CRUELTY COMPLAINT FORM AND INSPECTOR'S REPORT

CFAS10173
Complaint No.

DATE OF COMPLAINT: 27 - January - 2023 TIME: _____

COMPLAINANT DETAILS:

NAME & SURNAME: _____

ADDRESS: 328 Platt avenue Eersterust

E-MAIL: _____ TEL: _____ CELL: 072 300 1715

ADDRESS OF PREMISES / PERSON TO BE INVESTIGATED:

NAME & SURNAME: _____

ADDRESS: _____

E-MAIL: _____ TEL: _____ CELL: _____

NATURE OF COMPLAINT:

Dog came into my yard. The dog is not Feeling well.

Complainant notified:		Date:		Time:	
Telephonically		E-mail		In person	

INVESTIGATION REPORT

DATE: _____ TIME: _____ WARNING No _____

Access granted by: _____

List animals seen: _____

Concerns	**Yes**	**No**
Water available		
Adequate shelter available		
Adequate space available		
Clean living environment		
Animal/s chained / tethered / caged		
Animal/s in good condition		
Veterinary problems / health concerns		
Note: Any concerns noted in this table must be explained in detail in the Inspector's report.		

Report/Findings: _____

Action taken: *(i.e. warning, education, seize, etc)* _____

INSPECTOR: _____ **SIGNATURE:** _____

FOLLOW-UP INSPECTION

DATE: _____ TIME: _____ WARNING No _____

Access granted by: _____

List animals seen: _____

Concerns	Yes	No
Water available		
Adequate shelter available		
Adequate space available		
Clean living environment		
Animal/s chained / tethered / caged		
Animal/s in good condition		
Veterinary problems / health concerns		

Note: Any concerns noted in this table must be explained in detail in the Inspector's report.

Report/Findings: _____

Action taken: *(i.e. warning, education, seize, etc)* _____

INSPECTOR: _____ **SIGNATURE**: _____

FOLLOW-UP INSPECTION

DATE: _____ TIME: _____ WARNING No _____

Access granted by: _____

List animals seen: _____

Concerns	Yes	No
Water available		
Adequate shelter available		
Adequate space available		
Clean living environment		
Animal/s chained / tethered / caged		
Animal/s in good condition		
Veterinary problems / health concerns		

Note: Any concerns noted in this table must be explained in detail in the Inspector's report.

Report/Findings: _____

Action taken: *(i.e. warning, education, seize, etc)* _____

INSPECTOR: _____ **SIGNATURE:** _____

Outcome of case:					
No welfare concerns - NFA		Owner complied - NFA		Animal/s confiscated	
Animal/s signed over		Animal/s given away		Owner moved	
Charges laid		SAPS CAS No.		OB No.	
If referred, to who?				Date & time:	

COLLECTION REPORT

Collection No.

DATE OF COLLECTION: 27 - January - 2023 TIME: 13:38

CALLER DETAILS:

NAME & SURNAME:

ADDRESS: 328 Platt avenue Eersterust

E-MAIL:

TEL: CELL: 072 300 1719

DESCRIPTION OF COLLECTION:

Dog came to my yard. The dog is not feeling well

REPORT OF COLLECTION:

DATE RESPONDED: TIME RESPONDED:

VEHICLE USED:

START MILEAGE: END MILEAGE:

ADMISSION NUMBER:

DESCRIPTION OF ANIMAL: Type: *(Dog / Cat / Sheep / Etc)*

Breed: Sex: Age:

Colour and markings:

Condition of animal: Name:

Name of Collector: **SIGNATURE:**

NOTE: A copy of the Admission form must be attached to this report.

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA

KENNEL No.				ADMISSION No.		
Stray X	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 27/01/23		Time in			Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked		Yes / No	Lost & Found Date checked
Microchip / Collar or ID tag found	X	Yes / No	Date scanned or checked	27/01/23	Microchip or ID Tag umber	None	

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify)			
Breed	GSD X		Colour and Markings	Tan	
Condition	Appeared Sick		Sex	Male	Age ± 6 Years
Temperament	Calm		Sterilisation details	NO	Name ?
Coat Short	Tail Long	Teeth Condition	Ears	Half down	Size Medium
Area found / collected from	Eersterust				Date 27/01/23
Reason for surrender	Stray				

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	Caitlin Harris		
Residential Address	328 Platt Avenue, Eersterust 0027				
Postal Address	328 Platt Avenue, Eersterust, 0027				
Tel (H)		Tel (W)		Cell	061 391 5578
Email	caitlinharris59@gmail.com				
Donation R	—	Cash	Card	EFT	(Receipt No.) —

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: Moreen

STATEMENT OF SURRENDER

I do hereby certify that I DO / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and I DO / I 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 me. 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 nóg die DBV nóg sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e nie. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die 'Voorwaardes' op die agterblad.**

Signature	Witness for Society
Harris	

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

CONDITIONS / VOORWAARDES

1. The Owner/Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavor to place it in a new home or if unable to do so, effect its painless destruction.

2. If, in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar/ Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstandedat die Vereniging sal poogom dit in 'n nuwe huiste plaas of indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir mensiikheidsredes vernietig behoort te word, die Vereniging die reg sal he om so 'n vernietiging te bewerksteilig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongestenliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia	Possible distamper		

Euthanase Bottle No: I165 Quantity used: 1 5ml's AWA: R 100

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials)_____

Residential Address:_____

_____

Tel No(h):_____ Tel No (w):_____ Cell No:_____

Postal Address: _____

E-mail Address: _____

Reclaim Charge:_____ Added Donation:_____ Cash/EFT/Card (Receipt No.):_____

ID/Passport No:_____ Copy Attached: Yes ☐ No ☐

Vehicle Model:_____ Colour:_____ Reg No:_____

Signature: _____ Witness forSociety:_____

Microchip / Collar and ID tag given		Yes	Microchip/ ID Tag details
		No	

Date:_____

MEDICAL RECORD

Date	Remarks	Treatment	Cost