

ADMISSION FOR TREATMENT



KENNEL No.		TREATMENT No. H1489	
Date in	16/9/26	Time in	14:41
		Date released	

☒ Dog	☐ Cat	☐ Other (Specify)		Microchip or ID Tag number 901011000123856	
Breed	Bull Terrier		Colour and Markings Brindle		
Condition	Clever		Male/Female	Age 10m	Pet Name Stella
Temperament	Tame	Vaccination details vaccinated	Sterilisation details No	Size Small Medium	
Coat	Short	Tail long	Ears down	Teeth Condition OK	

Reason for visit treatment		Spay + Vacci	
Owners Full Name		Anna-Marie	
ID number		8207260070084	
Residential Address 14 Egrot Street, Roehampton North			
Contribution			
(H)	Tel (W)	072 642 9483	Cell 079 693 3173
Bill			

TERMS & CONDITIONS FOR TREATMENT

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

Animals are admitted at the owner's own risk and, while the Society uses the most efficient known treatment and treats 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.

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.

I animals treated by the SPCA must be sterilised. I hereby consent to the sterilisation of the above animal.

In the opinion of a veterinarian an animal presented for admission is so diseased, severely injured or in such a physical condition that it could be euthanased for humane reasons, the Society shall have the right to effect such euthanasia by approved humane methods.

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.

I would 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.

My charges endorsed herein are due and payable on demand.

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

Cost of treatment	R 1000.00	Cash	Card	☒ EFT	(Receipt No.) 47970
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EUTHANASIA	
No.	Quantity used
AWA/Vet	

CLAIMING	
are that my animal has been returned to me in a healthy and acceptable state.	
Time	Signature
Witness for Society	

HOME: CLAIMED ☐ EUTHANASED ☐ DIED ☐ OTHER: _____ DATE: _____