ADMISSION, ASSESSMENT AND HISTORY RECORD AEGM12491.

KENNEL No.	Alimony			ADMISSION No.	14276	
~~Stray~~	~~Surrender~~	~~Abandoned~~	~~Returned~~	Impounded	~~Confiscated~~	Request for euthanasia
Date in	14/06/22		Time in	08h00	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	JR x chichi		Colour and Markings	White & tan	
Condition	Good		Sex	Male	Age ± 6 months
Temperament	Good		Sterilisation details	No	Name Viking
Coat Short	Tail Long	Teeth Condition Good	Ears	Down	Size Small
Area found / collected from	Huntingdon. Brakpan North				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	Belinde Groenewald.		
Residential Address	32 Perdeskoen Crescent Huntingdon, Brakpan North.				
Postal Address					
Tel (H)	0671414467	Tel (W)		Cell	0671271387
Email	groenenjb@gmail.com.				
Donation R 700	Cash	Card	EFT	(Receipt No.)	8702 8888 9461

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	Groenewald.	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: _____

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. _____ DATE: 6/4/2022

between Brakpan SPCA

and

Name Belinde Groenewald

Address 32 Perdestraat Crescent, Huntington

Telephone Numbers (H) 067 127 7387 (B) 067 144 4467.

to have spayed / (neutered) / vasectomised (delete whichever is not applicable):

Animal's Name Viking Sex M Age

Description X J/R (Chichi) White & Tan

On (due date) 14/06/22 Adoption Form No.

on the understanding that you will arrange to have this done at the Northmead 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: Groenewald For SPCA: Dentex

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

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 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: Greenewald Initials: BJ

Title (Mr/Mrs/Miss): Mrs First Names: Belinde Joann

Identity Number: 6201010173084 Marital Status: Widow

Physical Address as per Proof of Residence: 32 Perdeskoen Crescent.

Huntingdon, Brakpan North Postal Code: 1545

PO Box: Place: Postal Code:

Phone Number: (Cell): 067 127 7387 (W) 0671616467 (H)

Employers Name: RCL Foods

Owner's Occupation: Credit Controller. Salary: R20 120.

Spouse's Occupation: Salary:

Number of Dependants: Number of Pets: 2.

Who is your veterinarian? Sherwood Gardens Town: Brakpan North

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: 6/4/2022 Place: Brakpan Signature: BGreenewald

FOR OFFICE USE

Receipt Number: Date:

Admission Form Number: Form Received By:

1

I.D.No. 620101 0173 08 4

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
GROENEWALD

VOORNAME/FORENAMES
BELINDE JOANN

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH
1962-01-01

DATUM UITGEREIK
DATE ISSUED
2006-01-27

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

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