ADOPTION CHECKLIST

ADMISSION NO: MBY 6029

CONTRACT NO: MA0006

- [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 09/05/25 992003000486798

Adoptee INFO:

Name & Surname Chanté Saaiman

Contact INFO: 072 514 7054

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.

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): Chantè Jamman

HOME ADDRESS: 17 Warran Street, Delville Park, Pacalsdorp

ID NO.: 9906150238084

POSTAL ADDRESS: N/A

TEL NO (H): N/A (B): 0794099746

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

0692763995

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: I love Jack Russel breed

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? Jack Russel

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? _____ OTHER? _____

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: 1.8M

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? No

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No. K 30				ADMISSION No. MBY6029		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 19.3.25	None	Time in		11.15	Date for release	27.3.25

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked		Yes	Lost & Found Date checked	19.3.25		
		No				
Microchip/Collar or ID tag found		Yes	Date scanned or checked	19.3.25	Microchip or ID Tag number	None
		No				

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	
Breed		Colour and Markings	
Condition		Sex	Age
Temperament		Sterilisation details	Name
Coat	Tail	Teeth Condition	Ears / Size
Area found / collected from			Date
Reason for surrender			

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			
Residential Address					
Postal Address					
Tel (H)	Tel (W)	Cell			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: Case No: Inspector:

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 reverse 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	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: _____

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

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.

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

Attention all consumers

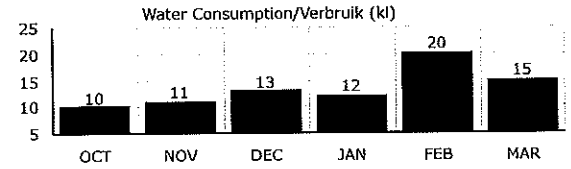
UPDATE YOUR DETAILS HERE

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

Post Office · BOXER · Pick n Pay · SPAR · ACKERMANS · SHOPRITE · Checkers · Usave · unipay

Smart Water Meter · UniPay · My Smart City

-PEP- · game · WOOLWORTHS

FNB
BRANCH CODE: 210554
ACCOUNT NUMBER: 62869623150

9153 0000 0100 2596 7757

9920030004 86798 ADMISSION NO MBY ~~5654~~ 6029

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 2-4-25 TIME: 11:00

NAME OF APPLICANT: Chris Saaiman

ADDRESS: 17 Warren Street, Bellville Park, Pacalsdorp

HOME TEL No: _____ CELL No: 0796099746

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

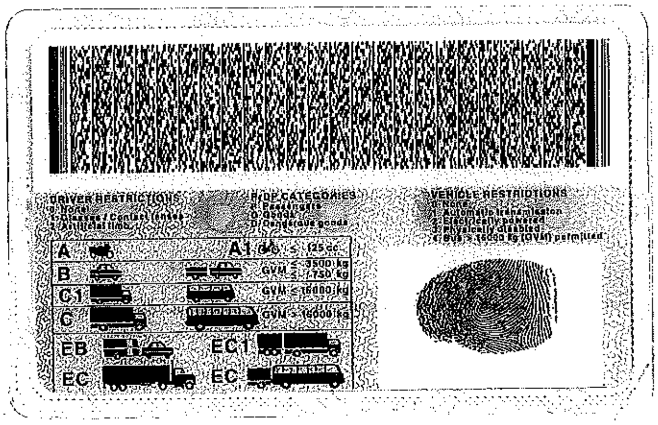
☑ MEDIUM DOGS ☐ LARGE DOGS

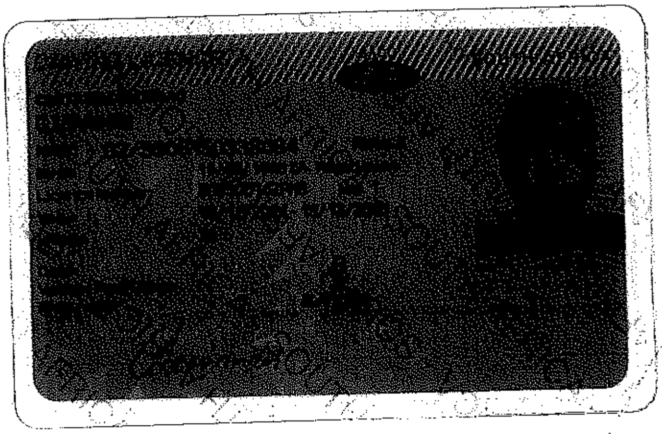
INSPECTED BY: Luciano Roy SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE


DRIVER RESTRICTIONS
0: None
1: Glasses / Contact lenses
2: Artificial limb
PrDP CATEGORIES
P: Passengers
G: Goods
D: Dangerous goods
VEHICLE RESTRICTIONS
0: None
1: Automatic transmission
2: Electrically powered
3: Physically disabled
4: Bus > 16000 kg (GVM) permitted
A
A1
≤ 125cc
B
GVM ≤ 3500 kg
≤ 750 kg
C1
GVM ≤ 16000 kg
C
GVM > 16000 kg
EB
EC1
EC
EC



MY OWNER

NAME: Saaiman

POSTAL ADDRESS:

STREET ADDRESS: 17 Warran Str

Bellville Park, Pacalsdorp

HOME PHONE:

WORK PHONE:

CELLPHONE: 072 514 7054

BREEDER DETAILS:

ME

SPECIES: CANINE

BREED: JACK RUSSEL

COLOUR: WHITE

SEX: MALE

DATE OF BIRTH:

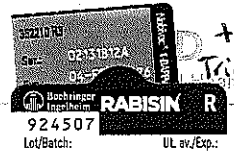
MICROCHIP/TAT: 992003000486798

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
03/04/26		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
31/03/25	 + Triworm	AWA
03/04/25		ALSA
		3H0
	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!

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.

MSD Animal Health

Nobivac Quantel Exitel Plus Exitel Plus XL BRAVECTO

Find us on facebook. facebook.com/BravectoSouthA

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP

992003000486798

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. *

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

E-mail *

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

Title * Initials * Surname *

Street City

Suburb Area Code

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 * - -

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip

PET DETAILS

Pet Name Date of birth

Species * Breed *

Colour 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 X _____

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