ADOPTION CHECKLIST

ADMISSION NO: MBY 9318

CONTRACT NO: MA 0261

- [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 09/04/2026
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 28/04/26. 992003000645730

Adoptee INFO:

Name & Surname: P. Saayman

Contact INFO: 0834788580

Completed by: _____ Date: 10/04/26

Manager: _____ Date: 10/4/26

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.

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): MR. P Saayman

HOME ADDRESS: 24 Adriaans Laan

Highway Park Mossel Bay ID NO.: 6210065939083

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0834788580 FAX NO:

EMAIL: saaymanpat@gmail.com

Address where animal will be kept: selfde

Occupation: Pension

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: 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? Labrador

Can you afford private fees? Heiderand Who is your vet?

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

What are the sexes of your animals? DOGS: Male ✓ 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? 1 CATS? OTHER?

Which animals do you still have, and what happened to the others? Still have same dog

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

Full description of the fencing and gate: Brick Height: 1.8

What shelter is provided: OUTDOORS (KENNEL) OTHER

Have you previously had pets from an SPCA? no Are there children under 10 in your household? 0

Pre Home Inspection Fee: Receipt No: 9216

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** 26/03/26.

ADMISSION NO HBY 9318

9920003 000645730

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: _____ TIME: _____

NAME OF APPLICANT: Pat Saayman

ADDRESS: 24 Adriaans Laan, Highway Park

HOME TEL No: _____ CELL No: 0834788580

ANIMAL(S) ADOPTING: Lab x

SEX: Female AGE: 1-2 yrs

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	Wall back 1.8m Front 1.6m	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?	Similar to pillisades
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	x B Bod				
CONDITION	Poor				
WELFARE (good?)	Good				
SEX & AGE	M / 8	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

Was dog @ a vet when and need proof Why is there a chain + collar? Daughter says get chained when they do washing.

OTHER INFORMATION / COMMENTS
Dog is thin, possible cancer.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☐ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: M. Wentzel SPCA: M-Bay SIGNATURE: MWentzel

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.	K 4029			ADMISSION No.	MBX9318	
Stray	Surrender ✓	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	18/02/16		Time in	12:15	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	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog ✓	Cat	Other species (Specify)			
Breed	X Laby	Colour and Markings	~~Black & Grey~~ Cream		
Condition	Fair	Sex	F	Age	+- 5 YEARS
Temperament	Good	Sterilisation details	None	Name	Vickie
Coat Short	Tail Long	Teeth Condition Fair	Ears Up	Size	Medium
Area found / collected from	F/H			Date	18/02/16
Reason for surrender	Owner can't afford				

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	Miriam Symon			
Residential Address	658 Virgo Lane [illegible]				
Postal Address	No				
Tel (H) None	Tel (W) None	Cell —			
Email	—				
Donation R —	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: — Case No: — Inspector: [signature]

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 Miriam Symon	Witness for Society [signature]

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ ______ On Date: ______

MY OWNER

NAME	Mr P. Saayman
POSTAL ADDRESS	
STREET ADDRESS	24 Adriaans Laan
HOME PHONE	
WORK PHONE	
CELL PHONE	0834788580
FINDER DETAILS	

ME

SPECIES	CANINE
BREED	LAB X
COLOUR	CREAM
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP NO.	992003000645730
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
04/03/26	352210.R3 Exp: 27-MAR-2026	
08/04/26	352210.R3 Exp: 27-MAR-2026	

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.

Find us on facebook.

MSD Animal Health

Nobivac

Quantel

Exitel Plus

Exitel Plus XL

BRAVECTO

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

992003000645730

Vet Practice Number

Cell No. 08 34788580 | If possible, please provide a personal email, not a company email

E-mail saaymanpat@gmail.com

Title * MR | Initials * P | Surname SAAYMAN

Street 24 Adriaans Laan | City

Suburb | Area Code Highway Park

Country | Province

Phone - Day time | Phone - Night time

Title * | Initials * | Surname *

Cell No. *

Title * | Initials * | Surname *

Cell No. *

Title * | Initials * | Surname *

Cell No. *

Registration Date * 30 - 04 - 2026

Date of Implant * 10 - 04 - 2026

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

Name of Vet who implanted the Chip KAY IGUERS

PET DETAILS

Pet Name | Date of birth

Species * CANINE | Breed * LAB X

Colour CREAM | Markings

Gender Male Female (circled) | Sterilised Yes (circled) No

Are you a KUSA Registered Member? Yes No | Medical Conditions

KUSA Registration Number | Medical Insurance Company

Pet Registered Name | 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 ______________________

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 6164

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

www.backhome.co.za • Tel: 011 852-8120 or or 011 027 8837 • Fax: 0800 222 546

Mossel Bay MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	77-003186-001-5
DATUM VAN REKENING:	23/03/2026
LAASTE KWITANSIE DATUM:	22/03/2026
VOORAFBETAALDE METERNOMMER:	04182826851

BTW REG. NO.
Naam:
SAAYMAN P
Liggingsadres:
24 ADRIAANSLAAN CIVIC PARK
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
70.00	3186000	350000	2

DATUM	BESONDERHEDE		BEDRAG
	BALANS OORGEBRING		37.87
20/03/2026 0418282685	ELEKTRISITEIT		167.34 *
	BASIES	145.52	
	VAT/BTW	21.82	
20/03/2026 0418282685	SUBSIDIE - ELEKTRISITEIT		167.34-*
20/03/2026 DRA9072	WATER 29/01/2026-02/03/2026		292.10 *
	1084 - 1090 (6 Kl 32 Dae)		
	BASIES	254.00	
	07/25 6.00 @ 0.000 =	0.00	
	VAT/BTW	38.10	
20/03/2026 DRA9072	WATER DEERNIS SUB.		292.10-*
20/03/2026 406002	RIOOL		312.44 *
20/03/2026 406002	RIOOL DEERNIS SUB.		312.44-*
20/03/2026 302002	VULLIS		275.19 *
20/03/2026 302002	VULLIS DEERNIS SUB.		275.19-*
	KWITANSIES		37.00-
	Balans Oorgedra		0.87-

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	0.87	0.00

Betaling moet voor of op die vervaldatum gemaak word	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/04/2026	0.00

VAT No. / BTW Nr. 4830116370

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. 770031860015

EasyPay >>>>>9152677003186001153

pay@ 11379 770031860015

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.

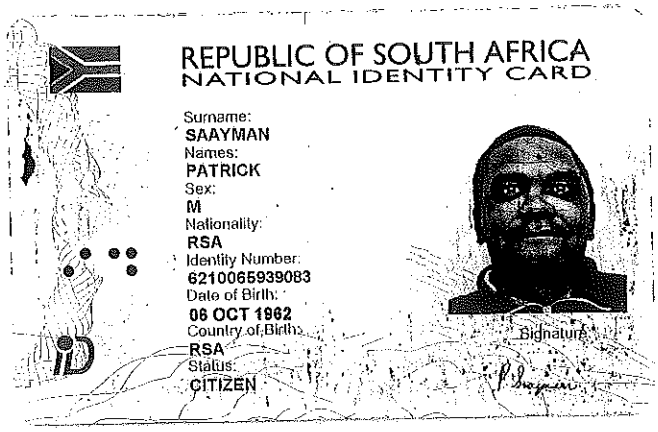
IF UNDELIVERED PLEASE RETURN TO: Private Bag X 29, Mossel bay, 6500

Mossel Bay MUNICIPALITY

SAAYMAN P
ADRIAANSLAAN 24
CIVIC PARK
6506

77-003186-001-5

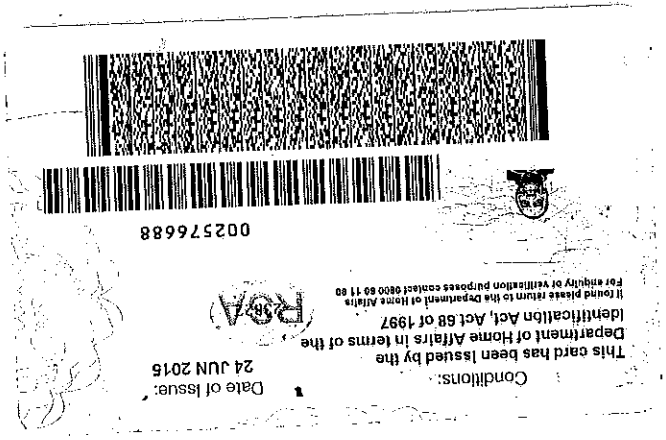
Fold and tear on perforation.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
SAAYMAN
Names:
PATRICK
Sex:
M
Nationality:
RSA
Identity Number:
6210065939083
Date of Birth:
06 OCT 1962
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 58 of 1997
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 60

Date of Issue:
24 JUN 2015

R58A

00257668B