Feral - Clip Ear

ADMISSION FOR TREATMENT

KENNEL No.			TREATMENT No. H1097		
Date in	30/07/25	Time in	08:00	Date released	

DESCRIPTION

Dog	(Cat)	Other (Specify)		Microchip or ID Tag number	
Breed	DSH		Colour and Markings	Black	
Condition			Male/Female	Age	Pet Name
Temperament Feral	Vaccination details		Sterilisation details No		Size
Coat Short	Tail Long		Ears Up		Teeth Condition

Reason for visit or treatment: Sterilization

Owners Full Name: Absalom Muluka		ID number: 780412 5838 084
Residential Address: 082 Vodacom Boulevard Office Park		
Tel (H)	Tel (W)	Cell 082 659 2344
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	Witness for Society

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	Cash	Card	EFT	(Receipt No.)

EUTHANASIA

Bottle No.	Quantity used	AWA/Vet

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	Temperature
Habitus	Locomotion/Musculoskeletal
Genital	Skin
Mucous Membranes	Eyes
Buccal Cavity	Ears
Cardio-Vascular System	Respiratory System

Diagnosis

TREATMENT RECORD							
DATE	T	A	U	F	HABITUS	TREATMENT	PERSON

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