

0172755

REGISTREERDE WOONADRES • REGISTERED RESIDENTIAL ADDRESS

U adresbesonderhede is soos volg in die Bevolkingsregister opgeneem.
Particulars of your address are included in the Population Register as follows.

as van

1994-06-16

00313

MC KINNERYSTRA 39
HEIDERAND
MOSSELBAAI
6500

Kiesafdeling/Electoral Division

Stemdistrik/Polling District No.

Identifiseringsnommer
Identity number

680915 0024 08 2



GEBOORTEDATUM/
DATE OF BIRTH

SUID-AFRIKA

GEBOORTEDISTRIK OF -LAND/
DISTRICT OR COUNTRY OF BIRTH

JENNY

VOORNAME/FORENAMES

FRY

VAN/SURNAME

S. A. BURGER/S. A. CITIZEN



I.D.No. 680915 0024 08 9

1

1968-09-15

DATUM UITGEREIK
DATE ISSUED

1994-06-16

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If, in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteëliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature	Witness for Society signature
Reason for Euthanasia	

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

Tel No (h): _____ Tel No (w): _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given	Yes ☐ No ☐	Microchip / ID tag details
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Date _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
5/4/2024	Mr. Berman		
	Nxt - 15/5/24		
20/5/2024	Inworm + rabies		
	Nxt - 14/6/2024		
30/5/24	Spay Inj. Dpb + Petcam		

ADMISSION, ASSESSMENT AND HISTORY RECORD

Loaded.



Garden Route

KENNEL No. <u>113 42 34</u>		ADMISSION No. <u>MBY2677</u>			
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated
Date in <u>12/04/24</u>			Time in	Date for release	Request for euthanasia

IDENTIFICATION & LOST AND FOUND

Microchip/Collar or ID tag found	☒ Yes	Date scanned or checked	<u>12/04/24</u>	Lost & Found checked	☒ Yes	Lost & Found Date checked	<u>12/04/24</u>
				Microchip or ID Tag number	<u>None</u>		

DESCRIPTION & HISTORY

☒ Dog	☐ Cat	Other species (Specify) <u>B/I.</u>	
Breed	<u>Lab X fluffy ears</u>	Colour and Markings	<u>Black.</u>
Condition	<u>Fair.</u>	Sex	<u>♀.</u>
Temperament	<u>Friendly</u>	Age	<u>± 2 months</u>
Coat <u>S.</u>	Tail <u>L</u>	Teeth Condition	<u>Fair</u>
Area found / collected from	<u>East 8 Hillcrest SS.</u>	Ears	<u>hang</u>
Reason for surrender	<u>Stray.</u>	Name	<u>Miracle.</u>
		Size	<u>S.</u>
		Date	<u>12/04/24</u>

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		

Surrendered by	<u>X</u>	Name	<u>Celeste Swaneperel</u>
Found by	<u>X</u>	Residential Address	<u>17 Innikel Hartenbos</u>
Postal Address	<u>No postal.</u>	Tel (H)	<u>No num.</u>
Tel (W)	<u>044 673 0231</u>	Cell	<u>083 453 1407</u>
Email	<u>No email.</u>	Donation R	<u>None</u>
Cash	☐	Card	☐
EFT	☐	(Receipt No.)	<u>None.</u>

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

I 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 at least the age of eighteen (18) years of age. Also see "Conditions" on reversed side.

Hiermee verklaar ek dat ek dier/e hierbo beskryf BESIT / ☒ 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 nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die "Voorwaardes" op die agterblad.

Signature	<u>X</u>	Witness for Society	<u>h. Joseph.</u>
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant		
of Applicant	Details of third Applicant		

☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: _____