ADOPTION CHECKLIST

ADOPTION NO: MBY 10073

CONTRACT NO: MA0284

- [✓] Admission Form
- [✓] Application for adoption
- [✓] Pre-Home Inspection Report
- [✓] Adoption contract
- [✓] Copy of Identity Document or Driver's License
- [✓] Proof of Residence
- [X] Letter from Body Corporate
- [X] Sterilization Contract and Date of sterilization Contract 01/04/26
- [✓] Copy of Vaccination Record/ Certificate
- [✓] Microchip
- [✓] Microchip Registration- chip number 992003000645839 22/04/26.

Adoptee INFO:

Name & Surname: Mav + Meo Zaayman

Contact INFO: 0833417136

Completed by: _____ Date: 21/04/26

Manager: _____ Date: 21/04/26

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.

X Calico CS.

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): Mnr & Mrs Booyman (Kumm)

HOME ADDRESS: 33 Swart Straat Tergniet.

ID NO.: 4305260004089

POSTAL ADDRESS: -

TEL NO (H): - (B): -

CELL NO: 0833417136. FAX NO: -

EMAIL: None.

Address where animal will be kept: As above

Occupation: Home maker

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: Company

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? Calico cat

Can you afford private fees? Yes Who is your vet? De Graaf

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? 1 CATS? 2 OTHER? -

Which animals do you still have, and what happened to the others? All passed of 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: Wall Height: 2M

What shelter is provided: OUTDOORS - KENNEL - OTHER Indoors

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

Pre Home Inspection Fee: R100 Receipt No: 9923.

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** 16/04/2026

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000645839

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. * 0833417136

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

E-mail * None

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

Title * Initials * Surname * ZAAYMAN

Street 33 SWART STRAAT City

Suburb Area Code TERGNIET

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 * 22 - 04 - 26.

Date of Implant * 20 - 04 - 2026

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

Name of Vet who implanted the Chip KAY LEVERS

PET DETAILS

Pet Name ZOEY

Species * FELINE Date of birth

Colour Calico Breed * DSH

Gender Male (Female) Markings

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

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: Petrus Zaayman
   - Contact Number: 0824650192.
   - Email Address: _____

2. Additional Family Member/Friend Details
   - Full Name: Lisa Jadine Rudman (Kotze).
   - Contact Number: +2778 3544 334.
   - 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: 21.4.2026

9920030006458 39

ADMISSION NO MBV 10073

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 20 - 4 - 26 TIME: 18 54

NAME OF APPLICANT: Mrs Zaaymon

ADDRESS: 33 Swart Street, Tergniet

HOME TEL No: _____ CELL No: 0833417136

ANIMAL(S) ADOPTING: Kitten

SEX: ♀ AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall brick		Suitability of fence (i.e. small pets can't escape): Im	
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? 0	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
CONDITION		No animals			
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS
Great Home approved

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Luciano Boyi SPCA: Mossel Bay SIGNATURE: MBee

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
18/03/26	milpro		
20/04/26	milpro		

Quantel

DEWORMER FOR DOGS AND CATS

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 01. 04. 2026

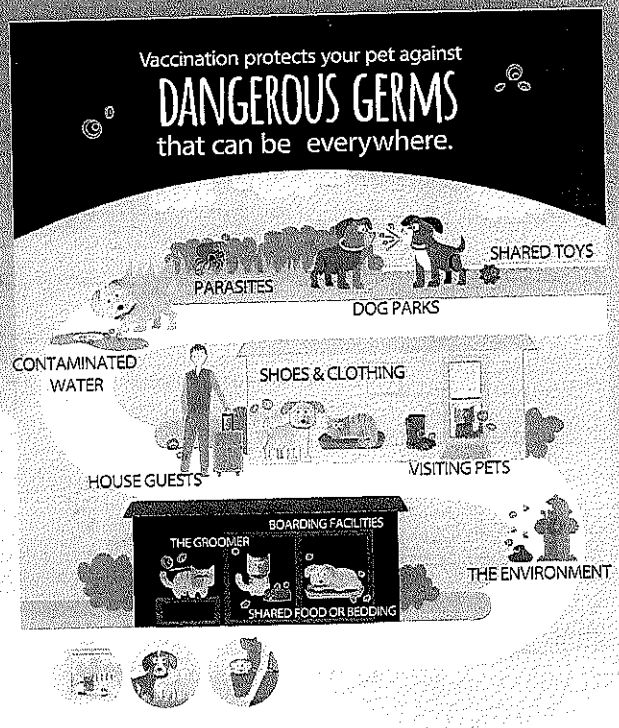
DOCTOR'S NAME Dr. AS. Muller

Garden Route SPCA
P.O. Box 258
[illegible]
Ph [illegible] 0824
PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday and Friday: 09:00-16:00
Wednesday: Closed
Tuesday and Thursday: 09:00-16:00
Saturday: 09:00 -11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA

arden Route

KENNEL No.	CB5 CB6 CB7			ADMISSION No.	MBY10073	
Stray	~~Surrender~~	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	4.3.26	Hold	Time in	16:30	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	n/a	Microchip or ID Tag number	n/a	

DESCRIPTION & HISTORY

Dog	~~Cat~~	Other species (Specify)		
Breed	Boer	Colour and Markings	Brown White	
Condition	good	Sex	♀	Age 3 yrs
Temperament	friendly	Sterilisation details	none	Name [illegible]
Coat Short	Tail Long	Teeth Condition good	Ears up	Size Small
Area found / collected from	Kuils			Date 4.3.26
Reason for surrender	Could not keep			

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	Z. Smelela		
Residential Address	217 [illegible] Kuils				
Postal Address					
Tel (H)	None	Tel (W)	None	Cell	None
Email					
Donation R	None	Cash	Card	EFT	(Receipt No.) None

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: [illegible]

STATEMENT OF SURRENDER

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 Z. Smelela	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: _____

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	19-000625-001-0
DATUM VAN REKENING:	23/03/2026
LAASTE KWITANSIE DATUM:	22/03/2026
VOORAFBETAALDE METERNOMMER:	04286659893

BTW REG. NO.

Naam:
ZAAYMAN PD & SJ (WYLE)

Liggingsadres:
33 SWARTSTRAAT TERGNIET

BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1850.00	625000	1450000	5

DATUM	BESONDERHEDE				BEDRAG
	BALANS OORGEBRING				1418.89
16/03/2026	ACB3977127KWITANSIES				391.86-
16/03/2026	ACB3977125KWITANSIES				358.71-
16/03/2026	ACB3977128KWITANSIES				347.69-
16/03/2026	ACB3977126KWITANSIES				320.62-
20/03/2026	CBRI4033 WATER 16/01/2026-16/02/2026				333.82 *
	1059 - 1068 (9 Kl 31 Dae)				
	BASIES			261.39	
	07/25	6.12 @	0.000 =	0.00	
	.	2.88 @	10.030 =	28.89	
	VAT/BTW			43.54	
20/03/2026	0428665989ELEKTRISITEIT				496.69 *
	BASIES			431.91	
	VAT/BTW			64.78	
20/03/2026	042866598930% Pens. Korting				149.00-*
20/03/2026	322005 VULLIS				320.62 *
20/03/2026	BELASTING PAAIEMENT				358.71
	Balans Oorgedra				0.85-

BTW OP '*' ITEMS: 130.71 ACB TOT: 1418.88-

ONOPGEDATEERDE DEBIET ORDERS 1360.84

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	1360.85	1360.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/04/2026	1360.00

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. 190006250010

EasyPay >>>>>9152619000625001O6

pay@ your payment partner

11379 190006250010

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

ZAAYMAN PD & SJ (WYLE)
POSBUS 15
HEIDERAND
6511

19-000625-001-0

Fold and tear on perforation.

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
KUMM
Names:
HENDRINA BERENDINA
Sex:
F
Nationality:
RSA
Identity Number:
4305260004089
Date of Birth:
26 MAY 1943
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Card Number:

Date of Issue:
16 MAY 2014

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

RSA

000473238