ADOPTION CHECKLIST

ADMISSION NO:	MBY 5505
CONTRACT NO:	MA00054T

- [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 27/02/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486637

Adoptee INFO:

Name & Surname: Chris Steyn

Contact INFO: 082 670 5901

Completed by: [signature] Date: 28/02/2025

Manager: [signature] Date: 28/02/25

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA Garden Route

KENNEL No.	K ~~26~~. ~~28~~ 29			ADMISSION No.	MBY5505	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	26/01/25		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	Yes / No	Lost & Found Date checked	26/01/25

Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	26/01/25	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog		Cat		Other species (Specify)	B I
Breed	X Breed			Colour and Markings	Brown with white
Condition	fair			Sex	♂
Age	± 2 months				
Temperament	fear			Sterilisation details	No
Name					
Coat	S	Tail	L	Teeth Condition	fair
Ears	hang	Size	S		
Area found / collected from	Tarka			Date	27/01/25
Reason for surrender	To 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	M Saayman.
Residential Address	New Sunny Side Tarka	
Postal Address	No postal	
Tel (H)	No num	Tel (W) No num / Cell No num.
Email	No email.	
Donation R	None	Cash / Card / EFT / (Receipt No.) None.

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

I 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 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	Refer to MBY 5269	Witness for Society	A.B.

FOR OFFICE USE: PENDING ADOPTION

Details of Applicant		Details of second Applicant	
		Details of third Applicant	

Returned ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ ______________ On Date: ______________

Arumus.

MA00054T

992003000486637

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): Mr. Chris Steyn

HOME ADDRESS: 68 A Hofmeyer Street

ID NO.: 9808035159084

POSTAL ADDRESS: PO Box 2385

TEL NO (H): 064 690 2356 (B): -

CELL NO: 082 670 5905 FAX NO: -

E-MAIL: chrissteyn21@gmail.com

Address where animal will be kept: 68 A Hofmeyer Street

Reason for wanting an animal: For companionship for self and current dog.

Occupation: Personal trainer

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: ____

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? Mixed

Can you afford private veterinary fees? Yes Who is your vet? [illegible] Vet

How many animals live on your property DOGS 1 CATS ____ OTHER ____

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

Are all your animals sterilised? Give details yes, ridgeback is sterilised

How many dogs and cats have you owned over the past 3 years? DOGS 1 CATS ____ OTHER ____

Which animals do you still have, and what happened to the others? Own 1 Ridgeback

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

Full description of the fencing and gate: surrounding whole property Height: 2m +

What shelter is provided : OUTDOORS ✓ KENNEL ____ OTHER in house

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

Pre Home Inspection Fee: R100.00. Receipt No.: MBY 5649. pd

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 [signature] **Date of application** 20 Feb 2025

DBV SPCA

PRE HOME NO: MPRE 088

992003000486637 ADMISSION NO: MBY 5505

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

MA00054T

PASSED: YES / NO (YES circled) DATE UNDERTAKEN: 25/02/25 TIME: 11:00

NAME OF APPLICANT: Chris Steyn

ADDRESS: 68 A Hofmeyer street, ~~[illegible]~~ Mosselbay

HOME TEL No: CELL No: 082 670 5901

ANIMAL(S) ADOPTING: X Breed Medium

SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Palisades 1,5 meter		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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED	Ridgeback				
CONDITION	good				
WELFARE (good?)	good				
SEX & AGE	Male / 3 jr	/	/	/	/
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: KLH **SPCA:** Mosselbay **SIGNATURE:** [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL DEWORMING FOR HAPPIER HEALTHIER DOGS.

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

DATE 27/02/2025

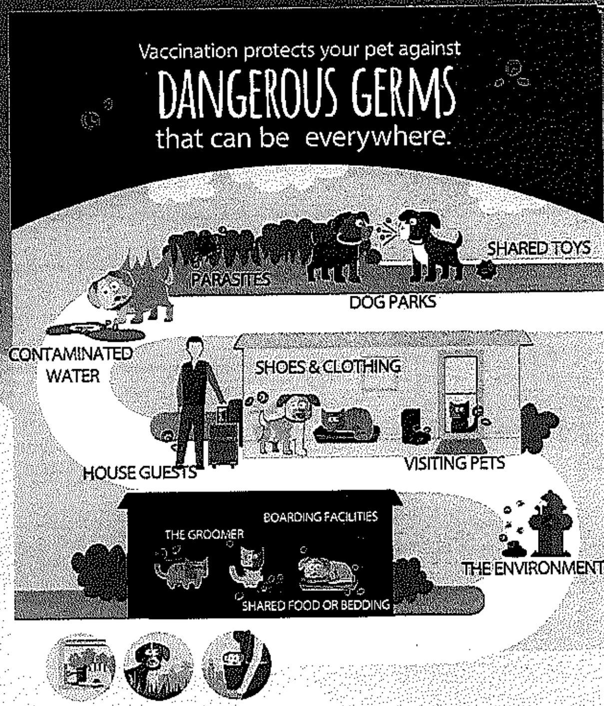
DOCTOR'S NAME Dr A.S. Muller.

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

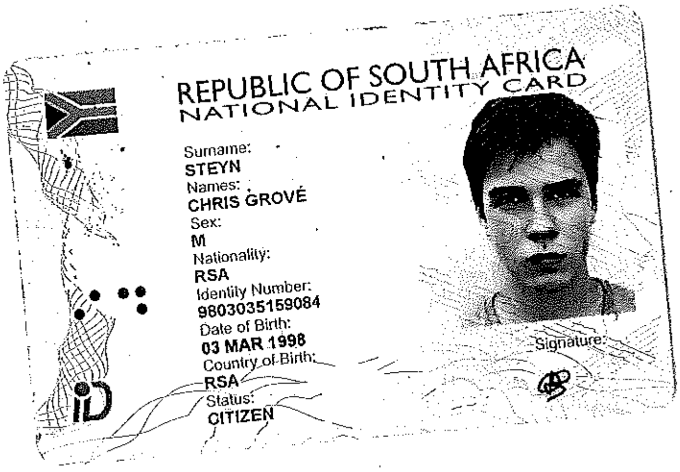
GARDEN ROUTE SPCA
MOSSEL BAY

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


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
STEYN
Names:
CHRIS GROVÉ
Sex:
M
Nationality:
RSA
Identity Number:
9803035159084
Date of Birth:
03 MAR 1998
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:
11 FEB 2015

RSA

001499587

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	58-012544-001-0
DATUM VAN REKENING:	24/02/2025
LAASTE KWITANSIE DATUM:	21/02/2025
VOORAFBETAALDE METERNOMMER:	

BTW REG. NO.
Naam:
STEYN CG & C
Liggingsadres:
68A HOFMEYERSTRAAT MOSSELBAAI
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO: 650.00	ERF NOMMER: 12544000	TOTALE WAARDASIE: 2600000	WYK No: 8

DATUM		BESONDERHEDE						BEDRAG
		BALANS OORGEBRING						3835.82
20/02/2025	79680	ELEKTRISITEIT 23/12/2024-24/01/2025						1676.56 *
		4111 - 4550 (439 KWH 32 Dae)						
		BASIES					392.65	
		07/24	439.00 @	2.427	=		1065.23	
		VAT/BTW					218.68	
20/02/2025	AMR1220129	WATER 23/12/2024-24/01/2025						751.08 *
		449 - 489 (40 Kl 32 Dae)						
		BASIES					237.63	
		07/24	6.31 @	0.000	=		0.00	
		.	14.73 @	9.737	=		143.43	
		.	10.52 @	12.658	=		133.17	
		.	8.44 @	16.456	=		138.89	
		VAT/BTW					97.96	
20/02/2025	400008	RIOOL						335.43 *
20/02/2025	300008	VULLIS						299.64 *
20/02/2025		BELASTING PAAIEMENT						847.06
		KWITANSIES						3835.00-
		Balans Oorgedra						0.59-
		BTW OP '*' ITEMS:	399.47	ACB TOT:			0.00	

KREDIET	60 DAE	30 DAE	LOPEND	
0.00	0.00	0.00	3910.59	3910.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP 17/03/2025	BEDRAG BETAALBAAR 3910.00

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

Paym ent Details /Betalings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY
REF NO. 580125440010

EasyPay >>>>>915265801254400103

pay@ 11379 580125440010

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.

Permit Mail SOUTH AFRICA P4010395

Mossel Bay MUNICIPALITY

STEYN CG & C
POSBUS 2385
MOSSELBAAI
6500

58-012544-001-0

Fold and tear on perforation.

Vou en skeur af.

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

ADOPTION CONTRACT

DOG/CAT	Breed X BREED	Male/Female	ADMISSION NO: M BY 5505
Microchip and or ID T	992003000486637		

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): Chris Steyn

HOME ADDRESS: 68 A Hofmeyer Str. ID/PASSPORT NO.:

TEL NO (H): (B):

CELL NO: 082670 5901 FAX NO:

E-MAIL: chris.steyn21@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: RECEIPT No. 5664

VEHICLE REG. No. CBS 57418 VEHICLE MAKE: Honda COLOUR grey

SIGNATURE: WITNESS FOR SOCIETY:

DATE: 28/03/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486637

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. * 082 670 5901

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

E-mail * chris.steyn21@gmail.com

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

Title * MR   Initials * C   Surname * STEYN

Street 68A HOFMEYER   City

Suburb   Area Code MOSSELBAY

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 * 28 - 02 - 2025

Date of Implant * 27 - 02 - 2025

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name ARAMUS   Date of birth

Species * CANINE   Breed * X BREED

Colour BROWN + WHITE   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