ADOPTION CHECKLIST

ADMISSION NO: MBY 7377

CONTRACT NO: MA0121

- [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 04/09/2025.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000577542 10/09/25

Adoptee INFO:

Name & Surname Mr J.H. Snyman

Contact INFO: 0834400999

Completed by: [signature] Date: 05/09/25

Manager: [signature] Date:

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.

GARDEN ROUTE SPCA MOSSELBAY			
DATE	25/08/25	ANIMAL NAME	Oliver
KENNEL NUMBER	K6	BREED	Jack Russel
CARD NUMBER	MBY 7377	STERILIZED	NO
COLOUR	White + Brown	MALE/FEMALE	MALE
VACCINATED		AGE	2 years
PROOF OF VACC		STRAY/SURRENDER	Surrender

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	8.15 kg		
TEMPERATURE	38.1		
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS

GEORGE MUNICIPALITY

Tax invoice

VAT No. 4630193664
P.O.BOX 19, GEORGE, 6530
(044) 801-9111 086 589 6402
EMAIL: accounts@george.gov.za

EMAIL

GRG 1002637470

MR/MRS JH & LJ SNYMAN
43 SPREEU STREET
DENVER PARK
6529

STATEMENT DATE	24/03/2025
TAX INVOICE NO.	12105706
ACCOUNT NO.	GRG 1002637470
RECEIPTS POSTED TILL	22/03/2025
GUARANTEE / DEPOSIT	0 / 2247.00-
SUBURB	21 13744 00001
VALUATION	2340000
SITE ADDRESS:	SPREEU STREET 43
DEBTS DUE BY TENANTS	0.00
CLIENT VAT NO.	

SERVICE	OPENING BALANCE	RECEIPTS	CHARGE	INTEREST	ADJUSTMENTS	VAT	CLOSING BALANCE
	1,264.08	0.00	271.51	9.96	0.00	40.73	1,586.28
	1,644.65	0.00	313.94	12.95	0.00	47.09	2,018.63
	2,143.81	0.00	313.76	16.79	0.00	47.06	2,521.42
	2,146.50	0.00	314.15	16.80	0.00	47.12	2,524.57
SUNDRIES	0.00	0.00	58.94	0.00	0.00	8.84	67.78
	6,491.87	0.00	1,089.65	58.27	0.00	0.00	7,639.79
TOTAL	13,690.91	0.00	2,361.95	114.77	0.00	190.84	16,358.47

OFFICE HOURS

08H00 -15H30 MONDAY - FRIDAY
EXCLUDING PUBLIC HOLIDAYS

PAY POINTS

MUNICIPAL OFFICES: GEORGE, UNIONDALE, HAARLEM, POST OFFICES, PICK 'N PAY, SPAR, PEP STORES AND EASYPAY POINTS COUNTRYWIDE.

MESSAGE

PLEASE NOTE THAT YOUR ACCOUNT NUMBER, MUST BE PROVIDED AT ALL TIMES, WHEN YOU LODGE ANY ACCOUNT QUERY, OR REQUEST A DUPLICATE ACCOUNT STATEMENT.

TOTAL VAT	ARREAR/ADVANCE	CURRENT	PAYMENT DATE	AMOUNT DUE
R190.84	R13805.68	R2,552.79	15/04/2025	R16358.47

	FUTURE	CURRENT	30 DAYS	60 DAYS	90 DAYS	90 DAYS +
MONTHLY	0.00	2552.79	2530.25	2551.56	2602.15	6121.72
ANNUAL	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	2552.79	2530.25	2551.56	2602.15	6121.72

Attention all consumers

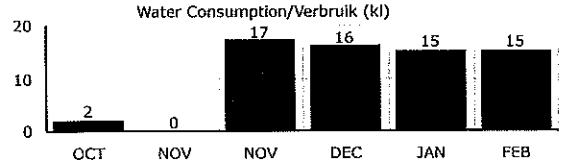
UPDATE YOUR DETAILS HERE

It is the responsibility of each and every consumer to enquire from the municipality if no account is delivered before the due date. Enquiries with regards to accounts can be made with the following options:

1)Email: Accounts@george.gov.za
2) Telephone: (044) 801 9111

Thank you.

Water:1401	Cons/Days New		14	28.00		
Water:1401	Basic New		1	147.46	169.58	22.12
Water:1401	0-6 New		6	20.81	143.59	18.73
Water:1401	Free New		6-	20.81	143.59-	18.73-
Water:1401	6-15 New		8	20.81	191.45	24.97
Elec Prepaid Basic	Domestic	01351349426	30	271.51	312.24	40.73



Tp.	Meter No.	Previous	New Reading	Factor	Consumption	Period	Daily Aver.
W	BCKG3955	487	501		14.000	07/02-07/03	.50

Log & report faults, pay municipal bills, submit self-meter readings and more with the My Smart City App. Become a part of the Improvement Movement with George and My Smart City. Improve your city. Be part of the change. Download the app now!

PAYMENT DETAILS

ACCOUNT: GRG 1002637470

ALLOCATION 0118
ACCOUNT NUMBER 1002637470

Post Office
Boxer
Pick n Pay
SPAR
Ackermans
Shoprite
Checkers
Usave
unipay

Smart Water Meter
UniPay
My Smart City

PEP
game
Woolworths

FNB
BRANCH CODE: 210554
ACCOUNT NUMBER: 62869623150

9153 0000 0100 2637 4706

Section 4-5B: Page 1

DBV SPCA

PRE HOME NO: GPRE 180

ADMISSION NO: MBay 7377

99200300057 7542.

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO   DATE UNDERTAKEN: 03/09/25   TIME: 15:34

NAME OF APPLICANT: J Snyman

ADDRESS: 43 Spring Street, Denver Park

HOME TEL No: ______   CELL No: 083 440 0999

ANIMAL(S) ADOPTING: 1 Tan Duiwel

SEX: Male   AGE: 2years

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION	±2meters		
Type and height of fence:	Walls + Precon	Suitability of fence (i.e. small pets can't escape):	yes
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?	walls + gate
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☑	Specify:	N/A
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	4

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	X Breed	DSH	DSH	DSH	
CONDITION	Good	Good	Good	Good	
WELFARE (good?)	Good	Good	Good	Good	
SEX & AGE	F / ±1yrs	M /	M /	M /	/
STERILISED	YES ☑ / NO ☐	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Large, fully enclosed property.
Very nice family.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☐ **CATS**
- ☑ **MEDIUM DOGS**
- ☑ **SMALL DOGS**
- ☑ **LARGE DOGS**

INSPECTED BY: George Groenewald **SPCA:** George **SIGNATURE:** Groenewald

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

KENNEL No.	KB 34			ADMISSION No.	MBY7377 (LOADED)	
Stray	Surrender ✓	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	22/8/25	NA	Time in	10:45	Date for release	NA

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) Ukm		
Breed	Jack Russel	Colour and Markings	White Brown	
Condition	Fair	Sex	Male	Age 2 years
Temperament	Hyper	Sterilisation details		Name Owner
Coat Black	Tail long	Teeth Condition Fair	Ears up	Size Med
Area found / collected from	Da Nova			Date 22/8/25
Reason for surrender	Can't keep anymore			

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	Tracey J. Hermanus		
Residential Address	26 Mike Harris			
	Dansey			
Postal Address	6506			
Tel (H) None	Tel (W) None	Cell 0655037228		
Email None				
Donation R None	Cash	Card	EFT	(Receipt No.) None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: Wally

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 refer to MBY 7375	Witness for Society

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

MY OWNER

NAME	J. H. Snyman
POSTAL ADDRESS	
STREET ADDRESS	43 Spreeu Street
	Denver Park, George
HOME PHONE	
WORK PHONE	
CELLPHONE	0834400999
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Jack Russell
COLOUR	White/Brown
SEX	Male
DATE OF BIRTH	16.07.23
MICROCHIP/TATTOO	992003000577542
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
29.9.23		
17.11.23		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
30.8.23	PEEL HERE Nobivac® 1-DAPPv 02121A37D 01NOV24; PEEL HERE Nobivac® 1-Cv 02051464A 05APR25	[signature]
18.10.23	PEEL HERE Nobivac® 1-DAPPv 02121A37D 01NOV24; PEEL HERE Nobivac® 1-Cv 02051464A 05APR25	[signature]
25/08/25	Nobivac® 1-DAPPv2 02131812A 04-FEB-2026; + Trivoim D	[signature]

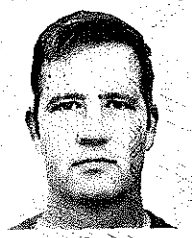
I WAS VACCINATED ON

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!

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.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD



Surname:
SNYMAN
Names:
JOHANNES HENDRIK
Sex:
M
Nationality:
RSA
Identity Number:
7608235047084
Date of Birth:
23 AUG 1976
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:
03 JUL 2023

120481964

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Laura Snyman
   - Contact Number: 0662686663
   - Email Address: lauramsnyman@gmail.com

2. **Additional Family Member/Friend Details**
   - Full Name: Juliet Snyman
   - Contact Number: 082 925 4961
   - Email Address: Julietsnyman70@gmail.com

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: 5 Sept 2025

Oliver

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): J H Snyman Johannes

HOME ADDRESS: 43 Spreeu st Denver Park

George ID NO.: 7608235047084

POSTAL ADDRESS: Same

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

CELL NO: 0834400999 FAX NO: N/A

EMAIL: hammertongs@gmail.com

Address where animal will be kept: Same

Occupation: Farrier

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: Companion

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? Jack Russel

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

How many animals live on the property? DOGS? 1 CATS? 3 OTHERS

What are the sexes of your animals? DOGS: Male Female 1 CATS: Male 2 Female 1

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? Uthenaysia due to old age

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

Full description of the fencing and gate: Walkd Garden Height: 1-2-2m

What shelter is provided: OUTDOORS Under Deck KENNEL Pig Beds in home OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 7957

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** 01/09/25

BackHome®

Virbac

* COMPULSORY FIELDS
** PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER: TOP COPY - Practice Copy

992003000577542

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 * 0834400999

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

E-mail * hammertongs@gmail.com

Title * MR Initials * JH Surname * Snyman

Street 43 Spreeu Street City

Suburb Denver Park Area Code George

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

CHIP DETAILS

Registration Date * 10 - 09 - 2025

Date of Implant * 04 - 09 - 2025

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

Name of Person who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name ~~[illegible]~~ DONKEY Year of Birth 2023

Species * CANINE Breed * JACK RUSSEL

Colour WHITE + BROWN Markings

Gender (Male) Female Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registartion 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 options 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 0864 570 463.
3. By e-mail — Scan and E-mail the completed form to [illegible]