

ADMISSION FOR TREATMENT



KENNEL No.		TREATMENT No. H1060	
Date in	02/07/25	Time in	14:47
Date released			

DESCRIPTION	☒ Dog	Cat	Other (Specify)		Microchip or ID Tag number	
	Breed	Jorkie		Colour and Markings	Tri-colour	
	Condition	good		Male/Female	Age	Pet Name
	Temperament	friendly		Vaccination details	sterilisation details	Size
	Coat	Short	Tail	Short	Ears	Floppy

Reason for visit or treatment: Sterilization - Neuter

Owners Full Name	Kgomo Makwera		ID number	Black & Tan
Residential Address	229 Shoebill close, Rabie Ridge Ext 2			
Tel (H)	Tel (W)	066 228 0401	Cell	079 493 7482
Email				

TERMS & 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: *[Signature]* Witness for Society: *[Signature]*

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 850.00	Cash	Card	EFT	(Receipt No.)	45094
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EUTHANASIA

Bottle No.	Quantity used	AWA/Vet
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CLAIMING

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

Date	Time	Signature	Witness for Society
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OUTCOME: CLAIMED ☐ EUTHANASED ☐ DIED ☐ OTHER: _____ DATE: _____

CLINICAL EXAMINATION ON ADMISSION	
Weight 55 kg	Temperature 38.5°C
Habitus Normal	Locomotion/Musculoskeletal Normal
Genital Male - Intact	Skin ok
Mucous Membranes Pink	Eyes ok
Buccal Cavity N/A	Ears ok
Cardio-Vascular System	Respiratory System Normal

<u>Diagnosis</u>	
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[illegible]

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



MIDRAND

NAME AND SURNAME: Makwena Kgomo DATE: 03/07/2025

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: 11/07/25
- 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



THE UNIVERSITY OF CHICAGO

OFFICE OF THE DEAN OF STUDENTS

CHICAGO, ILL.

Dear Mr. [Name]:

I am very pleased to hear from you and to learn that you are planning to visit the University of Chicago. We are very interested in your work and in the possibility of your becoming a member of our faculty.

I am sure that your visit will be most profitable to you and to the University. We are very anxious to have you here and to discuss your work with you.

I am sure that you will find the University of Chicago a most interesting and stimulating place. We are very proud of our faculty and our students, and we are sure that you will find them all very capable and intelligent.

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