

# ADMISSION, ASSESSMENT AND HISTORY RECORD



|                                  |                  |                      |                 |                                   |                    |                               |
|----------------------------------|------------------|----------------------|-----------------|-----------------------------------|--------------------|-------------------------------|
| <b>KENNEL No.</b> <u>Alimony</u> |                  |                      |                 | <b>ADMISSION No.</b> <u>13912</u> |                    |                               |
| <u>Stray</u>                     | <u>Surrender</u> | <u>Abandoned</u>     | <u>Returned</u> | <u>Impounded</u>                  | <u>Confiscated</u> | <u>Request for euthanasia</u> |
| Date in <u>17/05/22</u>          |                  | Time in <u>07h40</u> |                 | Date for release                  |                    |                               |

|                                            |                                                                        |                         |                      |                                                                        |                           |
|--------------------------------------------|------------------------------------------------------------------------|-------------------------|----------------------|------------------------------------------------------------------------|---------------------------|
| <b>IDENTIFICATION &amp; LOST AND FOUND</b> |                                                                        |                         | 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>17/05/22</u>      | Microchip or ID Tag number                                             | <u>N/A</u>                |

|                                  |                                      |                   |                         |                     |                          |
|----------------------------------|--------------------------------------|-------------------|-------------------------|---------------------|--------------------------|
| <b>DESCRIPTION &amp; HISTORY</b> | <input checked="" type="radio"/> Dog | Cat               | Other species (Specify) |                     |                          |
|                                  | Breed                                | <u>Alsatian x</u> |                         | Colour and Markings | <u>Black &amp; brown</u> |
|                                  | Condition                            | <u>Good</u>       |                         | Sex                 | <u>Female</u>            |
|                                  | Temperament                          | <u>Good</u>       |                         | Age                 | <u>± 1 year</u>          |
|                                  | Coat                                 | Tail              | Teeth Condition         | Ears                | Name                     |
|                                  | <u>Long</u>                          | <u>Long</u>       | <u>Good</u>             | <u>Up</u>           | <u>Peanut</u>            |
|                                  | Area found collected from            | <u>Brakpan</u>    |                         |                     | Date                     |
|                                  | <u>Reason for surrender</u>          | <u>Alimony</u>    |                         |                     |                          |

|                                                                                |  |                                                           |  |                                                                                                                       |  |
|--------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------|--|
| <b>ASSESSMENT</b>                                                              |  | Surrendered by <u>[Signature]</u>                         |  | Name <u>Leonie Ferreira</u>                                                                                           |  |
| GOOD WITH: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | Found by <u>[Signature]</u>                               |  | Residential Address <u>110 STUFFBERY AVE</u>                                                                          |  |
| Children <input type="checkbox"/>                                              |  | Postal Address <u>BRAKPAN</u>                             |  | Tel (H) _____ Tel (W) _____ Cell <u>076 782 5820</u>                                                                  |  |
| Cats <input type="checkbox"/>                                                  |  | Email _____                                               |  | Donation R <u>800</u> Cash <input checked="" type="checkbox"/> EFT <input type="checkbox"/> (Receipt No.) <u>9690</u> |  |
| Other Dogs <input type="checkbox"/>                                            |  | PLEASE INSIST ON A RECEIPT                                |  |                                                                                                                       |  |
| Livestock/other <input type="checkbox"/>                                       |  | Comments: <u>N/A</u>                                      |  |                                                                                                                       |  |
| DO THEY: Yes <input type="checkbox"/> No <input type="checkbox"/>              |  | Confiscated: OB No: _____ Case No: _____ Inspector: _____ |  |                                                                                                                       |  |
| Jump Fences <input type="checkbox"/>                                           |  |                                                           |  |                                                                                                                       |  |
| Run Away <input type="checkbox"/>                                              |  |                                                           |  |                                                                                                                       |  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>STATEMENT OF SURRENDER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>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.</p> | <p>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.</p> |
| Signature <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Witness for Society <u>[Signature]</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                                         |                             |
|-----------------------------------------|-----------------------------|
| <b>FOR OFFICE USE: PENDING ADOPTION</b> |                             |
| Details of first Applicant              | Details of second Applicant |
| Details of third Applicant              |                             |

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: \_\_\_\_\_

# Brakpan

Society for the Prevention  
of Cruelty to Animals



Dierebeskermings-  
vereniging

Incorporated Association not for gain - Ingeleerde 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: FERREIRA Initials: NL

Title (Mr/Mrs/Miss): MRS First Names: NIKOLETTE LEONI

Identity Number: 670501 0057 089 Marital Status: MARRIED

Physical Address as per Proof of Residence: 110 STOFFBERG AVE  
BRAKPAN Postal Code: 1541

PO Box: - Place: - Postal Code: -

Phone Number: (Cell): 076 982 5824 (W) - (H) -

Employer's Name: -

Owner's Occupation: - Salary: -

Spouse's Occupation: MECHANIC Salary: -

Number of Dependants: - Number of Pets: -

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 be advised that all unsterilized bitches and queens shall not be released from the Brakpan SPCA without them first being sterilized.

Date: 16-5-22 Place: BRAKPAN Signature: [Signature]

### FOR OFFICE USE

Receipt Number: - Date: -

Admission Form Number: - Form Received By: -

ORGAN  
DONOR

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 670501 0057 089



S.A.CITIZEN

SURNAME

FERREIRA

FORENAMES

NICOLETTE LEONI

COUNTRY OF BIRTH

SOUTH AFRICA

DATE OF BIRTH

1967-05-01



DATE ISSUED

2012-04-10

ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS

# Brakpan



## Society for the Prevention Dierebeskermings- of Cruelty to Animals vereniging

Incorporated Association not for gain – Ingelyfde Vereniging sonder winsoogmerk  
**KENNELS/HOKKE: 96 DENNE RD/WEG, WITPOORT, BRAKPAN**

Reg. No. 001-910 NPO

☐ 407  
Brakpan  
1540  
☎ 011 742 2007  
011 743 1076  
083 696 9052

### STERILISATION CONTRACT

ADOPTION ☐ ALIMONY ☒ OUTREACH ☐ MEDICAL ☐ CLAIMED ☐

DATE: 16-05-2022 ADMISSION NUMBER: 13912

NAME & SURNAME: NICOLETTE LEONI FERREIRA

ADDRESS: 110 STOFFBERG AVENUE  
BRAKPAN

CELL NUMBER: 076 982 5824 E-MAIL ADDRESS: Leoni.9m11@outlook.com

PET INSURANCE: YES ☒ NO

DOG ☒ CAT ☐ BREED: ALSATIAN AGE: \_\_\_\_\_ GENDER: F

NAME OF ANIMAL: PEANUT DESCRIPTION: BLACK/BROWN FULLY VACCINATED: YES / NO

Is your dog/cat pregnant? YES ☒ NO Is your dog/cat on heat? YES ☒ NO SPAY ☒ NEUTER

Does your dog/cat have vaginal discharge? YES ☒ NO STERILISATION DATE: \_\_\_\_\_

### HISTORY

Any prior procedure using anesthetic? If so, please give date and nature of procedure:

? N/A

Any medical conditions (e.g. diabetes, epilepsy or problems with anesthetic)?

N/A

Any current medication? — Microchip: NO

### TERMS & CONDITIONS OF STERILISATION

1. If the adopted animal is not sterilised on the due date mentioned above, the SPCA reserves the right to enter the above property and confiscate the animal. No money will be refunded.
2. The adopted animal cannot be passed on to a new owner. Please see clause 2 of the adoption contract.
3. The SPCA and its Veterinarian will not be held liable for any loss, theft, sickness, injury or death of any animal admitted for sterilisation. All reasonable precaution will be taken whilst the animal is in the SPCA's care. The SPCA does not have overnight staff to monitor animals after surgery.
4. It is understood that the signature on this document is that of the legal owner of the animal. Should it not be that of the legal owner, you are advised that you will have no legal recourse to take any action against the SPCA.
5. Failure to collect and pay the outstanding monies within (7) days of the animal's sterilization date shall result in the SPCA considering the animal to have been abandoned and they shall do with the animal as they deem fit. No further correspondence shall be entered into.
6. I understand that any procedure involving anesthetic does carry certain risks for the animal involved even though all reasonable precaution will be taken whilst the animal is in the care of the SPCA. I further understand that the SPCA Clinic is not equipped to deal with emergencies to the same extent as most private veterinary practices.
7. **Should your dog/cat be found to be pregnant/on heat/pyometra during sterilisation, a MINIMUM of R300-00 surcharge will apply.**
8. It is not a requirement that the BRAKPAN SPCA signs this contract for it to be effective and it will come into effect on the owner's/adopters signature.

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

**Signature of Owner/Adopter:**

# Brakpan



## Society for the Prevention Dierebeskermings- of Cruelty to Animals vereniging

Incorporated Association not for gain – Ingelyfde Vereniging sonder winsoogmerk  
KENNELS/HOKKE: 96 DENNE RD/WEG, WITPOORT, BRAKPAN

Reg. No. 001-910 NPO

✉ 407  
Brakpan  
1540  
☎ 011 742 2007  
011 743 1076  
083 696 9052

### OFFICE USE ONLY:

WITNESS FOR SOCIETY: [Signature]

VET PRACTICE: Northmead

DATE: 17/05/22

### VET USE ONLY:

VET NAME: Dr Macpherson

VET PRACTICE: NORTHMEAD VET CLINIC

VET SIGNATURE: M. a. Mo.

DATE: 17 May 2022

Mark Below Relevant

Mark Below If Relevant

☒ SPAYED / NEUTERED

☐ ON HEAT / PREGNANT / OTHER COMPLICATIONS(Describe under Notes)

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_