ADOPTION CHECKLIST

ADMISSION NO: MB/ 5876

CONTRACT NO: MA0011

- [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 10/04/25
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 09/05/25 992003000486792

Adoptee INFO:

Name & Surname Brian Speelman

Contact INFO: 0731760047

Completed by: _____ Date: 11/04/2025

Manager: _____ Date: 11/04/2025

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.

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

KUSA

KUSA registered?	No
KUSA Number:	

Microchip Information

Microchip Number:	992003000486792
Dates: Registered:	09 May 2025
Implanted:	10 Apr 2025
Name of Welfare Organisation that implanted Chip :	Garden Route SPCA Mosselbay
Person who implanted chip:	

Medical

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

Owner Information

Contact Details

Owner Name:	ATHUR SPEELMAN
Email:	athurspeelman09@gmail.com
Work Phone:	
Home Phone:	
Mobile:	+27 731760047

Address

Address:	HEIDE SINGLE 158
Suburb:	FRIEMERSHEIM
Town/City:	MOSSELBAY
Province:	Western Cape
Country:	South Africa
Area Code:	

Other Contacts

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): Brian Speelman

HOME ADDRESS: Heidesinger 158 Friemersheim

ID NO.: 5807135129081

POSTAL ADDRESS: AS ABOVE

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

CELL NO: 0783176 0047 FAX NO: N/A

EMAIL: arthurspeelman09@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: Retired

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: Animal lover

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? Husky

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

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

What are the sexes of your animals? DOGS: Male 0 Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details Have none

How many dogs and cats have you owned in the last 3 years? DOGS? none CATS? none OTHER? none

Which animals do you still have, and what happened to the others? None

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

Full description of the fencing and gate: Brick. Height: 1,8 M

What shelter is provided: OUTDOORS Indoors KENNEL - OTHER -

Have you previously had pets from an SPCA? NO Are there children under 10 in your household? N

Pre Home Inspection Fee: N/A Receipt No: ~~CASH~~ 6923

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** 07/04/2025

ADMISSION, ASSESSMENT AND HISTORY RECORD

(Warden)

DBV SPCA
Garden Route

KENNEL No.	K-47 36			ADMISSION No.	MBY5876	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	28/03/25		Time in	12:20	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked		Yes / No	Lost & Found Date checked	
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked		Microchip or ID Tag number		

DESCRIPTION & HISTORY					
Dog ✓	Cat	Other species (Specify)	36 KM		
Breed	Husky		Colour and Markings		
Condition	Good		Sex ♀	Age 4.	
Temperament	Good		Sterilisation details NONE	Name Gabby	
Coat SHORT	Tail long	Teeth Condition FAIR	Ears up	Size large	
Area found / collected from	Friemersheim			Date 28/03/25	
Reason for surrender					

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	Ruben Spreeman		
Residential Address	Heidelberg Rd				
Postal Address	NONE				
Tel (H) NONE	Tel (W) NONE	Cell 0732166047			
Email NONE					
Donation R NONE	Cash	Card	EFT	(Receipt No.) NONE	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: — Case No: — Inspector: BHO

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		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: _____

ADMISSION NO MBY 5876

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 02-4-25 TIME: 10:30

NAME OF APPLICANT: Brian Speelman

ADDRESS: 158 Heidesingel, Friemersheim

HOME TEL No: _____ CELL No: 0731760047

ANIMAL(S) ADOPTING: Husky

SEX: Female AGE: 9 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Brick 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?	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?	None

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

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

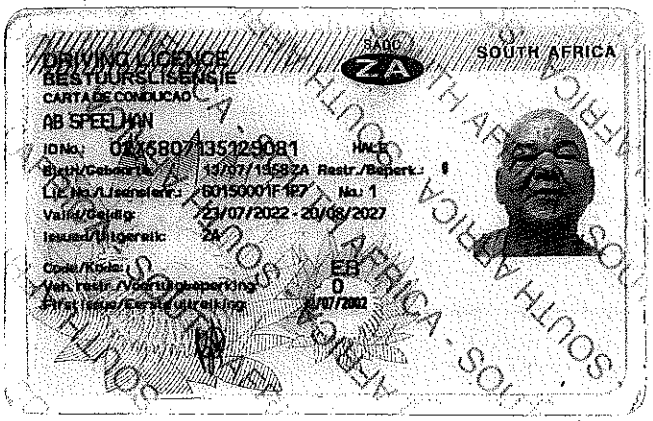
☐ MEDIUM DOGS ☒ LARGE DOGS

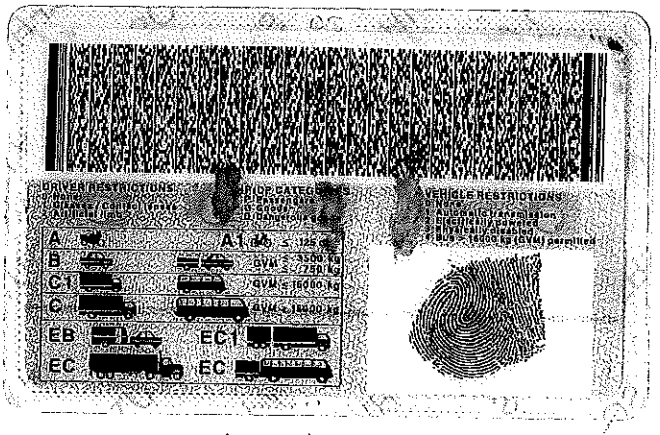
INSPECTED BY: Bhekisisa Smith SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


SADC
ZA
SOUTH AFRICA
DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO
AB SPEELMAN
ID No.: 6206807135125081
Birth/Geboorte: 13/07/1958 ZA
Lic.No./Lisensie: 6015000 1F 1P7
Valid/Geldig: 23/07/2022 - 20/08/2027
Issued/Uitgereik: ZA
Code/Kode: EB
D
23/07/2002


DRIVER RESTRICTIONS
VEHICLE CATEGORIES
VEHICLE RESTRICTIONS
A
A1
B
C1
C
EB
EC1
EC

MOSSELBAAI
Munisipaliteit
101 Marsh Street
Private Bag X 29
Mossel Bay 6500

UMASIPALA

MOSSEL BAY
Municipality
VAT Nr 4830118370
Tel: (044) 606 5000
Fax: (044) 606 5062

WASEMOSSELBAYI

admin@mosselbay.gov.za
www.mosselbay.gov.za

Naam:
SPEELMAN NP & AB
HEIDESINGEL 158
FRIEMERSHEIM

6525

Liggingsadres:
158 HEIDESINGEL FRIEMERSHEIM

BELASTING FAKTUUR **MAANDELIKSE REKENING** BTW REG. NO.

REKENINGNOMMER:	18-000158-001-2
DATUM VAN REKENING:	26/03/2025
LAASTE KWITANSIE DATUM:	24/03/2025
VOORAFBETAALDE METER NOMMER:	
WARD	14

DIENSTE DEPOSITO	250.00	ERF NOMMER	158000	WAARDASIE	130000

LESINGDATUM: 14/02/25

DATUM	VERWYSING	BESONDERHEDE				BEDRAG
		BALANS OORGEBRING				312.13
24/03/2025	HRN4403	WATER 16/01/2025-14/02/2025				387.59 *
		2074 - 2092 (18 Kl 29 Dae)				
		BASIES			217.46	
		07/24	5.72 @	0.000 =	0.00	
		.	12.28 @	9.737 =	119.58	
		VAT/BTW			50.55	
24/03/2025	HRN4403	WATER DEERNIS SUB.				250.07-*
24/03/2025	302014	VULLIS				292.73 *
24/03/2025	302014	VULLIS DEERNIS SUB.				292.73-*
24/03/2025	406014	RIOOL				317.56 *
24/03/2025	406014	RIOOL DEERNIS SUB.				317.56-*
		KWITANSIES				320.00-
		Balans Oorgedra				0.65-
	BTW OP '*' ITEMS:	17.94	ACB TOT:	0.00		

MUNICIPALITY MOSSEL BAY
08 -04- 2025
MUNISIPALITEIT MOSSELBAAI

KREDIET	60 DAE	30 DAE	LOPEND	BETAALBAAR
0.00	0.00	0.00	129.65	129.00

Betaling moet op of voor die vervaldatum gemaak word.	BETAALBAAR OP	**BEDRAG BETAALBAAR**	R	129.00
	15/04/2025			

KENNISGEWING Standard Bank is now the Primary banker for the MOSSEL BAY MUNICIPALITY Municipal Customers, service providers, members of the public and various stakeholder sare therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY
180001580012

>>>>>9152618000158000126 PAY@ 11379 180001580012

MY OWNER

NAME	Brian Speelman
POSTAL ADDRESS	
STREET ADDRESS	Heidesingel 158,
	Friemersheim
HOME PHONE	
WORK PHONE	
CELLPHONE	073 176 0047
BREEDER DETAILS	

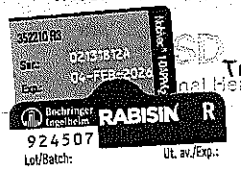
ME

SPECIES	CANINE
BREED	HUSKY
COLOUR	BLACK + WHITE
SEX	FEMALE
DATE OF BIRTH	2024
MICROCHIP/TATTOO	992003000486792
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
01/05/25		
10/04/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
02/03/25	 MSD Animal Health + Triworm	M.W.
10/04/25		AWA BHO
	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	

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 (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

facebook.com/BravectoSouthAfr

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROC 992003000486792

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. * 0731760047 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * arthurspeelman09@gmail.com — If possible, please provide a personal email, not a company email.

Title * MR Initials * B Surname * SPEELMAN

Street HEIDESINGEL 158 City

Suburb Area Code FRIEMERSHEIM

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 * 09 - 05 - 2025

Date of Implant * 10 - 04 - 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 2024

Species * CANINE Breed * HUSKY

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

APPLICATION FOR STERILISATION OF ANIMALS

PLEASE COMPLETE with as much information as possible and return to greyfieldhouse@outlook.com

ommunity Animal Welfare Society – Great Brak River – 078 256 2055 / 063 849 3448

wner name & surname: BRIAN SPEELMAN/Grant(Skoonseun)

ddress: 158 HEIDESINGEL, FREMERSHEIM

ontact details: 073 176 0047

Cat: D Breed/description: HUSKY

olour & description: GRAY & WHITE

nimal's name: GABBY

ex: F Age: 8 MTH Health recently (e.g. pregnant): GOOD

wner's Occupation & Employer: / or

ASSA ACCOUNT NUMBER: /

hereby give permission for the relevant vet to castrate/spay my animal/s. I understand that neither AWS 4 PAWS nor their appointed vet can be held responsible for any accidents or issues resulting om the procedures applied for.

AWS 4 PAWS undertakes to assist with treatment of domestic animals belonging to people who cannot ff the services of a private vet. If it is found that the information provided is in any way incorrect or i plete, CAWS 4 PAWS reserves the right to refuse further treatment and to bill the owner/s for the cost curred to date. CAWS 4 PAWS may also take legal action if any of the documentation is false or untrue.

wner's Signature: Date: 10/3/2025

or office use: **CAWS 4 PAWS REFERENCE NUMBER**: 15/3/25

Details of collection or special instructions:

Person representing CAWS 4 PAWS