

# ADMISSION, ASSESSMENT AND HISTORY RECORD



|                            |                                               |           |          |                              |                  |                        |
|----------------------------|-----------------------------------------------|-----------|----------|------------------------------|------------------|------------------------|
| KENNEL No. <u>D9 Adock</u> |                                               |           |          | C ADMISSION No. <u>13544</u> |                  |                        |
| Stray                      | <input checked="" type="checkbox"/> Surrender | Abandoned | Returned | Impounded                    | Confiscated      | Request for euthanasia |
| Date in                    | <u>11/4/22</u>                                |           | Time in  | <u>18:50</u>                 | Date for release | <u>-</u>               |

| IDENTIFICATION & LOST AND FOUND    |                                                                        |                         |                | Lost & Found checked       | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Lost & Found Date checked |
|------------------------------------|------------------------------------------------------------------------|-------------------------|----------------|----------------------------|------------------------------------------------------------------------|---------------------------|
| Microchip / Collar or ID tag found | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Date scanned or checked | <u>11/4/22</u> | Microchip or ID Tag number | <u>N/A</u>                                                             |                           |

| DESCRIPTION & HISTORY | Dog <input checked="" type="checkbox"/> | Cat                              | Other species (Specify) |             |                 |                |
|-----------------------|-----------------------------------------|----------------------------------|-------------------------|-------------|-----------------|----------------|
|                       | Breed                                   | <u>CSB</u>                       | Colour and Markings     |             | <u>BISCUIT</u>  |                |
|                       | Condition                               | <u>Good</u>                      | Sex                     | <u>Male</u> | Age             | <u>± 2 yrs</u> |
|                       | Temperament                             | <u>Good</u>                      | Sterilisation details   | <u>N/A</u>  | Name            | <u>-</u>       |
|                       | Coat                                    | <u>Short</u>                     | Tail                    | <u>Long</u> | Teeth Condition | <u>-</u>       |
|                       | Ears                                    | <u>Pointy</u>                    | Size                    | <u>MED</u>  |                 |                |
|                       | Area found / collected from             | <u>5616 Nongoma Street</u>       |                         |             |                 | Date           |
|                       | Reason for surrender                    | <u>owner move to small place</u> |                         |             |                 |                |

| ASSESSMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                          |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------|----------------|------|---------------------|----------|--|--|---------------------|----------------------------|--|--|---------------------------------------|--|----------------|------------|--|---------|------------|--------------------|--|--|--------------------------|-------|-------------------------------|--|------------|------|------------------------|
| GOOD WITH:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes                                   | No                       |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Children                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>              | <input type="checkbox"/> |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Cats                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/>              | <input type="checkbox"/> |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Other Dogs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/>              | <input type="checkbox"/> |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Livestock/other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>              | <input type="checkbox"/> |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| DO THEY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                                   | No                       |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Jump Fences                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>              | <input type="checkbox"/> |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Run Away                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>              | <input type="checkbox"/> |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| COMMENTS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                          |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| <table border="1"> <tr> <td>Surrendered by</td> <td>Name</td> <td><u>MR. SIMELANE</u></td> </tr> <tr> <td>Found by</td> <td></td> <td></td> </tr> <tr> <td>Residential Address</td> <td colspan="2"><u>5616 Nongoma Street</u></td> </tr> <tr> <td></td> <td colspan="2"><u>EXT 8 LANGAVILLE, ISAKANE 1550</u></td> </tr> <tr> <td>Postal Address</td> <td colspan="2"><u>N/A</u></td> </tr> <tr> <td>Tel (H)</td> <td><u>N/A</u></td> <td>Tel (W) <u>N/A</u></td> </tr> <tr> <td></td> <td></td> <td>Cell <u>083 394 9419</u></td> </tr> <tr> <td>Email</td> <td colspan="2"><u>PSIMELANE646@gmail.com</u></td> </tr> <tr> <td>Donation R</td> <td>Cash</td> <td>Card EFT (Receipt No.)</td> </tr> </table> |                                       |                          | Surrendered by | Name | <u>MR. SIMELANE</u> | Found by |  |  | Residential Address | <u>5616 Nongoma Street</u> |  |  | <u>EXT 8 LANGAVILLE, ISAKANE 1550</u> |  | Postal Address | <u>N/A</u> |  | Tel (H) | <u>N/A</u> | Tel (W) <u>N/A</u> |  |  | Cell <u>083 394 9419</u> | Email | <u>PSIMELANE646@gmail.com</u> |  | Donation R | Cash | Card EFT (Receipt No.) |
| Surrendered by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name                                  | <u>MR. SIMELANE</u>      |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Found by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                          |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Residential Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>5616 Nongoma Street</u>            |                          |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>EXT 8 LANGAVILLE, ISAKANE 1550</u> |                          |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Postal Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>N/A</u>                            |                          |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Tel (H)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>N/A</u>                            | Tel (W) <u>N/A</u>       |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | Cell <u>083 394 9419</u> |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Email                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>PSIMELANE646@gmail.com</u>         |                          |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| Donation R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Cash                                  | Card EFT (Receipt No.)   |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |
| PLEASE INSIST ON A RECEIPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                          |                |      |                     |          |  |  |                     |                            |  |  |                                       |  |                |            |  |         |            |                    |  |  |                          |       |                               |  |            |      |                        |

Confiscated: OB No: \_\_\_\_\_ Case No: \_\_\_\_\_ Inspector: \_\_\_\_\_

| STATEMENT OF SURRENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I do hereby certify that I <b>DO / I DO NOT</b> own the animal/s described above, that <b>IT IS / IT IS NOT</b> a stray and I <b>DO / I DO NOT</b> 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.</p> | <p>Hiermee verklaar ek dat ek hierbo beskryf <b>BESIT / NIE BESIT NIE</b>, dat dit 'n <b>RONDLOPER / NIE RONDLOPER NIE</b> is, en dat ek <b>WEET / NIE WEET</b> 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.</p> |
| 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 ☐ On Date: 20/6/22

23

10mc

B. MANI