CRUELTY COMPLAINT SHEET AND INSPECTOR'S REPORT

156
Complaint No.

DATE OF COMPLAINT: 15/2/2023 TIME: 12:25

COMPLAINANT DETAILS:

NAME & SURNAME: Deanen Lank

ADDRESS: 53 Fems Civic park

E-MAIL: _____ TEL: _____ CELL: 067256 9122

ADDRESS OF PREMISES / PERSON TO BE INVESTIGATED:

NAME & SURNAME: _____

ADDRESS: _____

E-MAIL: _____ TEL: _____ CELL: _____

NATURE OF COMPLAINT:

Rottweiler Sick /vomiting/

Complainant notified:		Date:		Time: 13:00	
Telephonically		E-mail		In person	✓

INVESTIGATION REPORT

DATE: 15/02/23 TIME: 13:00 WARNING No _____

Access granted by: Deanen Lank

List animals seen: 1

Rottweiler male sick vomiting

unsterilized

Concerns	Yes	No
Water available	✓	
Adequate shelter available	✓	
Adequate space available	✓	
Clean living environment	✓	
Animal/s chained / tethered / caged		✓
Animal/s in good condition		✓
Veterinary problems / health concerns		✓

Note: Any concerns noted in this table must be explained in detail in the Inspector's report.

Report/Findings:

found that the dog is sick vomiting I advice the owner ~~to~~ to go to Adsg for treatment.

Action taken: (ie warning, education, seize, etc)

INSPECTOR: Kory **SIGNATURE:** _____

FOLLOW-UP INSPECTION

DATE: 16/02/25 TIME: 16:00 WARNING No

Access granted by: Deuver Renk

List animals seen:

Rot rueiler male unsterilised

Buddy is his name

Concerns	Yes	No
Water available	✓	
Adequate shelter available	✓	
Adequate space available	✓	
Clean living environment	✓	
Animal/s chained / tethered / caged		✓
Animal/s in good condition	✓	
Veterinary problems / health concerns		✓
Note: Any concerns noted in this table must be explained in detail in the Inspector's report.		

Report/Findings:

Found that the dog is better than yesterday no (~~vomiting~~) vomiting, the dog eats now. I advice the owner to keep on giving the treatment pills I took a photo of the past treatment pills

Action taken: *(ie warning, education, seize, etc)*

INSPECTOR: **SIGNATURE:**

FOLLOW-UP INSPECTION

DATE: TIME: WARNING No

Access granted by:

List animals seen:

Concerns	Yes	No
Water available		
Adequate shelter available		
Adequate space available		
Clean living environment		
Animal/s chained / tethered / caged		
Animal/s in good condition		
Veterinary problems / health concerns		
Note: Any concerns noted in this table must be explained in detail in the Inspector's report.		

Report/Findings:

Action taken: *(ie warning, education, seize, etc)*

INSPECTOR: **SIGNATURE:**

Outcome of case:					
No welfare concerns - NFA		Owner complied - NFA		Animal/s confiscated	
Animal/s signed over		Animal/s given away		Owner moved	
Charges laid		SAPS CAS No.		OB No.	
If referred, to who?				Date & time:	

COLLECTION REPORT

156
Collection No.

DATE OF COLLECTION: 15/2/23 TIME: 12:25

CALLER DETAILS:

NAME & SURNAME: Dewey Rose

ADDRESS: 53 Frank Rd. Civic Park

E-MAIL:

TEL: CELL: 067 256 9172

DESCRIPTION OF COLLECTION:

Sick puppy vomiting not eating

REPORT OF COLLECTION:

DATE RESPONDED: 15/02/23 TIME RESPONDED: 13:00

VEHICLE USED: Car 2972

START MILEAGE: 162248 END MILEAGE:

ADMISSION NUMBER:

DESCRIPTION OF ANIMAL: Type: (Dog / Cat / Sheep / Etc)

Breed: Rottweiler Sex: Male Age: 5 months

Colour and markings: black

Condition of animal: good Name: Buddy

Name of Collector: Carl **SIGNATURE:**

NOTE: A copy of the Admission form must be attached to this report.