

ADMISSION, ASSESSMENT AND HISTORY RECORD



KENNEL No. <u>Alimony</u>				ADMISSION No. <u>13491</u>		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in <u>05/04/22</u>		Time in <u>07h30</u>		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 number		

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify)			
	Breed	<u>DSH</u>		Colour and Markings <u>Tabby</u>		
	Condition	<u>Good</u>		Sex <u>Female</u>	Age <u>± 7 months</u>	
	Temperament	<u>Good</u>		Sterilisation details <u>No</u>	Name <u>Tiger</u>	
	Coat <u>Short</u>	Tail <u>Long</u>	Teeth Condition <u>Good</u>	Ears <u>Up</u>	Size <u>Small</u>	
	Area found / collected from					Date <u>05/04/22</u>
	Reason for surrender <u>Alimony</u>					

ASSESSMENT			Surrendered by <u>Name</u> <u>GERT PETERS DANC BRITS</u>	
GOOD WITH:	Yes	No	Found by <u>173 COWERY RD RAND COWERTS</u>	
Children			Residential Address <u>DAWZEW BRACKPAN</u>	
Cats			Postal Address <u>1541</u>	
Other Dogs			Tel (H) _____ Tel (W) _____ Cell <u>0711715668</u>	
Livestock/other			Email _____	
DO THEY:	Yes	No	Donation R <u>700</u> Cash Card EFT (Receipt No.) <u>9435</u>	
Jump Fences				
Run Away				
COMMENTS:				

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 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</u>

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other to P.T.O On Date: 06/04/22

Brakpan

Society for the Prevention
of Cruelty to Animals



Dierebeskermings-
vereniging

Incorporated Association not for gain - Ingelyde Vereniging sonder winsoek
KENNELS/HOKKE: 96 DENNE RDAWEG, 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: GERT BRITS Initials: GB

Title (Mr/Mrs/Miss): MR First Names: GERT PETRUS DRAK

Identity Number: 9510196188089 Marital Status: ENGAGED

Physical Address, as per Proof of Residence: 173 COLLEGE RD RAND

COLLEGES DALUTJE W. BRAKPAN Postal Code: 1541

PO Box: 1540 Place: BRAKPAN Postal Code: 1541

Phone Number: (Cell): 011 1715668 (W) (H)

Employer's Name: _____

Owner's Occupation: _____ Salary: _____

Spouse's Occupation: _____ Salary: _____

Number of Dependents: _____ Number of Pets: _____

Who is your veterinarian? USED TO GET ONE 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 be advised that all unsterilized bitches and queens shall not be released from the Brakpan SPCA without them first being sterilized.

Date: 02/04/2022 Place: BRAKPAN Signature: GB

FOR OFFICE USE

Receipt Number: _____ Date: _____

Admission Form Number: _____ Form Received By: _____

DRIVING LICENCE

SADC SOUTH AFRICA

ZA

CARTA DE CONDUCAO
CPD BRITS

ID No: 02/9510196188089 MALE

Birth: 19/10/1995 ZA Restriction: 0

Licence Number: 40550004PSOW No: 1

Valid: 26/05/2021 - 19/05/2026

Issued: ZA

Code: B
Vehicle restriction: 0
First issue: 26/04/2016



9435



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. 134911DATE: 02/04/2022

between

Brakpan

SPCA

and

Name GERT BRITSAddress 173 COLLEGE RD RAND COLLEGES DALWAZW BRAKPAN

Telephone Numbers (H)

(B) 0711715668to have spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name TIGERSex FAge 6-8 MONTHSDescription BREED (NECAL TABBY) GREY AND BLACK BLACK PAWSOn (due date) 05/04/22

Adoption Form No.

on the understanding that you will arrange to have this done at the _____
Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society reserves the right to confiscate the animal and NO MONEY WILL BE REFUNDED. The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: [Signature]For SPCA: [Signature]

CONFIRMATION OF STERILISATION:

Vet: NORTHMEAD VET CLINICSigned: [Signature]Date: 05/04/2022