MBY 10674

CONTRACT NO: MA 0304

- [ ] 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 14/05/2026
- [ ] Copy of Vaccination Record/ Certificate
- [ ] Microchip
- [ ] Microchip Registration- chip number 992003000645581

ADOPTER INFO:
NAME & SURNAME: Adri Saayman
083 383 0362
Contact INFO: 91 Essenhout Str.

Completed by: _____ Date: 15/05/2026

Manager: _____ Date: 15/5/26

| 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.*

Loaded



9920030006455 81 ADMISSION NO MBV 10674

# PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 13/10/26 TIME: 13:43

NAME OF APPLICANT: Adri Saayman

ADDRESS: 91 Essenhout Street, Hartenbos Heuwels

HOME TEL No: CELL No: 083 383 0363

ANIMAL(S) ADOPTING: Kitten - Grey DLH

SEX: Male AGE: 2 months

PRE- HOME INSPECTION:

| PROPERTY DESCRIPTION | | | |
|---|---|---|---|
| Type and height of fence: 1.8 brick/brick/2 metre | | 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? | 1 |

| DESCRIPTION OF ANIMALS ON PROPERTY | | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| BREED | DSH | | | | |
| CONDITION | good | | | | |
| WELFARE (good?) | Good | | | | |
| SEX & AGE | ♂ / 8 years | / | / | / | / |
| STERILISED | YES ☒ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ |

OTHER INFORMATION / COMMENTS No concern found

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS ☒ SMALL DOGS

☒ MEDIUM DOGS ☒ LARGE DOGS

INSPECTED BY: Kurt SPCA: Meisselbay SIGNATURE:

POST HOME INSPECTIONS

| DATE | RESULT | REMARK | BY WHOM |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

Greyton Dam

# 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): Adri Saayman

HOME ADDRESS: 91 Essenhout Street, Hartenbos Heuwels

ID NO.: 770731 0142 081

POSTAL ADDRESS: –

TEL NO (H): – (B): –

CELL NO: 083 383 0363 FAX NO: –

EMAIL: assie.saayman@gmail.com

Address where animal will be kept: AS ABOVE

Occupation: SAPD

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: Love animals

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? Long haired cat

Can you afford private fees? Yes Who is your vet? Croft

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

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

Are all your animals sterilised? Give details Yes

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

Which animals do you still have, and what happened to the others? 1 died

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

Full description of the fencing and gate: Vibacrete walls Height:

What shelter is provided: OUTDOORS KENNEL OTHER Indoors

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

Pre Home Inspection Fee: Receipt No:

**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** 07/05/2026

## CERTIFIED COPY OF PRESCRIPTION - TAX INVOICE

GROOT-BRAK APTEEK
LANGSTRAAT 49
GROOTBRAKRIVER 6525
TEL: 044-6202511

PHARMACY BHF NUMBER: 0112216
VAT RATE: 15.00% VAT
DISPENSER: CHRISTINE COETZEE
(P17423)

MEMBER SURNAME: SAAYMAN
ESSENHOUT STR 91
HARTENBOS

6525
TEL: 0833830363

MEMBER INITIALS: ADRI
MEMBER NUMBER: 64005206300
PATIENT: ADRI
PATIENT DEPENDANT CODE: 0
DOB 31-Jul-1977
IDNO: 7707310142081

SCEME CODE: MARIN
SCHEME NAME: POLMED MARINE MEDICAL FUND
SCRIPT DATE: 05 Mar 2026
PRESCRIBER: VILJOEN,
PRESCRIBER NUMBER: 0935204
SCRIPT NO: 1294646
SCRIPT GROSS: 131.80
SCRIPT NETT: 131.80
NO. OF ITEMS: 1
SCRIPT DISCOUNT: 0.00
DUE BY MEDICAL AID: 80.45
DUE BY MEMBER: 51.35

| Item Description | Qty | Repeats | |
|---|---|---|---|
| EXINEF 120MG | 7.00 | 0 | ( 51.35 ) 80.45 |

Nappi Code: 723068002 | ICD10 Code Z76.9 | SEP: 93.66 | DF: 37.67 | Bin: M6-5

NEEM EEN TABLET DAAGLIKS NA 'N ETE

VERSION: 1.9.79

SADC ZA SOUTH AFRICA

DRIVING LICENCE
BESTUURSLISENSIE
CARTA DE CONDUCAO

A SAAYMAN

ID No. 02/7707310142081 FEMALE

Birth/Geboorte: 31/07/1977 ZA Restr./Beperk: 0

Lic.No./Lisensienr: 60150001FJVH No. 1

Valid/Geldig: 05/10/2023 15/11/2028

Issued/Uitgereik: ZA

Code/Kode: EB

Veh.restr./Voertuigbeperking: 0

First Issue/Eerste uitreiking: 9/11/1998

DRIVER RESTRICTIONS
0 None
1 Glasses / Contact lenses
2 Artificial limb

CATEGORIES
Persons
Goods

| | | | |
|---|---|---|---|
| A | A1 | | ≤ 125 cc |
| B | | GVM | ≤ 3500 kg<br>≤ 750 kg |
| C1 | | | 3500 kg < GVM ≤ 16000 kg |
| C | | | GVM > 16000 kg |
| EB | | EC1 | |
| EC | | EC | |

VEHICLE RESTRICTIONS
0 None
1 Automatic transmission
2 Electrically powered
3 Physically disabled
4 Bus > 16000 kg (GVM) permitted

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

# MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000645581

**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. * 083 383 0363 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * assie.saayman@gmail.com If possible, please provide a personal email, not a company email.

Title * MRS Initials * A Surname * Saayman

Street 41 Essenhout STR City

Suburb Area Code HARTENBOS

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 * 14 - 05 - 2026

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

Name of Vet who implanted the Chip KAY LEVERS

## PET DETAILS

Pet Name SMOKEY. Date of birth

Species * FELINE Breed * DLH

Colour GREY 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 |

# ANNEXURE A

## Additional Household Members & Emergency Contacts

### 1. Spouse Details

- Full Name: Danie Van Zyl
- Contact Number: 083 782 2312
- Email Address: danievanzyl@yahoo.com

### 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: 2026.02.15

## MY OWNER

| | |
|---|---|
| NAME | Adri Saayman |
| POSTAL ADDRESS | |
| | |
| STREET ADDRESS | 91 Essenhout Str |
| | Harrenbos heerwels |
| HOME PHONE | |
| WORK PHONE | |
| CELLPHONE | 083 383 0363 |
| BREEDER DETAILS | |

## ME

| | |
|---|---|
| SPECIES | Feline |
| BREED | DLH |
| COLOUR | Grey |
| SEX | Male |
| DATE OF BIRTH | |
| MICROCHIP/TATTOO | 992003000645581 |
| FEATURES/MARKS | |

## NEXT VACCINATION DUE

| DATE | DATE | DATE |
|---|---|---|
| 27/05/26 | | |

## I WAS VACCINATED ON

| DATE | VACCINE AND BATCH NO. | VET SIGNATURE |
|---|---|---|
| 29/04/26 | DTEZ5RZ Batch: DE07146A Exp: 10-MAR-2027 | |
| | 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 | |
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| | 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 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 (isoquinoline) 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.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook

facebook.com/Bravecto.SouthAfr

# ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded

DBV SPCA
Garden Route

| KENNEL No. | 61 | | | ADMISSION No. | MBY10674 | |
|---|---|---|---|---|---|---|
| Stray | Surrender | Abandoned | Returned | Impounded | Confiscated | Request for euthanasia |
| Date in | 25/04 | | Time in | | Date for release | |

| IDENTIFICATION & LOST AND FOUND | | Lost & Found checked | Yes / No | Lost & Found Date checked | 25/04/26 |
|---|---|---|---|---|---|
| Microchip/Collar or ID tag found | Yes / No | Date scanned or checked | 25/04/26 | Microchip or ID Tag number | None |

**DESCRIPTION & HISTORY**

| | | | | |
|---|---|---|---|---|
| Dog | Cat | Other species (Specify) | BI | |
| Breed | DSH | Colour and Markings | Grey | |
| Condition | Fair | Sex | ♂ | Age Kitten |
| Temperament | Friendly | Sterilisation details | no | Name |
| Coat L | Tail L | Teeth Condition Fair | Ears Pricked | Size S |
| Area found / collected from | Boland Park | | | Date 25/04/26 |
| Reason for surrender | Boys came home with the cats | | | |

**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 | Monique Preston. | | |
| Residential Address | 4 Louis Fourie Boland Park | | | |
| Postal Address | no postal | | | |
| Tel (H) no num | Tel (W) no num | Cell 0726026370 | | |
| 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 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 MBY10673 | 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: _____