ADOPTION CHECKLIST

ADMISSION NO: MBY 7011

CONTRACT NO: MA0080

- [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 24/07/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000548297

Adoptee INFO:

Name & Surname Resia Boayser

Contact INFO: 0625873908

Completed by: _____ Date: 25/07/25

Manager: _____ 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.

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MA 0080

992003000548297 ADMISSION NO MBY 7011

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 19/07/2025 TIME: 10:34

NAME OF APPLICANT: Resia Booysen

ADDRESS: 124 Gelderblaem Str, Ext 8, Mosselbaai.

HOME TEL No: CELL No: 0625873908

ANIMAL(S) ADOPTING: Rottweiler

SEX: Male AGE: Adult

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Bricks		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?	2 + 1 cat

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ M.	/	/	/	/
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

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DBV SPCA
Garden Route

KENNEL No. K 15 & 36				ADMISSION No. MBY7011		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 08/07/25			Time in	8:30	Date for release	

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		Yes (Yes) / No	Lost & Found Date checked	08/07/25			
Microchip/Collar or ID tag found		Yes / No (No)	Date scanned or checked	06/01/25	Microchip or ID Tag number	N	

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)	BI.		
Breed	Patti		Colour and Markings	Black & Brown.	
Condition	Fair		Sex ♂	Age 1 Adult	
Temperament	Friendly.		Sterilisation details	Name	
Coat S.	Tail S	Teeth Condition fair.	Ears	Size L.	
Area found / collected from	Heiderand Golf Estate.			Date 08/07/25.	
Reason for surrender	Stray				

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	Madelene Barnard.			
Residential Address	Erik Pinaar 4 Heiderand.				
Postal Address	No Postal.				
Tel (H) No num	Tel (W) No num	Cell 062 776820			
Email	No email.				
Donation R N/A	Cash	Card	EFT	(Receipt No.) N/A	

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 uitdruklijk 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: _____

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:
R 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 60 11 90

Date of Issue:
02 OCT 2021

116305523

MY OWNER

NAME	Resia Booysen
POSTAL ADDRESS	
STREET ADDRESS	124 Gelderbloem Str
	EXT 8
HOME PHONE	
WORK PHONE	
CELLPHONE	062 5873908
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	ROTTWEILER
COLOUR	BLACK + BROWN
SEX	MALE
DATE OF BIRTH	
MICROCHIP/TAT	992003000548297
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/07/25	Nobivac DHPPi; 02131812A; Exp. 04-FEB-2026	[signature]

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

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!

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Reeve Booysen
   - 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

Rossouw

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(esia) Booysen

HOME ADDRESS: 124 Gelderblom Straat Ext 8

Mosselbaai ID NO.: 8802221271084

POSTAL ADDRESS: ____

TEL NO (H): ____ (B): ____

CELL NO: 0628873908 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? —

Are you a student with consent to keep pets: YES/NO (NO circled)

Reason for wanting animal: Animal lover

Is the animal for yourself? YES/NO (YES circled)

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? 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 —

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 (circled) ____

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 (signed) **Date of application** 18/07/25

Main Account Statement

CAPITEC

MS RESIA BOOYSEN
124 GELDERBLEOMSTRAAT
EXT 8
MOSSEL BAY
6506

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

Capitec Bank Limited
5 Neutron Road
Techno Park
Stellenbosch
7600

Tax Invoice
VAT Registration Number 4680173723

Account 1844377944

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 Municipalit 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 Begra 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%

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER
992003000548297

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 *

Cell No. *

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 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