



## MIDRAND

NAME AND SURNAME: JANITA DUNCKER DATE: 27/05/2025

### POST OPERATIVE CARE AND STERILISATION / CASTRATION

#### What to expect:

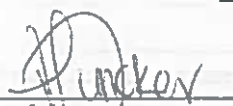
- The combined effects of the pre-medication and the anaesthetic may last up to 24 hours. Your pet may be drowsy, disorientated and/or unsteady on its feet and may be nauseous. Some animals develop a combined effect of the pre-medication and anaesthetics.
- Your pet may cough slightly for a day or two post the operation due to the passing of an endotracheal tube during surgery.

### PLEASE DO NOT SELF MEDICATE YOUR PET WITH PAIN KILLING MEDICATION AS THIS CAN HAVE SERIOUS OR FATAL SIDE EFFECTS

- Please keep your pet quiet and confined to a room for at least 2 days and place him/her on a soft bed at ground level.
- If a female dog is in season when sterilised, she will remain in season for at least a week. Please keep her in doors, securely away from male dogs until the sutures are removed (10 days from day of operation) – should a male try and mate with her it will cause serious internal injuries.
- If suckling young – **DO NOT ALLOW BABIES TO SUCKLE** – until the following morning. If babies are old enough to wean (5-6 weeks for puppies. 6 – 8 weeks for kittens), wean them before surgery if possible.
- Offer your pet a small meal after the operation, should they however not want to eat do not be concerned. Water must always be available
- **Please do not attempt to clean the area of operation.**
- Stitches are to be removed 10 days after the operation (except for male cats) on: 12/06/2025
- A small amount of swelling at the surgical site is normal. **Please call us** if there is a lot of swelling or redness at the site or if the wound oozes or bleeds. If your pet constantly licks or chews at it – **PLEASE ENSURE THAT YOU GET YOUR PET A BUSTER COLLAR** – so that the operation area does not get infected.
- Male cats do not have stitches but do check for excessive swelling.
- Your pet should be back to its normal self within 2 days, however rough handling or exercise should be avoided for longer

### PLEASE DO NOT BATH OR DIP YOUR PET UNTIL THE STITCHES HAVE BEEN REMOVED

SHOULD YOU HAVE ANY CONCERNS PLEASE CONTACT THE MIDRAND SPCA ON 0112659935 DURING OFFICE HOURS OR 0834411564/5 AFTER HOURS

  
\_\_\_\_\_  
Adoptee Signature

  
\_\_\_\_\_  
Witness for Society



UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

WASH. D.C. 20500

TO: DIRECTOR, BUREAU OF LAND MANAGEMENT  
FROM: SAC, [illegible]  
SUBJECT: [illegible]  
DATE: [illegible]

RE: [illegible]

[The following text is extremely faint and largely illegible. It appears to be a memorandum or report detailing land management activities, possibly related to a survey or investigation. Key words that are faintly visible include "survey", "land", "area", "tract", "section", "township", "range", "county", "state", "federal", "private", "public", "land", "area", "tract", "section", "township", "range", "county", "state", "federal", "private", "public".]

[The following text is also extremely faint and largely illegible. It appears to be a concluding section or signature block of the document. Key words that are faintly visible include "Very truly yours", "Respectfully", "Sincerely", "Very truly yours", "Respectfully", "Sincerely".]

## ADMISSION FOR TREATMENT



|                   |          |                            |       |
|-------------------|----------|----------------------------|-------|
| <b>KENNEL No.</b> |          | <b>TREATMENT No.</b> H1021 |       |
| Date in           | 26/05/25 | Time in                    | 14:59 |
| Date released     |          |                            |       |

|                    |                                      |         |                       |                                                                           |
|--------------------|--------------------------------------|---------|-----------------------|---------------------------------------------------------------------------|
| <b>DESCRIPTION</b> | <input checked="" type="radio"/> Dog | Cat     | Other (Specify)       | Microchip or ID Tag number                                                |
|                    | Breed                                | Boxer X |                       | Colour and Markings                                                       |
|                    | Condition                            | Good    |                       | Male <input checked="" type="radio"/> Female <input type="radio"/> Age 8M |
|                    | Temperament                          | Good    | Vaccination details   | Unvaccinated                                                              |
|                    | Coat                                 | Short   | Tail                  | Long                                                                      |
|                    |                                      |         | Sterilisation details | NO                                                                        |
|                    |                                      |         | Ears                  | Floppy                                                                    |
|                    |                                      |         | Size                  | Medium                                                                    |
|                    |                                      |         | Teeth Condition       | OK                                                                        |

|                               |               |
|-------------------------------|---------------|
| Reason for visit or treatment | Sterilization |
|-------------------------------|---------------|

|                  |               |           |               |
|------------------|---------------|-----------|---------------|
| Owners Full Name | Janita Dunker | ID number | 8711100281082 |
|------------------|---------------|-----------|---------------|

|                     |                                            |
|---------------------|--------------------------------------------|
| Residential Address | 706 Ibenus Road, Moreleta Park<br>Pretoria |
|---------------------|--------------------------------------------|

|         |         |              |      |              |
|---------|---------|--------------|------|--------------|
| Tel (H) | Tel (W) | 060 971 4749 | Cell | 082 727 1805 |
|---------|---------|--------------|------|--------------|

|       |  |
|-------|--|
| Email |  |
|-------|--|

## TERMS &amp; CONDITIONS FOR TREATMENT

I verify that I am the owner of the above animal, and hereby authorise, understand and agree that:

1. Animals are admitted at the owner own risk and, while the Society uses the most efficient known treatment and treat each animal with the greatest possible care and attention, neither the Society, its officer/s or veterinarian/s will be liable for any resulting loss or damage from such admission.
2. I accept the fact that if my animal has not been vaccinated against common diseases that there is the risk that the animal may contract such diseases while in our care and that the Society cannot be held responsible.
3. All animals treated by the SPCA must be sterilised. I hereby consent to the sterilisation of the above animal.
4. If in the opinion of a veterinarian an animal presented for admission is so diseased, severely injured or in such a physical condition that it should be euthanised for humane reasons, the Society shall have the right to effect such euthanasia by approved humane methods.
5. I will collect the animal, or make arrangements with the Society to get the animal home within 48 days of being told by the Society that the animal can go home. If I do not collect the animal within the time stated by the Society, the animal will become the property of the Society and I will have no claim whatsoever against the Society.
6. Should a decision on specific treatment be required due to the cost thereof, only 24 hours will be permitted. Thereafter a decision will be made in the best interest of the animal, and in terms of Section 5 of the Animals Protection Act 71 of 1962. Please note that euthanasia is considered a form of treatment.
7. Any charges endorsed herein are due and payable on demand.
8. I indemnify the Society, its employees, Veterinarian for any loss, damage, disease, injury or death of the above animal, from what-so-ever cause.

|           |                  |                     |                     |
|-----------|------------------|---------------------|---------------------|
| Signature | <i>J. Dunker</i> | Witness for Society | <i>M. Pretorius</i> |
|-----------|------------------|---------------------|---------------------|

The SPCA is not a registered credit provider and therefore does not offer an account facility. Full payment is required at the time of discharge of your animal. Provisional costs estimates will be provided before the animal is admitted. A 50% deposit is payable at the time of admission, deductible from final amount payable.

|                         |           |      |      |     |               |       |
|-------------------------|-----------|------|------|-----|---------------|-------|
| Total cost of treatment | R 1000-00 | Cash | Card | EFT | (Receipt No.) | 44283 |
|-------------------------|-----------|------|------|-----|---------------|-------|

## EUTHANASIA

|            |               |        |
|------------|---------------|--------|
| Bottle No. | Quantity used | AWAVet |
|------------|---------------|--------|

## CLAIMING

I declare that my animal has been returned to me in a healthy and acceptable state.

|      |      |           |                     |
|------|------|-----------|---------------------|
| Date | Time | Signature | Witness for Society |
|------|------|-----------|---------------------|

**OUTCOME:** CLAIMED ☐ EUTHANASED ☐ DIED ☐ OTHER: \_\_\_\_\_ DATE: \_\_\_\_\_

| CLINICAL EXAMINATION ON ADMISSION |                                   |
|-----------------------------------|-----------------------------------|
| Weight 23,4 kg                    | Temperature 38,9°C                |
| Habitus 4/4                       | Locomotion/Musculoskeletal Normal |
| Genital Not Done                  | Skin OK                           |
| Mucous Membranes Normal           | Eyes OK                           |
| Buccal Cavity No                  | Ears OK                           |
| Cardio-Vascular System Normal     | Respiratory System Normal         |

|           |  |
|-----------|--|
| Diagnosis |  |
|           |  |

[illegible]

LEGEND: T = Temperature, A = Appetite, U = Urine, F = Faeces, H (Habitus) = Behaviour