ADMISSION, ASSESSMENT AND HISTORY RECORD AEGM12380

DBV SPCA

KENNEL No. Alimony				ADMISSION No. 14275		
~~Stray~~	~~Surrender~~	~~Abandoned~~	~~Returned~~	~~Impounded~~	~~Confiscated~~	Request for ~~euthanasia~~
Date in	14/06/22	Time in	07h40	Date for release	15/06/22	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked		Yes / No	Lost & Found Date checked
Microchip / Collar or ID tag found		Yes / X No	Date scanned or checked	14/06/22	Microchip or ID Tag umber	N/A.

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	DSH		Colour and Markings	Tabby & White.	
Condition	Good		Sex	Male	Age ± 1 year
Temperament	Good		Sterilisation details	No	Name Coco
Coat Short	Tail Long	Teeth Condition Good	Ears	Up	Size Medium
Area found / collected from	Brakpan central.				Date 14/06/22.
~~Reason for surrender~~	Alimony				

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		
N/A		

~~Surrendered by~~ / ~~Found by~~		Name	Divan van wyk.		
Residential Address	82 Hastings str				
Postal Address	—				
Tel (H) —	Tel (W) —	Cell 084 714 2494			
Email	Divanvanwyk9@gmail.com				
Donation R 700	~~Cash~~ X	Card	EFT	(Receipt No.) 9861	

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 / N IE 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		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: _____

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 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 incured costs.

Owner Surname: Harzenberg Initials: M S

Title (Mr/Mrs/Miss): Mrs First Names: Marisa

Identity Number: 8310140021085 Marital Status: Married

Physical Address as per Proof of Residence: 720 Hoy ave

Postal Code:

PO Box: Place: Postal Code:

Phone Number: (Cell): 084 958 5366 (W) (H)

Employer's Name: Lifepoint

Owner's Occupation: Creches Clerk Salary:

Spouse's Occupation: Salary:

Number of Dependants: 2 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 be advised that all unsterilized bitches and queens shall not be released from the Brakpan SPCA without them first being sterilized.

Date: 11/06/2022 Place: Brakpan Signature: M Harzenberg

FOR OFFICE USE

Receipt Number: Date:

Admission Form Number: Form Received By: