ADOPTION CHECKLIST

ADMISSION NO: MBY 5664

CONTRACT NO: MA0007

- [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 03/04/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 16/05/25 992003000486799

Adoptee INFO:

Name & Surname: Chane Saaiman

Contact INFO: 0725147054

Completed by: _____ Date: 07/04/2025

Manager: _____ Date: 07/04/2025

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.

Virbac BackHome
Pet Certificate

Backhome

Dear Pet Owner,

Thank you for choosing BackHome and welcome to the BackHome family. Please keep your BackHome certificate in a safe place. It contains your details as registered on the BackHome national central database.

Please go to our website or download our app where you can conveniently look up or manage your details and that of your pets. For example you can update temporary addresses if you are going away, you can manage your contact details, and keep track of medical conditions of your pets.

You can login to the website and the app with the same details.
BackHome website (**www.backhome.co.za**) or download the BackHome App (from AppStore or PlayStore).

Alternatively you can contact us
E-mail: backhome@virbac.co.za
Phone: 011 027 8837 (weekdays 8:00 am - 5:00 pm)
Fax: 0800 222 546
Mail: Private Bag X115, Halfway House, 1685

Thank you for being a responsible pet owner in having your pet microchipped. Please keep your details updated – we hope your pet is always safe and never gets lost – but now you have an added security if that should ever happen.

Pet Information

Pet Details

Pet Name:		CASSI	
Pet Registered Name:			
Date of Birth:		01 Jan 1970	
Species:	Canine	Breed:	Collie Cross
Gender:	Female	Sterilised:	Yes
Colour:	BRINDLE		
Markings:			

KUSA

KUSA registered?	No
KUSA Number:	

Microchip Information

Microchip Number:	992003000486799
Dates: Registered:	10 May 2025
Implanted:	03 Apr 2025
Name of Welfare Organisation that implanted Chip :	Garden Route SPCA Mosselbay
Person who implanted chip:	BHO SMITH

Medical

Medical Insurance Co:	
Medical Insurance Number:	
Medical Insurance Co Tel:	
Medical Conditions:	

Owner Information

Contact Details

Owner Name:	CHANTE SAAIMAN
Email:	cassidypanday@icloud.com
Work Phone:	
Home Phone:	
Mobile:	+27 725147054

Address

Address:	17 WARREN STR
Suburb:	DELVILLE PARK
Town/City:	GEORGE
Province:	Western Cape
Country:	South Africa
Area Code:	6529

Other Contacts

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): Chantel Lauman

HOME ADDRESS: 17 Warran Street, Delville Park, Pacalsdorp

ID NO.: 9906150338084

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): 07940997 46

CELL NO: 072 514 7054 FAX NO: N/A

EMAIL: Cassidypanday@icloud.com

Address where animal will be kept: AS ABOVE

Occupation: Marine Motorman

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: 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? CROSS BREED FEMALE

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

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? 0 OTHER? 0

Which animals do you still have, and what happened to the others? Died 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 + Palisade Height: 1.8 M

What shelter is provided: OUTDOORS N/A KENNEL N/A OTHER Indoors

Have you previously had pets from an SPCA? NO Are there children under 10 in your household? 1

Pre Home Inspection Fee: R100 Receipt No: MBY 5748

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 Lauman. **Date of application** 29/03/2025

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.

DBV SPCA
Garden Route

KENNEL No.	KW 37			ADMISSION No.	MBY5664	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	17/02/25		Time in	11:24	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	X Yes / No	Lost & Found Date checked	17/02/25
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	17/02/25	Microchip or ID Tag number	None		

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	Afrikanus X Collie	Colour and Markings	Brindle	
Condition	Fair.	Sex	Female	Age ± 7 weeks
Temperament	Fair	Sterilisation details	None	Name
Coat Short	Tail long / Teeth Condition Fair	Ears	Hanging	Size Small
Area found / collected from	Heiderand			Date 17/02/25
Reason for surrender	Unwanted			

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS:

Surrendered by / Found by (X)	Name	L. Armstrong		
Residential Address	24 Beldon Str. Heiderand			
Postal Address	N/A			
Tel (H) N/A	Tel (W) N/A	Cell 0828001884		
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: 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 ~~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 5478	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: _____

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER
992003000486799

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. * 0725147054

E-mail * cassidypanday@icloud.com

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.

Title * Initials * Surname *

Street 17 Warran Street City

Suburb OCCULLE Area Code PACALSDORP

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 * 03 - 04 - 2025

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name Date of birth 2025

Species * CANINE Breed *

Colour BRINDLE 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

9920030000486799

ADMISSION NO MBV 6029

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 2-4-25 TIME: 14:00

NAME OF APPLICANT: Chris Saaiman

ADDRESS: 17 Warran Street, Dellville Park, Pacalsdorp

HOME TEL No: _____ CELL No: 0794099746

ANIMAL(S) ADOPTING: Jack Russel + Collie X

SEX: Male + Female. AGE: Adult Jack Russel 4 month old Collie X

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: 2 Wall		Suitability of fence (i.e. small pets can't escape): Brick wall	
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?	none
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☑	Specify: none	
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					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS ☐ SMALL DOGS

☑ MEDIUM DOGS ☐ LARGE DOGS

INSPECTED BY: Luciano Bray SPCA: Mossel Bay SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Saaiman
POSTAL ADDRESS	
STREET ADDRESS	17 Warran Street,
	Oelville Park, Pacalsdorp
HOME PHONE	
WORK PHONE	
CELLPHONE	0725147054
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	COLLIE X AFRICANUS
COLOUR	BRINDLE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000486799
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE
09/03/25		
03/04/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
18/02/25	Nobivac DHPPi 02131812A 04-FEB-2026 + Milpro	BHO SMITH
19/03/25	Nobivac DHPPi 02131812A 04-FEB-2026 + Milpro	M. Wentzel
03/04/25	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av/Exp.: F48436 27/04-2026	AWA BHO
	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	

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.

Find us on facebook.

MSD Animal Health

Quantel Exitel Plus Exitel Plus XL BRAVECTO

facebook.com/BravectoSouthAfric

GEORGE MUNICIPALITY

Tax invoice

GEORGE

VAT No. 4630193664
P.O.BOX 19, GEORGE, 6530
(044) 801-9111 086 589 6402
EMAIL: accounts@george.gov.za

STATEMENT DATE	24/03/2025
TAX INVOICE NO.	12102552
ACCOUNT NO.	GRG 1002596775
RECEIPTS POSTED TILL	22/03/2025
GUARANTEE / DEPOSIT	0 / 2120.00-
SUBURB	81 2340 00000
VALUATION	960000
SITE ADDRESS:	WARRAN STREET 17
DEBTS DUE BY TENANTS	0.00
CLIENT VAT NO.	

EMAIL

GRG 1002596775

Ms C J SAAIMAN
14 WARREN STREET
DELLVILLE PARK
PACALTSDORP
6534
6534

SERVICE	OPENING BALANCE	RECEIPTS	CHARGE	INTEREST	ADJUSTMENTS	VAT	CLOSING BALANCE
	86.17	-86.17	334.75	0.00	-14.74	50.21	370.22
	360.82	-360.82	313.76	0.00	0.00	47.06	360.82
	361.27	-361.27	314.15	0.00	0.00	47.12	361.27
	377.00	-377.00	377.00	0.00	0.00	0.00	377.00
UN-ALLOCATED CREDITS	0.00	-14.74	0.00	0.00	14.74	0.00	0.00
TOTAL	1,185.26	-1,200.00	1,339.66	0.00	0.00	144.39	1,469.31

TOTAL VAT	ARREAR/ADVANCE	CURRENT	PAYMENT DATE	AMOUNT DUE
R144.39	R0.00	R1,469.31	15/04/2025	R1469.31

	FUTURE	CURRENT	30 DAYS	60 DAYS	90 DAYS	90 DAYS +
MONTHLY	0.00	1469.31	0.00	0.00	0.00	0.00
ANNUAL	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	1469.31	0.00	0.00	0.00	0.00

OFFICE HOURS

08H00 -15H30 MONDAY - FRIDAY
EXCLUDING PUBLIC HOLIDAYS

PAY POINTS

MUNICIPAL OFFICES: GEORGE, UNIONDALE, HAARLEM, POST OFFICES, PICK 'N PAY, SPAR, PEP STORES AND EASYPAY POINTS COUNTRYWIDE.

MESSAGE

PLEASE NOTE THAT YOUR ACCOUNT NUMBER, MUST BE PROVIDED AT ALL TIMES, WHEN YOU LODGE ANY ACCOUNT QUERY, OR REQUEST A DUPLICATE ACCOUNT STATEMENT.

Attention all consumers

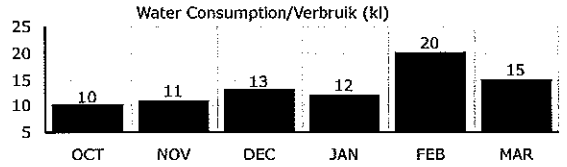
UPDATE YOUR DETAILS HERE

It is the responsibility of each and every consumer to enquire from the municipality if no account is delivered before the due date. Enquiries with regards to accounts can be made with the following options:

1)Email: Accounts@george.gov.za
2) Telephone: (044) 801 9111

Thank you.

Water:1401	Cons/Days New	15	33.00		
Water:1401	Basic New	1	147.46	169.58	22.12
Water:1401	0-6 New	6	20.81	143.59	18.73
Water:1401	Free New	6-	20.81	143.59-	18.73-
Water:1401	6-15 New	9	20.81	215.38	28.09
Elec Prepaid Basic	Domestic 01347171587	20			



Tp.	Meter No.	Previous	New Reading	Factor	Consumption	Period	Daily Aver.
W	CBRL0220	1647	1662 E		15.000	29/01-03/03	.45

Log & report faults, pay municipal bills, submit self-meter readings and more with the My Smart City App. Become a part of the Improvement Movement with George and My Smart City. Improve your city. Be part of the change. Download the app now!

PAYMENT DETAILS

ACCOUNT: GRG 1002596775

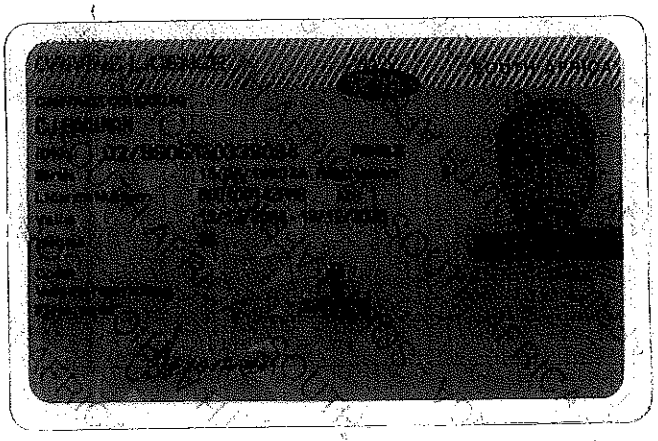
ALLOCATION 0118

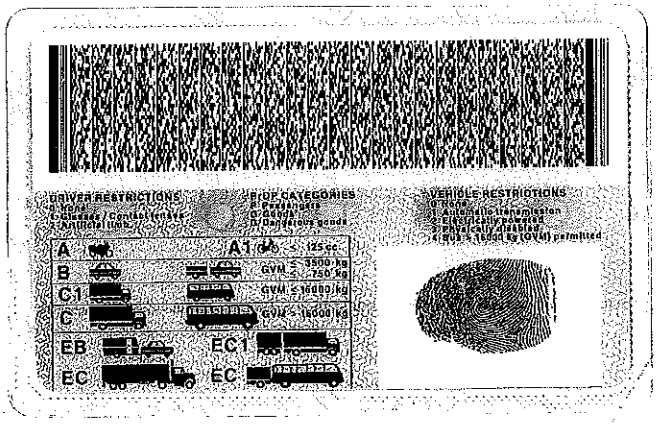
ACCOUNT NUMBER 1002596775

Smart Water Meter | UniPay | My Smart City

FNB
BRANCH CODE: 210554
ACCOUNT NUMBER: 62869623150

9153 0000 0100 2596 7757




DRIVER RESTRICTIONS
0: None
1: Glasses / contact lenses
2: Artificial limb
PROVISIONAL CATEGORIES
A: Motorcycles
B: Cars
C: Dangerous goods
VEHICLE RESTRICTIONS
0: None
1: Automatic transmission
2: Electric powered
3: Physically disabled
A
A1
125cc
B
GVM ≤ 3500 kg
750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC