ADMISSION FOR TREATMENT

KENNEL No.			TREATMENT No. H1297		
Date in	29/01/26	Time in	08:15	Date released	

DESCRIPTION

Dog	Cat	Other (Specify)	Microchip or ID Tag number	
Breed		Colour and Markings		
Condition		Male/Female	Age	Pet Name
Temperament	Vaccination details	Sterilisation details		Size
Coat	Tail	Ears		Teeth Condition

Reason for visit or treatment: Ster + Vacc

Owners Full Name: KAY SCHOFIELD	ID number: 5712010882186	
Residential Address: 2 Long Long ACRES ST		
KYALAMI ESTATE MIDRAND		
Tel (H)	Tel (W)	Cell: 082444 8403
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	Cash	Card	EFT	(Receipt No.)
R 550-00				

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: _____