ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA

KENNEL No.			ADMISSION No. P159		
Stray X	Surrender	Impounded	Returned	Confiscated	Request for euthanasia
Date in 10-06-19		Time in	16:11	Date for release	15 June 2019

IDENTIFICATION & LOST AND FOUND					
Lost & Found checked	X Yes / No	Lost & Found Date checked	11 June 2019		
Microchip / Collar or ID tag found	Yes / No	Date scanned or checked		Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify)	
Breed STAFFI X		Colour and Markings BLACK WITH WHITE	
Condition SLIGHTLY THIN		Sex MALE	Age
Temperament FRIENDLY		Sterilisation details NO	Name
Coat SHORT	Tail LONG	Ears DOWN	Size MEDIUM
Area found / collected from SELECTION PARK			Date 10-06-19
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	Melissa	
Residential Address				
Postal Address	6A Farris Springs			
Tel (H)	Tel (W)	Cell 0642379593.		
Email				
Donation R	Cash	Card	Cheque	(Receipt No.)

PLEASE INSIST ON A RECEIPT

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

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 die bogenoemde dier **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER IS NIE**, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van enige belange daarin, indien enige, aan die DBV en ek versoek dat die dier hanteer word soos goed geag deur die DBV.. Daar word uitdruklik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die dier en sy hantering. Ek ~~bevestig dat~~ ek oor as 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: 2019-07-11 7888

APPLICATION TO ADOPT AN ANIMAL
AANSOEK OM 'N DIER AAN TE NEEM

PLEASE NOTE: We retain the right to decline this application
NEEM ASSEBLIEF KENNIS: Ons behou die reg om hierdie aansoek af te keur

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

NAME - ~~Prof/Dr~~/Mr/~~Mrs/Ms~~ (including initials)
NAAM – Prof/Dr/Mnr/Mev/Mej (insluitend voorletters): Richard Kümm

HOME ADDRESS
HUISADRES: 49 Mentz Street, Casseldale, Springs, 1559

POSTAL ADDRESS
POSADRES: Same as Home address

TEL No.
TELNr (H): (B) 011 813 2656

E-MAIL
E-POS: RichardKumm@Gmail.com CELL
SEL: 073 254 3972

Occupation
Beroep: Safety (OHS) Officer.

Address where the animal will be kept
Adres waar die dier gehou gaan word: 49 Mentz Street, Casseldale, Springs

Reason for wanting an animal
Rede vir eienaarskap van 'n dier: To provide a loving, stable home

Is the animal for yourself?
Is die dier vir uself? YES/JA ☑ NO/NEE ☐

Is the animal a replacement for a pet which has died from Distemper/Gastro-enteritis/Parvovirus "Snuffles"/Cat Flu/Biliary YES/JA ☐ NO/NEE ☑
Is die 'n plaasvervanger vir 'n troeteldier wat gevrek het van

What type of animal do you wish to adopt? DOG ☑ CAT ☐ OTHER ☐
Watter tipe dier wil u graag aanneem? HOND KAT ANDER

What breed of dog or cat are you interested in?
In watter soort hond of kat stel u belang? Staffordshire Terrier

Can you afford private veterinary fees? Yes
Kan u private veeartsenykundige tariewe bekostig?

Who is your vet? Dr Thulani. Selcourt Veterinary Hospital
Wie is u veearts?

How many dogs and/or cats do you own? DOGS HONDE 0 CATS KATTE 4
Hoeveel honde en/of katte het u tans?

What are the sexes of your animals? DOGS HONDE - CATS KATTE Females
Wat is die geslag van u diere?

Are all your animals sterilised? Give details
Is al u huidige diere gesteriliseer? Gee besonderhede: Yes. All Sterilised at Doctor Thulani.

How many dogs and cats have you owned over the past 3 years? DOGS HONDE 1 CATS KATTE 4
Hoeveel honde en katte het u in die afgelope 3 jaar in u besit gehad?

Which animals do you still have, and what happened to the others?
Watter diere het u tans nog, en wat het met die ander diere gebeur? 4 Cats, Dog was Euthanised due to old age

Is your property fenced and has a proper gate? Yes
Is u eiendom omhein en is daar 'n behoorlike hek?

Will you chain a dog? No
Sal u 'n hond vasketting?

Full description of the fencing and gate
Volle beskrywing van die heining en hek: 6ft Vibracrete + Pallasade

Height
Hoogte: 6 FT

Have you previously had pets from an SPCA? No
Het u vantevore diere van 'n DBV gehad?

Are there any children under the age of 10 years in your household? No
Het u enige kinders onder die ouderdom van 10 jaar in u huis?

SIGNATURE OF APPLICANT
HANDTEKENING VAN APPLIKANT: [signature]

Date of application
Datum van aansoek: 29/06/19

2019-07-08
Paid for neut + Microchip
in office R850-00

Section 4-12a

ADMISSION No P159 / 7888

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 2019/07/06 TIME: 09h50

NAME OF APPLICANT: Richard Kümm

ADDRESS: 49 Mentz Street, Casseldale, Springs

HOME TEL No: 011 813 2656 (work) CELL No: 073 254 3972 083 962 6444

ANIMAL(S) ADOPTING: Staffie

SEX: Male AGE: Approx. 1 Yr

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Precast, Palisade		Height of fence: 18 foot	
Any sign of Kennel/Shelter?	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?	0

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ SMALL DOGS
- ☒ MEDIUM DOGS
- ☐ LARGE DOGS
- ☒ CATS
- ☐ EQUINE
- ☐ OTHER (specify) _____

INSPECTED BY: Roxanne Crowler SPCA: Springs SIGNATURE: Crowler

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM
18 May 2022	No welfare concerns	Animals in good condition	Charné S. Hand

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

New inclusion July 2013

S.P.C.A. - D.B.V. - SPRINGS

REG. No. 001-900 NPO

773, SPRINGS, 1560
815-4229 / 815-2908

ERMELO ROAD / WEG
STRUBENVALE 1559

STERILIZATION CERTIFICATE

Admission No. P159 | Adoption No. 7888 | Sterilization Date 2019-07-10

ANIMAL DETAILS:

Breed: Staffi | Sex: Male | Age: ± 1year

Size, Colour and Markings: Medium. Black with White.

OWNERS DETAILS:

Name: Richard Kümm | I.D.. No. 8505225081082

Address: 49 Mentz Street, Casselelale Springs.

Tel (home): | (work): | (cell): 073 254 3972

email:

VET CLINIC DETAILS:

I, Dr. Dr C.J.van NIEKERK do hereby declare that the above mentioned animal was sterilized by me on 10/7/19.

SPRINGS
VETERINARY HOSPITAL
DIERE HOSPITAAL
66 12de STRAAT, SPRINGS
TEL: 011 812 1517

Signed.

Clinic Stamp.

FILE REF; LEDA EXCEL MY DOCS/STERILIZATION CERT UPDATED 17/06/06

DBV SPCA

Printed October 2016

Section 4-12 : FORM BB

ADMISSION No.
TOELATINGS Nr. P159 | 7888

ADOPTION CONTRACT

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.
I do hereby confirm and undertake that:

1. I am over eighteen (18) years of age.
2. 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.
3. I will give the animal a fair chance to adjust to its new home.
4. I understand that donations are not refundable or transferable.
5. I will feed and house the animal to the Society's satisfaction.
6. 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.
7. I can afford the services of a private veterinary practitioner.
8. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
9. 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.
10. I will ensure that the animal is sterilised as stipulated by the Society.
11. 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.
12. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
13. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
14. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
15. 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.
16. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
17. I will notify the Society of any change of address in writing by registered post within seven (7) days.

Microchip / Collar and ID tag given	N	Yes	Microchip or ID Tag Details
		No	

2342

UITPLASINGSKONTRAK

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied, met verantwoordelike en liefdevolle sorg.
Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.
Ek onderneem en bevestig dat:

1. Ek ouer as agtien (18) jaar is.
2. Indien ek vir enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV **terug te besorg**. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV teruggee. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regsonkostes volgens 'n prokureur en kliënt skaal, in die terug verkryging van die dier.
3. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
4. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
5. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
6. Ek **sal nie die dier vasketting of gehok hou nie**, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
7. Ek kan die dienste van 'n private veeartsnykundige bekostig.
8. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veeart se dienste gebruik.
9. Ek verstaan dat, indien die dier siek word (beserings uitgesluit) binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
10. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
11. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs **rekbandjies** mag vir katte gebruik word.
12. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
13. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
14. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
15. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
16. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriële of kommersiële perseel.
17. Ek sal die Vereniging binne sewe (7) dae per geregistreerde pos in kennis stel van enige verandering van adres.

ADOPTER/ONTVANGER

NAME – Prof/Dr/Mr/Mrs/Ms (including initials)
NAAM – Prof/Dr/Mnr/Mev/Mej (insluitende voorletters: MR. RICHARD KÜHM

RESIDENTIAL ADDRESS
WOONADRES: 49 KENTZ STREET; CASSELDALE

SPRINGS

RESIDENTIAL TEL No.
HUISTELEFOONNr.: 073 254 3972

POSTAL ADDRESS
POSADRES: SAME AS ABOVE

BUSINESS ADDRESS
WERKSADRES: 6 LEAD ROAD; NEW ERA

SPRINGS

BUSINESS TEL No.
WERKTELEFOONNr.: 011 815 2656

DONATION / CHARGE FOR ANIMAL
SKENKING / PRYS VAN DIER 850

cash / cheque / card
kontant / tjek / kaart

RECEIPT No.
KWITANSIENr.

ID / PAASPORT / PENSION No.
ID / PASPOORT / PENSIOENNr. 8505225081082

VEHICLE REG. No.
VOERTUIG REGNr. BX 90 VW GP

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY
GETUIE VIR VERENIGING: PATRONESS

DATE / DATUM: 14/07/19