ADMISSION, ASSESSMENT AND HISTORY RECORD

KENNEL No. Alimony				ADMISSION No. 13490		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in			Time in		Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes / No	Lost & Found Date checked
Microchip / Collar or ID tag found	Yes / No	Date scanned or checked		Microchip or ID Tag umber	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	
Breed: Chihuahua x		Colour and Markings: White with brown	
Condition: Good		Sex: Male	Age: ± 6 months
Temperament: Scared		Sterilisation details: No	Name: Rajah
Coat: Short	Tail: Long	Teeth Condition: Good	Ears: Folded / Size: Small
Area found / collected from			Date
~~Reason for surrender~~ Alimony			

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: Debbie Anzella Viviers			
Residential Address: 12 Porter Ave, Brakpan					
Postal Address: ~~X~~					
Tel (H)	Tel (W)	Cell: 0655470323			
Email					
Donation R 700	Cash: X	Card	EFT	(Receipt No.) 4408	

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 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 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: DE Viviers	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 ☒ R.T.O On Date: 06/04/22.

Brakpan

Society for the Prevention of Cruelty to Animals

DBV SPCA

Dierebeskermings-vereniging

Incorporated Association not for gain – Ingelyfde Vereniging sonder winsoogmerk

KENNELS/HOKKE: 96 DENNE RD/WEG, WITPOORT, BRAKPAN

Reg. No. 001-910 NPO

☎011 742 2007
083 696 9052

ALIMONY FORM

PLEASE NOTE:

This is a legal document which terms you agree to upon signing. Should it be known that the information given is incorrect, the SPCA reserves the right to refuse further assistance and to submit an account for the undertaking. We reserve the right to take legal action and this document can be led as evidence. In terms of an agreement with the SA Veterinary Association, the SPCA undertakes to carry out treatment to pet owners ONLY IF THEY ARE UNABLE TO AFFORD THE FEES OF A PRIVATE VETERINARIAN and the owner shall carry incurred costs.

Owner Surname: Viviers Initials: D.A

Title (Mr/Mrs/Miss): Miss First Names: Debbe Anzelle

Identity Number: 8506040107086 Marital Status:

Physical Address as per Proof of Residence: 12 Porter AVE

Postal Code: 1540

PO Box: Place: Brakpan Postal Code:

Phone Number: (Cell): 065 547 0323 (W) - (H) -

Employers Name:

Owner's Occupation: Salary:

Spouse's Occupation: Salary:

Number of Dependants: Number of Pets: 2

Who is your veterinarian? Town:

DECLARATION OF OWNER OF PET:

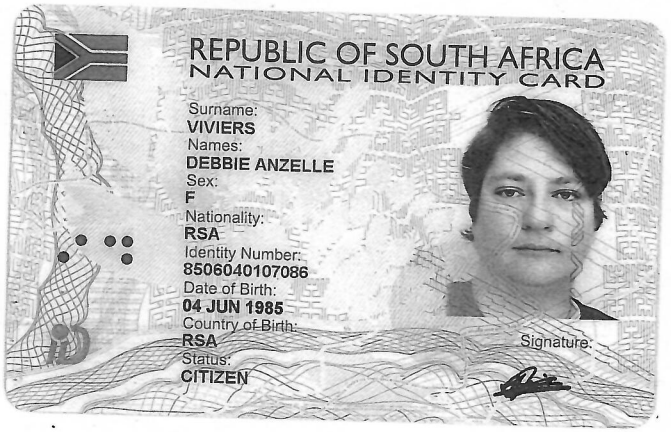
Please note that false statements may lead to prosecution and/or a criminal record and is punishable by law.
I have read and understood the contents of the above form. I declare that I have answered all questions honestly and further declare that I am unable to afford the fees of a private veterinarian and that I am the bona fide owner of the animal being treated. I also undertake to pay the Brakpan SPCA all monies incurred whilst my animal is in their care.
Please also understand that treatment will be at the Veterinarian's discretion. Please is advised that all unsterilized bitches and queens shall not be released from the Brakpan SPCA without them first being sterilized.

Date: 29/03/22 Place: Brakpan Signature:

FOR OFFICE USE

Receipt Number: Date:

Admission Form Number: Form Received By:


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
VIVIERS
Names:
DEBBIE ANZELLE
Sex:
F
Nationality:
RSA
Identity Number:
8506040107086
Date of Birth:
04 JUN 1985
Country of Birth:
RSA
Status:
CITIZEN
Signature: