ADOPTION CHECKLIST

ADMISSION NO: MBY 6261

CONTRACT NO: MN0015

- [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 10/04/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486794

Adoptee INFO:

Name & Surname Marti Beijer

Contact INFO: 0823383339

Completed by: _____ Date: 17/04/2025

Manager: _____ Date: 17/04/2025

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.

Returned. New MBY 6601

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

9920030004 86794

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. * 082338 3339

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

E-mail * info@ beachsaad. co.za

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

Title * MRS Initials * M Surname * BEIJER

Street 21 RYK TULBACH City

Suburb Area Code 0A NOUA

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 * 07 - 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 Marti. Date of birth 2025

Species * CANINE Breed * BOERBOEL X

Colour TAN 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

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 590330 0131 08 3

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
BEIJER

VOORNAME/FORENAMES
MARTHA MAGDALENA

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1959-03-30

DATUM UITGEREIK
DATE ISSUED
2008-10-31

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	67-003663-005-2
DATUM VAN REKENING:	26/03/2025
LAASTE KWITANSIE DATUM:	24/03/2025
VOORAFBETAALDE METERNOMMER:	01380717858

BTW REG. NO.
Naam:
BEIJER MM
Liggingsadres:
21 RYK TULBACHSTRAAT DA NOVA
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
2300.00	3663000	1875000	8

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				4196.46
24/03/2025	0138071785 ELEKTRISITEIT				451.54 *
	BASIES			392.65	
	VAT/BTW			58.89	
24/03/2025	808779 WATER 05/02/2025-06/03/2025				421.98 *
	1852 - 1871 (19 Kl 29 Dae)				
	BASIES			237.63	
	07/24	5.72 @	0.000 =	0.00	
	.	13.28 @	9.737 =	129.31	
	VAT/BTW			55.04	
24/03/2025	300008 VULLIS				299.64 *
24/03/2025	400008 RIOOL				335.43 *
24/03/2025	BELASTING PAAIEMENT				598.93
	KWITANSIES				2211.86-
	Balans Oorgedra				0.12-

BTW OP '*' ITEMS: 196.76 ACB TOT: 0.00

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	1984.34	2107.78	4092.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/04/2025	4092.00

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. 670036630052

EasyPay >>>>>>9152667003663005 25

pay@ your payment partner 11379 670036630052

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.

SOUTH AFRICA
Permit Mail
P4010395

Vou en skeur af.

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

Mossel Bay MUNICIPALITY

BEIJER MM
POSBUS 2996
MOSSELBAAI
6500

67-003663-005-2

Fold and tear on perforation.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

KENNEL No. K.42.				ADMISSION No. MBY6261		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 14/04/25			Time in 9:47	Date for release		

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	14/04/25
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	14/04/25	Microchip or ID Tag number	9A120030004867944.

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify) B/I.		
Breed	Boerbael x.	Colour and Markings	& Tan	
Condition	Fair.	Sex ♀	Age	
Temperament	Fair.	Sterilisation details Yes	Name Aqua.	
Coat S	Tail L	Teeth Condition Fair	Ears hang	Size M.
Area found / collected from	Langkloof.		Date	14/04/25.
Reason for surrender	Bigged dogs fighting the boerbael puppy.			

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	MISS Breytenbach
Residential Address	3 Kin De Vlugt Langkloof.	
Postal Address	No Postal.	
Tel (H) No num	Tel (W) No num.	Cell 0673447790
Email	rybreyt@gmail.com.	
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 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: _____

MA0015
992003000486794

ADMISSION NO MBY 6261

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 15/04/2025 TIME: 13:00

NAME OF APPLICANT: Marti Beijer

ADDRESS: 21 Ryk Tulbach Str, Da Nova

HOME TEL No: CELL No: 0823383339

ANIMAL(S) ADOPTING: Boerboel x

SEX: Female AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		Suitability of fence (i.e. small pets can't escape): 2m	
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?	wooden 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	~~Lab~~ Golden Retriever				
CONDITION	good				
WELFARE (good?)	Good				
SEX & AGE	F / 16 mths	/	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Approved Grade. None

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Luana Bezuidenhout SPCA: Mossel Bay SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME: Marti Beyer

POSTAL ADDRESS:

STREET ADDRESS: 21 Rijk Tulbach Str
Ca Nova

HOME PHONE:

WORK PHONE:

CELLPHONE: 082 338 3339

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: BOERBOEL X

COLOUR: Tan - black ears

SEX: Female

DATE OF BIRTH: 2025 Feb

MICROCHIP/TAT: 992003000486794

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
21/04/2025		
10/04/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
24/03/25	Batch: A240B01 Exp: 0[illegible]027 Milpro	AWA
10/04/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: F48436 Lit. av./Exp.: 27/04-2028	AWA BHD
	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	
	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

Nobivac

Quantel DEWORMER FOR DOGS AND CATS

Exitel Plus

Exitel Plus XL

BRAVECTO

Find us on Facebook.

facebook.com/Bravecto.SouthAfrica
facebook.com/MsdPetsSa

6261
Aqua

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): Marti Beyer

HOME ADDRESS: 21 Ryk Tulbach Str

Da Nova ID NO.: 5903300131083

POSTAL ADDRESS:

TEL NO (H): 044 690 3999 (B): 082 338 3339

CELL NO: 082 338 3339 FAX NO:

EMAIL: info@beachsand.co.za

Address where animal will be kept: See above

Occupation: Self Employed

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 animal: Field

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? Big Dogs.

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

How many animals live on the property? DOGS? 1 CATS? — OTHERS [redacted]

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

Are all your animals sterilised? Give details Not yet due in 2 weeks.

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

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

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

Full description of the fencing and gate: Wall + Electric Gate Height: 2.50 m

What shelter is provided: OUTDOORS KENNEL OTHER Indoor

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

Pre Home Inspection Fee: 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 [signature] **Date of application** 15/04/25

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:		MARTI	
Pet Registered Name:			
Date of Birth:		01 Jan 1970	
Species:	Canine	Breed:	Boerboel
Gender:	Female	Sterilised:	Yes
Colour:	tan		
Markings:			

KUSA

KUSA registered?	No
KUSA Number:	

Microchip Information

Microchip Number:	992003000486794
Dates: Registered:	07 May 2025
Implanted:	10 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:	MARTI BEIJER
Email:	info@beachsaad.co.za
Work Phone:	
Home Phone:	
Mobile:	+27 823383339

Address

Address:	21 RYK TULBACHT
Suburb:	DA NOVA
Town/City:	MOSSELBAAI
Province:	Western Cape
Country:	South Africa
Area Code:	6500

Other Contacts