ADOPTION CHECKLIST

ADMISSION NO: MBY 5499

CONTRACT NO: MA00074T

- [✓] Admission Form
- [✓] Application for adoption
- [✓] Pre-Home Inspection Report
- [✓] Adoption contract
- [✓] Copy of Identity Document or Driver's License
- [✓] Proof of Residence
- [X] Letter from Body Corporate
- [X] Sterilization Contract and Date of sterilization Contract Done 27/03/2025
- [✓] Copy of Vaccination Record/ Certificate
- [✓] Microchip
- [✓] Microchip Registration- chip number 992003000548242 15/05/25

Adoptee INFO:

Name & Surname Adri Saayman

Contact INFO: 083 383 0363

Completed by: _____ Date: 12/04/25

Manager: _____ Date: 12/04/25

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.

ADOPTION CONTRACT

DOG/CAT	Breed	COLLIE	Male/Female	ADMISSION NO:	MB454999
Microchip and o	992003000548242				

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): Adri Saayman

HOME ADDRESS: 91 Essenhout Str, Hartenbos ID/PASSPORT NO.: 7707310142081

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

CELL NO: 083 383 0363 FAX NO: _____

E-MAIL: assie.saayman@gmail.com

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

VEHICLE REG. No: GCC 7959 VEHICLE MAKE: Ford COLOUR White

SIGNATURE: _____ WITNESS FOR SOCIETY: _____

DATE: 05.04.17

Virbac BackHome
Pet Certificate

Backhome

Dear Pet Owner,

Thank you for choosing BackHome and welcome to the BackHome family. Please keep your BackHome certificate in a safe place. It contains your details as registered on the BackHome national central database.

Please go to our website or download our app where you can conveniently look up or manage your details and that of your pets. For example you can update temporary addresses if you are going away, you can manage your contact details, and keep track of medical conditions of your pets.

You can login to the website and the app with the same details.
BackHome website (**www.backhome.co.za**) or download the BackHome App (from AppStore or PlayStore).

Alternatively you can contact us
E-mail: backhome@virbac.co.za
Phone: 011 027 8837 (weekdays 8:00 am - 5:00 pm)
Fax: 0800 222 546
Mail: Private Bag X115, Halfway House, 1685

Thank you for being a responsible pet owner in having your pet microchipped. Please keep your details updated – we hope your pet is always safe and never gets lost – but now you have an added security if that should ever happen.

Pet Information

Pet Details

Pet Name:	ADRI		
Pet Registered Name:			
Date of Birth:	01 Jan 1970		
Species:	Canine	Breed:	Collie Cross
Gender:	Female	Sterilised:	Yes
Colour:	BLACK AND WHITE		
Markings:			

KUSA

KUSA registered?	No
KUSA Number:	

Microchip Information

Microchip Number:	992003000548242
Dates: Registered:	10 May 2025
Implanted:	27 Apr 2025
Name of Welfare Organisation that implanted Chip :	Garden Route SPCA Mosselbay
Person who implanted chip:	BHO SMITH

Medical

Medical Insurance Co:	
Medical Insurance Number:	
Medical Insurance Co Tel:	
Medical Conditions:	

Owner Information

Contact Details

Owner Name:	ADRI Saayman
Email:	assie.saayman@gmail.com
Work Phone:	+27 833830363
Home Phone:	
Mobile:	+27 833830363

Address

Address:	91 Essenhout Road
Suburb:	Hartenbos
Town/City:	Mossel Bay
Province:	Western Cape
Country:	South Africa
Area Code:	6520

Other Contacts

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER
992003000548242

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. * 083 383 0363

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

E-mail * assie.saayman@gmail.com

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

Title * MRS Initials * A Surname * SAAYMAN

Street 91 ESSENHOUT 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 * 10 - 05 - 2025

Date of Implant * 27 - 03 - 2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name Date of birth 2025

Species * CANINE Breed * COLLIE

Colour BLACK + 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

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SAAYMAN
Names:
ADRI
Sex:
F
Nationality:
RSA
Identity Number:
7707310142081
Date of Birth:
31 JUL 1977
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:
23 JUN 2019

110856119

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOAD 60.

DBV SPCA
Garden Route

KENNEL No. KTB 33 R/T			ADMISSION No. MBY5499			
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 7-3-25			Time in 09:58	Date for release		

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

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Collie X2	Colour and Markings	Black/White	
Condition	Fair	Sex	♀	Age Adult
Temperament	Fair	Sterilisation details	Fair	Name —
Coat Short	Tail Long	Teeth Condition Fair	Ears Hanging	Size Small
Area found / collected from	Albertinia			Date 7-3-2025
Reason for surrender	Can't keep pups. Need to be Sterilized			

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	Chrszelda Heunis
Residential Address	TREVOR WATERBOER 100 ALBERTINIA	
Postal Address	9108280214083	
Tel (H)	Tel (W)	Cell 0761117116
Email	PEP2 Heunis@GMAIL.COM	
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 Heunis	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:

MBY 5499

HA 0 00 74T

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): Adj Sayman

HOME ADDRESS: Essenhoutdr 91

Hartenbos ID NO.: 770731 0142 081

POSTAL ADDRESS: —

TEL NO (H): (B):

CELL NO: 083 385 0363 FAX NO:

E-MAIL: assie.sayman@gmail.com

Address where animal will be kept: Essenhoutdr 91 Hartenbos.

Reason for wanting an animal: Companion.

Occupation: Sapd

Do you own or rent your property: yes. 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?

Can you afford private veterinary fees? Yes Who is your vet? Groenbrak.

How many animals live on your property DOGS CATS 1 OTHER

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? Still have cat

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

Full description of the fencing and gate: Wall. Height: 1.8

What shelter is provided : OUTDOORS Indoors KENNEL OTHER

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 Receipt No.: 5719

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** 5/05/13/20.

PRE HOME NO: MPRE 100

ADMISSION NO: MBY 5499

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000548242

PASSED: YES / NO DATE UNDERTAKEN: 27/3/25 TIME: 12:00

NAME OF APPLICANT:

ADDRESS: 91 Essenhout
Hartenbosch

HOME TEL No: CELL No: 083 3830363

ANIMAL(S) ADOPTING: ~~DSH~~ x Collie

SEX: AGE: 2 mnth.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Walls 1.8m.		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?	Wall + 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	DSH				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	M / 2yr.	/	/	/	/
STERILISED	~~YES~~ ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
No Welfare concerns

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ **CATS** ☑ **SMALL DOGS**

☑ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: M Wentzel **SPCA:** M. Bay **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Adri Saayman
POSTAL ADDRESS	
STREET ADDRESS	91 Essenhout Str.
	Hartenbos
HOME PHONE	
WORK PHONE	
CELLPHONE	083 383 0363
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	COLLIE
COLOUR	BLACK + WHITE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TAT	992003000548242
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
09/04/25		
27/03/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
12/03/25	Batch: A240801 + Milpro	AWA Wally
27/03/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: F48436 27/04-2026	AWA BMD
	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	

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 (isoquinoline) 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
Quantel
Exitel Plus
Exitel Plus XL
BRAVECTO
Find us on facebook.
facebook.com/BravectoSouthAf

Adri Saayman verklaar onder eed in Afrikaans.

(1)

Ek is 'n volwasse vrou; 47 jaar oud. Id 770731 0142081, sel 083 383 0363. woonagtig te Essenhoutstr 91 Hartenbos Heuwels. Werksaam by Gowt Brick Sepol.

(2)

Ek verklaar dat ek woonagtig is te Essenhoutstr 91 Hartenbos Heuwels vir 3 en 'n half jaar.

Dit is al wat ek verklaar.

Ek is vertroud met die inhoud van die verklaring. Ek het geen beswaar teen die aflê van die voorgeskrewe eed nie. Ek beskou die voorgeskrewe eed as bindend vir my gewete. So help my God.

KwaNonqaba 2025-04-12 09 30

ANN DUKADA 7162897-5 Sgt

24 Mayixhale Str. KwaNonqaba Mossel Bay

Sgt

SOUTH AFRICAN POLICE SERVICE
STATION COMMANDER
COMMUNITY SERVICE CENTRE
2025-04-12
STATION COMMANDER
KWA NONQABA
SOUTH AFRICAN POLICE SERVICE