

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract Done 24/07/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000548297

ADMISSION NO:

MBY 7011

CONTRACT NO:

MA0080

Adoptee INFO:

Name & Surname Resia Boayser

Contact INFO: 0625873908

Completed by: [Signature]

Date: 25/07/25

Manager: [Signature]

Date: 25/07/25

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.

MA 0080



992 00300054 8297

ADMISSION NO

MAY 7011

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / NO

DATE UNDERTAKEN: 19/07/2025

TIME: 10:34

NAME OF APPLICANT: Resia Booysse

ADDRESS: 124 Gelderblaem Str, Ext 8, Mosselbaai.

HOME TEL. No: CELL No: 062 587 3908

ANIMAL(S) ADOPTING: Rottweiler

SEX: Male

AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	Bricks		
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Suitability of fence (i.e. small pets can't escape):	YES ☐ / NO ☐
Is the front yard separated from the back?	YES ☒ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☐
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	If yes, what partitioning?	
Does applicant live at the address?	YES ☒ / NO ☐	Specify:	
		How many animals are on the property?	2 + 1 cat

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: Wally Wagenaar SPCA: M. Bay SPCA SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded



Garden Route

KENNEL No. <u>K 18 # 36</u>				ADMISSION No. <u>MBY7011</u>		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>08/07/25</u>		Time in	<u>8:30</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>08/07/25</u>
Microchip/Collar or ID tag found	☐ Yes ☒ No	Date scanned or checked	<u>06/01/25</u>	Microchip or ID Tag number	<u>17</u>	

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify) <u>B.I.</u>			
	Breed	<u>Protti</u>	Colour and Markings	<u>Black & Brown</u>		
	Condition	<u>Fair</u>	Sex	<u>♂</u>	Age	<u>Adult</u>
	Temperament	<u>Friendly</u>	Sterilisation details	Name		
	Coat <u>S</u>	Tail <u>S</u>	Teeth Condition <u>Fair</u>	Ears	Size <u>L</u>	
	Area found / collected from <u>Heiderand Golf Estate</u>					Date <u>08/07/25</u>
	Reason for surrender <u>Stray</u>					

ASSESSMENT		Surrendered by		Name		<u>Madelene Barrard</u>	
GOOD WITH: Yes No		Found by					
Children	☐	Residential Address		<u>Frik Pinaar 4</u>			
Cats	☐			<u>Heiderand</u>			
Other Dogs	☐	Postal Address		<u>No postal</u>			
Livestock/Other	☐	Tel (H) <u>No num</u>		Tel (W) <u>No num</u>		Cell <u>062 776 820</u>	
DO THEY: Yes No	☐	Email		<u>No email</u>			
Jump Fences	☐	Donation R <u>N/A</u>		Cash	Card	EFT	(Receipt No.) <u>N/A</u>
Run Away	☐						
COMMENTS:							

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 reverse 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
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:
BOOYSEN
Names:
RESIA
Sex:
F
Nationality:
RSA
Identity Number:
8802221271084
Date of Birth:
22 FEB 1988
Country of Birth:
RSA
Status:
CITIZEN



Signature:
Resia Booysen



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 50 11 50

Date of Issue:
02 OCT 2021



116305523




MY OWNER

NAME **Resia Booyser**

POSTAL ADDRESS **124 Gelderbloem Str**

STREET ADDRESS **EXT 8**

HOME PHONE **062 5873908**

WORK PHONE **062 5873908**

CELLPHONE **062 5873908**

BREEDER DETAILS

ME

SPECIES **CANINE**

BREED **ROTTWEILER**

COLOUR **Black + Brown**

SEX **MALE**

DATE OF BIRTH **992003000548297**

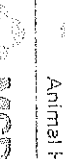
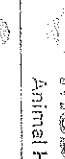
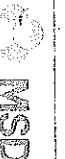
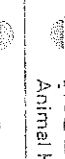
MICROCHIP/IDAT **992003000548297**

FEATURES/MARKS

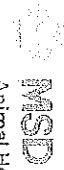
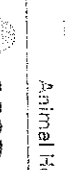
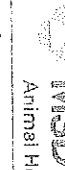
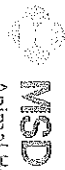
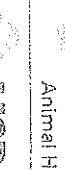
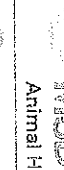
NEXT VACCINATION DUE

DATE DATE DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/07/05	 MSD 0235924 04-FEB-2006 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	
	 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	
	 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's up to you to keep my vaccinations up to date as advised by my vet.

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2604 Act 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3882 Act 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac® Tricat Trio (Reg. No. G3712 Act 36/1947), Nobivac® Rabies (Reg. No. G2207 Act 36/1947), Quantar® Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel (Isoprodione) 50 mg/tablet and Fenbendazole (Benzimidazole) 500 mg/tablet, Exidel Plus XL (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 500 mg, Exidel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 500 mg, Bravecto® (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: Reeve Booyesen
- Contact Number: 0744468944
- Email Address: _____

2. Additional Family Member/Friend Details

- Full Name: _____
- Contact Number: _____
- Email Address: _____

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes/No)
- If yes, when? _____
- Where? _____
- What animal did you adopt? _____

1. Adoption Contract Acknowledgment

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: 

Date: 25/07/25

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): Ms R. Booyesen

HOME ADDRESS: 124 Gelderblom Straat Ext 8

Mosselbaai ID NO.: 8802221271084

POSTAL ADDRESS: _____

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

CELL NO: 0625873908 FAX NO: _____

EMAIL: _____

Address where animal will be kept: 124 Gelderblom Straat Ext 8

Occupation: _____

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

Are you a student with consent to keep pets: _____ YES/NO NO

Reason for wanting animal: Animal lover

Is the animal for yourself? _____ YES/NO YES

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary _____ YES/NO YES

What breed of dog or cat are you interested in? Dog

Can you afford private fees? Yes Who is your vet? Vital Vet

How many animals live on the property? DOGS? 1 CATS? _____ OTHERS _____

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? _____ OTHER? _____

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: _____ Height: _____

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER YES

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

Pre Home Inspection Fee: R100.00 Receipt No: MBY-7807

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 18/07/25

Main Account Statement



MS RESIA BOOYSEN
124 GELDERBLEOMSTRAAT
EXT 8
MOSSSEL BAY
6506

Capitec Bank
25/07/2025 12:21
Branch: 470010
Device: 4180SSERV02

Capitec Bank Limited
5 Neutron Road
Techno Park
Stellenbosch
7600

Account

1844377944

Tax Invoice

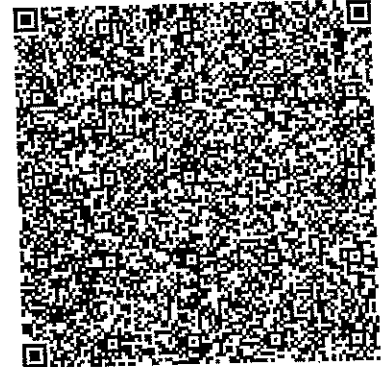
VAT Registration Number 4680173723

Statement Information

From Date:	26/04/2025	Opening Balance:	R33.46
To Date:	25/07/2025	Closing Balance:	R959.81
Print Date:	25/07/2025 12:21	Available Balance:	R896.72

Interest, Rewards and Fees

Interest Received	R2.04
Total Fees	-R109.15



SkyQR

App Store

Google Play

Validate this document using SkyQR

Transaction History

Date	Description	Category	Money In	Money Out	Fee*	Balance
30/04/2025	Interest Received	Interest	0.66			34.12
30/04/2025	Monthly Account Admin Fee	Fees			-7.50	26.62
01/05/2025	Live Better Interest Sweep	Transfer		-0.66		25.96
01/05/2025	Banking App Transfer from Live Better Savings Account (1844381674)	Transfer	14.00			39.96
01/05/2025	Banking App Prepaid Purchase: Electricity	Electricity		-9.00*	-1.00	29.96
03/05/2025	Cash Deposit: Cash Dep Ncr Mossel Ncr Mossel Bay Mall	Cash Deposit	750.00		-10.50	769.46
03/05/2025	Banking App Immediate Payment: Ms Ma Masinga	Children & Dependants		-710.00	-1.00	58.46
03/05/2025	Banking App Voucher Purchase: Blu (LCUBFMWBLAY2)	Betting/Lottery		-20.00	-2.00	36.46
03/05/2025	SMS Notification Fee: 2 notification(s)	Fees			-0.70	35.76
06/05/2025	Payment Received: R Booysen	Other Income	1 500.00			1 535.76
06/05/2025	Banking App Transfer to Resia: Transfer	Transfer		-1 500.00		35.76
06/05/2025	Banking App Transfer Received from Resia: Transfer	Transfer	1 200.00			1 235.76
06/05/2025	SMS Notification Fee: 8 notification(s)	Fees			-2.80	1 232.96
08/05/2025	Mossel Bay Municipality Mossel Bay (Card 0020)	Licence		-778.00		454.96
08/05/2025	Hyper Meat & Veg Mos Mossel Bay (Card 0020)	Groceries		-228.00		226.96
08/05/2025	Wapp *mosselbaai Bagra Randburg (Card 0020)	Digital Payments		-190.00		36.96
08/05/2025	Stop DebiCheck Debit Order Fee	Fees			-6.00	30.96
09/05/2025	Banking App Transfer Received from Resia: Transfer	Transfer	100.00			130.96
09/05/2025	SMS Notification Fee: 3 notification(s)	Fees			-1.05	129.91
11/05/2025	Hyper Meat & Veg Mos Mossel Bay (Card 0020)	Groceries		-100.00		29.91
15/05/2025	Banking App Transfer Received from Resia: Transfer	Transfer	50.00			79.91
15/05/2025	SMS Notification Fee: 3 notification(s)	Fees			-1.05	78.86
16/05/2025	Banking App Transfer Received from Resia: Transfer	Transfer	50.00			128.86
16/05/2025	DebiCheck Insufficient Funds (R147.00): Insure Pla (C4112679)	Fees			-6.00	122.86
16/05/2025	DebiCheck Insufficient Funds Fee					

* Includes VAT at 15%

24hr Client Care Centre 0860 10 20 43 E ClientCare@capitecbank.co.za W capitecbank.co.za

Capitec Bank is an authorised financial services (FSP46669) and registered credit provider (NCRCP13). Capitec Bank Limited Reg. No.: 1980/003695/06

Unique Document No.: 8076db87-ae5d-4720-8c61-030805739969 / 204 / V2.0 - 09/07/2022 Page 1 of 4

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION



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. * 0625873908

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

E-mail * If possible, please provide a personal email, not a company email.

Title * MS Initials * R Surname * BOOYSEN

Street 124 GELDERBLOM

City

Suburb Area Code EXT 8

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. * Title * Initials * Surname *

Title * Initials * Surname *

Cell No. * Title * Initials * Surname *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date *

Date of Implant * 23-07-2025

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip KAY LEUERS

PET DETAILS

Pet Name BULLY

Date of birth

Species * CANINE

Breed * ROTTWEILER

Colour BLACK + 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 its 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

- On-line Log onto www.backhome.co.za. Complete the registration process.
- By fax Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
- By e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
- By App Download the Virbac Backhome Africa App