

ADOPTION CHECKLIST

- ☒ 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 16/01/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

ADMISSION NO:

MBY 5092

CONTRACT NO:

MA 00029T

Adoptee INFO:

Name & Surname Tiah Beautelement

Contact INFO: 0721346779

Completed by: [Signature]

Date: 24/01/2025

Manager: [Signature]

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.

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
E-mail * tiah.beautement@gmail.com
Title * MRS Initials * T
Street 20 Harry Miller
Suburb Linksie
Country
Phone - Day time

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.
If possible, please provide a personal email, not a company email.

Surname * Beautement
City
Area Code MOSSELBAY
Province
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 * ASD X COLLIE
Colour CREAM + BLACK	Markings
Gender Male ☐ Female ☒	Sterilised ☒ Yes ☐ No

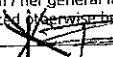
KENNEL UNION OF SOUTH AFRICA (KUSA)

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

	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 Beautelement

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

TEL NO (H): 075 1 (B): _____

CELL NO: 072 134 677 FAX NO: _____

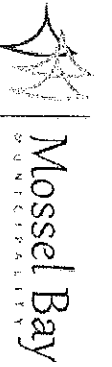
E-MAIL: tiah.beautelement@gmail.com

ADOPTION FEE: R850 cash / card/ eft DONATION: _____ RECEIPT No. SS71

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

SIGNATURE: [Signature] WITNESS FOR SOCIETY: [Signature]

DATE: 24/01/2025



MOSSEL BAY MUNICIPALITY
MOSSELBAY MUNISIPALITEIT
UMASIPALYA WASEMOSSELBAYI

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

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

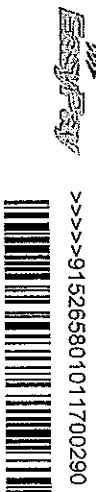
SERVICE DEPOSIT: 1700.00
 ERF NUMBER: 10117000
 TOTAL VALUATION: 2450000
 WARD NO.: 8

DATE	DETAILS	READING DATE: 23/05/24	AMOUNT
21/06/2024	R/E BALANCE ELECTRICITY 11/06/2024-19/06/2024 BASIC VAT/8% 2020.69 434.40 *		
21/06/2024	AMR1204518WATER 24/04/2024-23/05/2024 BASIC 803 - 813 (8 K1 29 days) 5.72 @ 0.000 = 224.17 07/23 2.28 @ 9.186 = 20.94 VAT/8% 274.89 *		
21/06/2024	300008 SEWERAGE RATES INSTALLMENT 2020.00 - 2020.00 - 0.57 -		
21/06/2024	400008 RECEIPTS Balance Carried Forward VAT ON ITEMS: 170.54 ACB TOT: 0.00		
CREDIT	60 DAYS	30 DAYS	CURRENT
0.00	0.00	0.00	2012.57
			2012.00
PAYMENT MUST BE MADE ON OR BEFORE DUE DATE			AMOUNT DUE
DUE DATE 15/07/2024			2012.00

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

PREDEFINED BENEFICIARY.
 Standard Bank MOSSEL BAY MUNICIPALITY
 Ref. No.: 580101170029



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.



Mossel Bay
 MUNICIPALITY

BEAUTEMENT CM
 PO BOX 2392
 MOSSEL BAY
 6500



ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>K 30 32</u>				ADMISSION No. <u>MBY5092</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>31/12/24</u>		Time in	<u>13:50</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked ☒	Yes ☐ No ☐	Lost & Found Date checked <u>31/12/24</u>
Microchip/Collar or ID tag found	Yes ☐ No ☒	Date scanned or checked <u>31/12/24</u>	Microchip or ID Tag number		

DESCRIPTION & HISTORY	Dog ☒	Cat	Other species (Specify)		
	Breed	<u>X Breed</u>	Colour and Markings	<u>Brown + cream</u>	
	Condition	<u>Fair</u>	Sex	<u>Female</u>	Age <u>3 months</u>
	Temperament	<u>Good</u>	Sterilisation details	<u>NO</u>	Name
	Coat <u>Thick</u>	Tail <u>long</u>	Teeth Condition <u>Fair</u>	Ears <u>Down</u>	Size <u>Small</u>
	Area found / collected from <u>D'Almeida</u>				Date <u>31/12/24</u>
	Reason for surrender <u>Came in on 30/12 - owner can't afford</u>				

ASSESSMENT		Surrendered by ☒		Name	<u>E. Stenberg</u>
GOOD WITH:	Yes No	Found by			
Children		Residential Address	<u>153 Kiewit St</u>		
Cats			<u>EXT 85</u>		
Other Dogs		Postal Address	<u>N/A</u>		
Livestock/Other		Tel (H)	<u>N/A</u>	Tel (W)	<u>N/A</u>
DO THEY:	Yes No	Cell	<u>N/A</u>		
Jump Fences		Email	<u>N/A</u>		
Run Away		Donation R	<u>N/A</u>	Cash	Card
COMMENTS:		EFT	(Receipt No.) <u>N/A</u>		
		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 uitdruklik 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 <u>Refer to HSI 4770</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
Details of third Applicant	

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



992003000486906

MA 00029T

**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. BeauteumentHOME ADDRESS: 20 Harry Miller, Linkside Mossel Bay

ID NO.: _____

POSTAL ADDRESS: PO BOX 2392, Mossel Bay, 6500TEL NO (H): 072 1346779 (B): _____CELL NO: 072 1346779 FAX NO: _____E-MAIL: tiah.beauteument@gmail.com

Address where animal will be kept: _____

Reason for wanting an animal: Friend for hoki and I like herOccupation: WriterDo 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 animalsIs the animal for yourself? Yes YES/NOIs 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? HeideroodHow 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 1Are all your animals sterilised? Give details YesHow 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 on to 1 dog + 14 yrsIs your property fenced and has a proper gate? Yes Will you chain/cage an animal? _____Full description of the fencing and gate: palasade Height: _____What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER IndoorHave you previously had pets from an SPCA? Yes Are there children under the 10 years in your household? NoPre 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 23/1/25MBY 5092.
Fluffy ears.



PRE HOME NO

MPRE 065

ADMISSION NO

5092

MA06029T

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 Beautelement

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	07/18 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: Kier

SPCA:

Hoselby

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Tiah Beatement
POSTAL ADDRESS	
STREET ADDRESS	20 Harry Miller
	Linkside
HOME PHONE	
WORK PHONE	
CELLPHONE	072 134 6 779
BREEDER DETAILS	

ME

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

NEXT VACCINATION DUE

DATE DATE DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
02/01/25	MSD Animal Health A230802 Exp: 01-2026	A-L-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	

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	

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's up to you to keep my vaccinations up to date as advised by my vet.

Nobivac[®] DHPPI (Reg. No. G2377 Act 36/1947), Nobivac[®] KC (Reg. No. G2604 Act 36/1947), Nobivac[®] Canine-1 DAPPV (Reg. No. G3892 Act 36/1947), Nobivac[®] Feline-HCP (Reg. No. G3880 Act 36/1947), Nobivac[®] Tilet 150 (Reg. No. G3712 Act 36/1947), Nobivac[®] Rabies (Reg. No. G2207 Act 36/1947), Quantel[®] Tablets (Reg. No. G2717 Act 36/1947) Contains Praziquantel (isopropyl) 50 mg and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 144 mg pyrantel embonate) and Fenbendazole 500 mg, Exitel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 500 mg, Bravecto[®] (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.



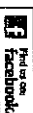
Animal Health

Quantel[®]

Exitel Plus

Exitel Plus XL

Bravecto[®]



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facebook.com/MSDpetcare