

ADMISSION, ASSESSMENT AND HISTORY RECORD



KENNEL No. <u>Alimony</u>				ADMISSION No. <u>14277</u>		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	<u>Request for euthanasia</u>
Date in <u>14/06/22</u>			Time in <u>08h00</u>		Date for release <u>15/06/22</u>	

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	<u>14/06/22</u>	Microchip or ID Tag number	<u>N/A.</u>

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify)		
	Breed	<u>JR x chichi</u>		Colour and Markings	<u>White & tan</u>
	Condition	<u>Good</u>		Sex	<u>Female</u>
	Temperament	<u>Good</u>		Sterilisation details	<u>No</u>
	Coat	Tail	Teeth Condition	Ears	Size
	<u>Short</u>	<u>Long</u>	<u>Good</u>	<u>Down</u>	<u>Small</u>
	Area found / collected from	<u>Huntingdon, Brakpan North</u>			Date
	<u>Reason for surrender</u>	<u>Alimony</u>			

ASSESSMENT		Surrendered by <u>Belinde Groenewald</u>	
GOOD WITH: Yes No		Name	
Children	☐	Residential Address	
Cats	☐	<u>32 Perdebaan Crescent</u>	
Other Dogs	☐	<u>Huntingdon, Brakpan North</u>	
Livestock/other	☐	Postal Address	
DO THEY: Yes No	Tel (H) <u>0671414467</u>		Tel (W)
Jump Fences	☐	Cell <u>0671271387</u>	
Run Away	☐	Email <u>groenewald@gmail.com</u>	
COMMENTS:		Donation R <u>800</u>	
<u>N/A</u>		Cash	Card
		EFT	(Receipt No.) <u>8702 8888 9451</u>

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

[Signature]

FOR OFFICE USE: PENDING ADOPTION

Details of first Applicant

Details of second 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: 6/4/2022between Bratpan SPCA

and

Name Belinde GroenewaldAddress 32 Perdekraan Crescent, HuntingdonTelephone Numbers (H) 067 127 1387 (B) 067 141 4467to have ☒ spayed / neutered / vasectomised (delete whichever is not applicable):Animal's Name Pixie Sex F Age _____Description X J/R (chichi) white & tanOn (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: Antes

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

Brakpan

Society for the Prevention
of Cruelty to Animals



Dierebeskermings-
vereniging

Incorporated Association not for gain - Ingelyde Vereniging sonder winsoek
KENNELS/HOKKE: 96 DENNE ROAD, WITPOORT, BRAKPAN

Reg. No. 001-910 NPO

☎ 011 742 2007
083 696 0052

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: Greenwald 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 1387 (W) 067 161 4467 (H)

Employers Name: RCL Foods

Owner's Occupation: Credit Controller Salary: R 20 120

Spouse's Occupation: _____ Salary: _____

Number of Dependents: _____ 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: Greenwald

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	
GEBORTE/DISTRIK OF LAND/ DISTRICT OR COUNTRY OF BIRTH SOUTH AFRICA	
GEBORTE/DATUM/ 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	
OOR- EN	
ede van u ander het RING, wat ord om die eppos word MENT VAN	
ESS	
TIAL AND	
ars of your r, etc. have form in the ed to report the nearest FFAIRS.	
2021/10/12	
2021/10/12	