04/02/25 TIME: 9h30

NAME OF APPLICANT: Lily Booyens

ADDRESS: 7 Veglop weg, Hartenbos

HOME TEL No: CELL No: 083 562 1914

ANIMAL(S) ADOPTING: Cat

SEX: Male, 3 months AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall.		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?	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 Good people; Big yard.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ **CATS** ☐ **SMALL DOGS**

☐ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Hembe **SPCA:** M. Kay. **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

One of the Global One money management products or services

Proof of Account Details

CAPITEC

Capitec Bank

06/02/2025
Branch: 470010
Device:

SkyQR

Validate this document using SkyQR

To Whom it May Concern

We hereby confirm that Mr Jacobus Booyens has the following account(s) at Capitec Bank Limited on 06/02/2025

Client Details

Name:	Jacobus J Booyens
ID/Passport Number:	7605205001083
Residential Address:	Vegkopweg 7, Hartenbos, Mossel Bay, 6520
Postal Address:	Vegkopweg 7, Hartenbos, Mossel Bay, 6520

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	1318022124
Branch Code:	470010
Date Opened:	2012-06-19

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.

ADOPTION CONTRACT

DOG/CAT	Breed	Male/Female	ADMISSION NO: MBY 4160
Microchip at:	992003000486981		

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over-eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in the case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in the form of a microchip or a collar and tag – only **elasticised or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of the Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post within seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

ADOPTER NAME - Prof/Dr/Mr/Mrs/(Ms)(including initials): Lily Booyens

HOME ADDRESS: 7 Vegkop Weg, Hartenbos ID/PASSPORT NO.: 0503111544089

TEL NO (H): (B):

CELL NO: 083 562 1914 FAX NO:

E-MAIL: booyensmlily@gmail.com

ADOPTION FEE R850 cash / card/ eft DONATION: RECEIPT No. 5617.

VEHICLE REG. No. CRS 38577 VEHICLE MAKE: Toyota COLOUR White

SIGNATURE: WITNESS FOR SOCIETY:

DATE: 07/02/2025.

SWORN AFFIDAVIT

NAME: JACOBUS JEREMIAS

SURNAME: BOOYENS

ID NO.: 760520 5001 083

TEL: 071 884 1899

POSTAL ADDRESS: 7 VEGKOP ROAD, HARTENBOS, WESTERN CAPE, 6520

PHYSICAL ADDRESS: 7 VEGKOP ROAD, HARTENBOS, WESTERN CAPE, 6520

STATES UNDER OATH THAT MY DAUGHTER, MECAYLA LILY BOOYENS (ID 0503111544089) RESIDES AT THE ABOVEMENTIONED ADDRESS.

I KNOW AND UNDERSTAND THE CONTENTS OF THIS DECLARATION.

I HAVE NO OBJECTION IN TAKING THE PRESCRIBED OATH.

I CONSIDER THE PRESCRIBED OATH TO BE BINDING ON MY CONSCIENCE.

.....
DEPONENT'S SIGNATURE

I certify that the DEPONENT has acknowledged that he/she knows and understand the contents of this affidavit, that he/she does not have any objection to taking the oath, and that he/she considers it to be binding on his/her conscience, and which was sworn to and signed before me:

At Hartenbos on this day of February 2025

Administering oath complied with the regulation contained in Government Gazette No. R1258 of 21 July 1972, as amended.

.....
COMMISSIONER OF OATHS

.....
COMMISSIONER OF OATHS
N Booyens
Tax Practitioner (SA) - SAIT nr 72463573
Commissioner of Oaths (RSA)
5 Vegkop Road, Hartenbos, Mossel Bay, 6520

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486981

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. * 083 562 1914

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

E-mail * booyensmlily@gmail.com

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

Title * MS

Initials * L

Surname * BOOYENS.

Street 7 Vegkop Weg

City

Suburb

Area Code Hartenbos

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 * - -

Date of Implant * 06 - 02 - 2025

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

Name of Vet who implanted the Chip KURT REMAS

PET DETAILS

Pet Name BISCUIT.

Date of birth 2024.

Species * FELINE

Breed * DSH

Colour GINGER

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 hereunder, 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

4160
MBV ~~3160~~
MA00035T

Ginger

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): Ms Lily Booyens

HOME ADDRESS: 7 Vegkop Weg, Hartenbos, Mosselbaai

ID NO.: 0503111546089

POSTAL ADDRESS: 7 Vegkop Weg, Hartenbos, Mosselbaai

TEL NO (H): _____ (B): _____

CELL NO: 083 562 1916 FAX NO: _____

E-MAIL: booyenslily@gmail.com

Address where animal will be kept: 7 Vegkop Weg, Hartenbos, Mosselbaai

Reason for wanting an animal: To have a Companion.

Occupation: Waitress / Bartender

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

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

Reason for wanting an animal: Having an animal to love and take care of

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? Hartenbos Veecarts

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 ✓

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? ✓

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

Full description of the fencing and gate: Wood Height: 4m

What shelter is provided : OUTDOORS ✓ KENNEL ✓ OTHER indoors

Have you previously had pets from an SPCA? No Are there children under the 10 years 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** 30/01/2025

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
31/1/25	Milpro		

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE [signature]

DATE 06/02/2025

DOCTOR'S NAME Dr A S Muller

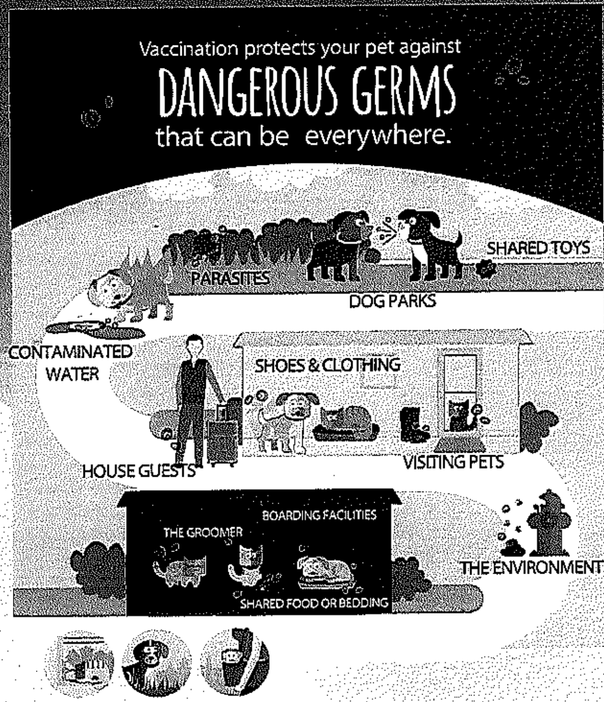
Garden Route SPCA
P.O. Box 258
George, 6530
Ph (044) 693 - 0824

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours

Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11 00