ADOPTION CHECKLIST

ADMISSION NO: MBY 5092

CONTRACT NO: MA 000029T

- [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 16/01/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number: 992003000486906

Adoptee INFO:

Name & Surname: Tiah Beaudement

Contact INFO: 0721346779

Completed by: _____ Date: 24/01/2025

Manager: _____ Date: 24/01/2025

| 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.*

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

# MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486906

**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. * 072 1346779

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

E-mail * tiah.beautement@gmail.com

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

Title * MRS Initials * T Surname * Beautement

Street 20 Harry Miller City

Suburb Linkside Area Code MOSSEL BAY

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 * 30 - 01 - 2025

Date of Implant * 16 - 01 - 2025

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

Name of Vet who implanted the Chip BHO SMITH

## PET DETAILS

Pet Name IO Date of birth 2024

Species * CANINE Breed * GSD X COLLIE

Colour CREAM + BLACK 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 |

# ADOPTION CONTRACT

| DOG/CAT | Breed | Male/Female | ADMISSION NO: |
|---|---|---|---|
| Microch | 992003000486906 | | |

This animal has been given to you in the firm and confident belief that it will receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that:
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in the case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in the form of a microchip or a collar and tag – only **elasticised or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of the Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post within seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

**I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.**

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Tiah Beautement

HOME ADDRESS: 20 Harry Miller, Linkside ID/PASSPORT NO.:

TEL NO (H): 075 ↓ (B):

CELL NO: 072 134 6775 FAX NO:

E-MAIL: tiah.beautement@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: RECEIPT No. 5571

VEHICLE REG. No. CBS 26787 VEHICLE MAKE: Creta COLOUR Silver

SIGNATURE: WITNESS FOR SOCIETY:

DATE: 24/01/2025

Mossel Bay MUNICIPALITY

# MOSSEL BAY MUNICIPALITY
# MOSSELBAAI MUNISIPALITEIT
# UMASIPALA WASEMOSSELBAYI

| | |
|---|---|
| ACCOUNT NUMBER: | 58-010117-002-9 |
| DATE OF ACCOUNT: | 25/06/2024 |
| LAST RECEIPT DATE: | 24/06/2024 |
| PREPAID METER NUMBER: | 01348843655 |

Name:
BEAUTEMENT CM
Street Address:
20 HARRY MILLERSTRAAT MOSSELBAAI
TAX INVOICE MONTHLY ACCOUNT

| SERVICE DEPOSIT: | ERF NUMBER: | TOTAL VALUATION: | WARD No: |
|---|---|---|---|
| 1700.00 | 10117000 | 2450000 | 8 |

| DATE | DETAILS | READING DATE: 23/05/24 | AMOUNT |
|---|---|---|---|
| | | B/F BALANCE | 2020.69 |
| 21/06/2024 | 0134884365 | ELECTRICITY 11/06/2024-19/06/2024 | 434.40 * |
| | | BASIC 377.74 | |
| | | VAT/BTW 56.66 | |
| 21/06/2024 | AMR1204518 | WATER 24/04/2024-23/05/2024 | 281.87 * |
| | | 805 - 813 (8 Kl 29 Days) | |
| | | BASIC 224.17 | |
| | | 07/23 5.72 @ 0.000 = 0.00 | |
| | | 2.28 @ 9.186 = 20.94 | |
| | | VAT/BTW 36.76 | |
| 21/06/2024 | 300008 | REFUSE | 274.89 * |
| 21/06/2024 | 400008 | SEWERAGE | 316.44 * |
| 21/06/2024 | | RATES INSTALLMENT | 704.28 |
| | | RECEIPTS | 2020.00 - |
| | | Balance Carried Forward | 0.57 - |
| | VAT ON '*' ITEMS: 170.54 | ACB TOT: 0.00 | |

| CREDIT | 60 DAYS | 30 DAYS | CURRENT | Amount Due |
|---|---|---|---|---|
| 0.00 | 0.00 | 0.00 | 2012.57 | 2012.00 |

| PAYMENT MUST BE MADE ON OR BEFORE DUE DATE | DUE DATE | AMOUNT DUE |
|---|---|---|
| | 15/07/2024 | 2012.00 |

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.: 580101170029

EasyPay >>>>>915265801011700290

paya 11379 580101170029

**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.

Mossel Bay MUNICIPALITY

BEAUTEMENT CM
PO BOX 2392
MOSSEL BAY
6500

580101170029

Fold and tear on perforation.

# ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA
Garden Route

| KENNEL No. K30 32 | | | | ADMISSION No. MBY5092 | | |
|---|---|---|---|---|---|---|
| Stray | Surrender | Abandoned | Returned | Impounded | Confiscated | Request for euthanasia |
| Date in 31/12/24 | | | Time in 13:50 | | Date for release | |

| IDENTIFICATION & LOST AND FOUND | | | Lost & Found checked | Yes / No | Lost & Found Date checked | 31/12/24 |
|---|---|---|---|---|---|---|
| Microchip/Collar or ID tag found | Yes / No | Date scanned or checked 31/12/24 | | | Microchip or ID Tag number | |

| DESCRIPTION & HISTORY | | | | | |
|---|---|---|---|---|---|
| Dog | Cat | Other species (Specify) | | | |
| Breed | X Breed | | Colour and Markings | Brown + cream | |
| Condition | Fair | | Sex | Female | Age 3 months |
| Temperament | Good | | Sterilisation details | NO | Name |
| Coat Thick | Tail long | Teeth Condition Fair | Ears | Down | Size Small |
| Area found / collected from | D'Almeida | | | | Date 31/12/24 |
| Reason for surrender | Came in on 30/12 - 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 | E Sisenberg |
|---|---|---|
| Residential Address | 153 Kiewiet St | |
| | 697 85 | |
| Postal Address | N/A | |
| Tel (H) N/A | Tel (W) N/A | Cell N/A |
| Email | N/A | |
| 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: Bho

## 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 5090 | 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: _____

MBY 5092.
Fluffy ears.



MA 000297

# APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

*The following documents to be attached: - ID, proof of residence, proof that pets are allowed.*

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Tiah M. Beautement

HOME ADDRESS: 20 Harry Miller, Linkside Mossel Bay

ID NO.:

POSTAL ADDRESS: PO Box 2392, Mossel Bay, 6500

TEL NO (H): 0721346779 (B):

CELL NO: 072 1346779 FAX NO:

E-MAIL: tiah.beautement@gmail.com

Address where animal will be kept:

Reason for wanting an animal: Friend for Koki and I like her

Occupation: Writer

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 an animal: I like animals.

Is the animal for yourself? Yes 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?

Can you afford private veterinary fees? Yes Who is your vet? Heidevaad

How many animals live on your property DOGS 1 CATS 1 OTHER

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

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned over the past 3 years? DOGS 2 CATS OTHER

Which animals do you still have, and what happened to the others? Dogs passed of to old age +/- 14yrs

Is your property fenced and has a proper gate? Yes Will you chain/cage an animal?

Full description of the fencing and gate: palisade Height:

What shelter is provided : OUTDOORS KENNEL OTHER Indoors

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

Pre Home Inspection Fee: Receipt No.: 5567

**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** 23/1/25

PRE HOME NO: MPRE 065

ADMISSION NO: 5092

MAOC029T

# PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992 0030 00 486906

PASSED: YES / NO  DATE UNDERTAKEN: 23/01/2025  TIME: 17:40

NAME OF APPLICANT: Tiah Beaumont

ADDRESS: 30 Harry Miller, Linkside

HOME TEL No:  CELL No: 0721346779

ANIMAL(S) ADOPTING: GSD x

SEX: Female  AGE: ± 3 months

**PRE- HOME INSPECTION:**

| **PROPERTY DESCRIPTION** | | | |
|---|---|---|---|
| Type and height of fence: Bricks / Palisades | | 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? | |

| **DESCRIPTION OF ANIMALS ON PROPERTY** | | | | | |
|---|---|---|---|---|---|
| | **1** | **2** | **3** | **4** | **5** |
| BREED | German Shepherd | DSH | | | |
| CONDITION | good | good | | | |
| WELFARE (good?) | good | good | | | |
| SEX & AGE | ♂ / 18 months | female / 4 years | 1 | 1 | 1 |
| STERILISED | YES ☒ / NO ☐ | YES ☒ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ | YES ☐ / NO ☐ |

| **OTHER INFORMATION / COMMENTS** | lovely dog happy good condition |
|---|---|

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

**INSPECTED BY:** Tyler  **SPCA:** Norsedley  **SIGNATURE:**

**POST HOME INSPECTIONS**

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

**DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE**

## MY OWNER

| | |
|---|---|
| NAME | Tiah Beautement |
| POSTAL ADDRESS | |
| | |
| STREET ADDRESS | 20 Harry Miller |
| | Linkside |
| HOME PHONE | |
| WORK PHONE | |
| CELLPHONE | 072 134 6779 |
| BREEDER DETAILS | |

## ME

| | |
|---|---|
| SPECIES | CANINE |
| BREED | COLLIE X GSD |
| COLOUR | CREAM + Black |
| SEX | Female |
| DATE OF BIRTH | 2024 |
| MICROCHIP/TATTOO | 992003000486906 |
| FEATURES/MARKS | |

## NEXT VACCINATION DUE

| DATE | DATE | DATE |
|---|---|---|
| | | |

## I WAS VACCINATED ON

| DATE | VACCINE AND BATCH NO. | VET SIGNATURE |
|---|---|---|
| 02/01/25 | Batch: A230B02 Exp.: 01-2026 | A-Li-T |
| | 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 | |
| | 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 | |

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!