ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA

KENNEL No.			ADMISSION No.		
Stray	Surrender ✓	Impounded	Returned	Confiscated	Request for euthanasia
Date in	18/07/25	Time in	10:54	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	✓ Yes / No	Lost & Found Date checked
Microchip / Collar or ID tag found	Yes / ✓ No	Date scanned or checked	18/07/25	Microchip or ID Tag number	N/A	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	Tortoise 3 (Leopard)
Breed	2 Big Tortoises	Colour and Markings	
Condition	2 Medium	Sex	Age
Temperament	3 Small ♀ babies	Sterilisation details	Name
Coat	Tail	Ears	Size
Area found / collected from	Boksburg.		Date
Reason for surrender	No Permit.		

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/other		
DO THEY:	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS:

Surrendered by / Found by		Name	Kleuter campus		
Residential Address	154 Trichardt Street. Boksburg.				
Postal Address					
Tel (H)	Tel (W)	Cell	0837197644		
Email					
Donation R	Cash	Card	Cheque	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

I do hereby certify that I **DO** / **I DO NOT** own the animal/s described above, that it **IS** / **IT IS NOT** a stray and I **DO** / **I DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see 'Conditions' on reversed side.**

Hiermee verklaar ek dat ek die bogenoemde dier **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER IS NIE**, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van enige belange daarin, indien enige, aan die DBV en ek versoek dat die dier hanteer word soos goed geag deur die DBV. Daar word uitdruklik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die dier en sy hantering. Ek bevestig dat ek oor as agtien (18) jaar is. **Sien ook die 'Voorwaardes' op die agterblad.**

Signature _____ Witness for Society _____

JOHANNESBURG WILDLIFE VET
101 MacGillivray Road, Midrand, JHB
071 248 1514
info@jwvh.org.za

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☑ On Date: 18/7/2025

TRANSFERRED TO JOHANNESBURG WILDLIFE VETERINARY HOSPITAL ETC.

JOHANNESBURG WILDLIFE VET

Date: 15/07/2025

Thank you for caring for our wildlife and taking the time to bring them to safety. All animals admitted to our facility will be given the best possible care by trained and permitted professionals. Our primary goal is the release of our patients, back into the wild.

Section 1: Where did you find the animal?

Street + Suburb found (this is important, especially if the animal can be returned)?

KLEUTER KAMPUS (KINDERGARTEN) IN BOKSBURG

Why did the animal need help? *(E.g. cat/dog attack, could not fly, found on ground, orphaned, hit by car etc. - give as much detail as possible)*

DISCOVERED BY BOKSBURG INSPECTOR WHEN ATTENDING TO COMPLAINT - SURRENDERED TO INSPECTOR

Section 2: Your contact details: *(ONLY for our own data base)*

Name and surname: JABULANI MANCHIDI Cell no: 083763 6311

Email address: manager@boksburgspca.co.za

I confirm that I am over the age of 18. I do hereby acknowledge that I cannot, and do not, own the wild animal I have brought in. I hereby freely surrender all my interest therein to the Johannesburg Wildlife Veterinary Hospital (JWVH), and I understand that the animal will be treated, rehabilitated and released (if possible) at the professional discretion of the JWVH.

Signature: _____

Would you like to receive newsletters from our organization?: Yes ☐ No ☐

Donation: N/A **We are a non-profit facility, please help us care for our patients.**

For OFFICE use only: Patient Information:

Species: LEOPARD TORTOISES *Age/Sex:* 4 ADULTS - 2x♀, 2x♂ 12 JUVENILES *Weight:* SEE T.P.

Hospital no: 15604 TO 15618 *Admitter:* QUENNY *From FVH:* ☐

Presenting complaint: VARIOUS CONDITIONS - SEE VET REPORT. (CRUELTY)

SAFRING/Microchip number: _____ *F/C:* _____

For OFFICE use only: Outcome:

R ☐ *T* ☐ *P* ☐ *D* ☐ *Date:* _____ *Location (release/transfer):* _____