

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No.			ADMISSION 101257 ✓			
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11/5/2023		Time in	14h47		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	NA	Microchip or ID tag number		

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) <u>RATS RODENTS</u>					
	Breed	<u>Domestic Rat</u>		Colour and Markings	<u>White</u>			
	Condition	<u>Fair</u>		Sex	<u>male</u>	Age	<u>Adult</u>	
	Temperament	<u>Fair</u>		Sterilisation details	<u>No</u>	Name	<u>WHITE</u>	
	Coat	<u>S</u>	Tail	<u>L</u>	Teeth Condition	<u>-</u>	Ears	<u>up</u>
	Area found/ collected from	<u>Lavender Hill</u>				Date	<u>11/5/2023</u>	
	Reason for surrender <u>Child has allergies</u>							

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

Surrendered by	Name	<u>Carin Allier</u>
Found by		
Residential Address	<u>24 Muir Court</u>	
	<u>Lavender Hill</u>	
Postal Address		
Tel (H)	Tel (W)	Cell <u>0844872604</u>
Email		
Donation R	<u>NONE</u>	Cash ☐ Card ☐ Eft ☐ 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 therin 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 if age. **Also see 'Conditions' on reversed side.**

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nóg die DBV nóg sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e nie. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die 'voorwaardes' op die agterblad.**

Signature	Witness for Society
<u>[Signature]</u>	<u>Abigail</u>

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☒ Other ☐ On Date: 24/09/2023

Found dead in enclosure
Brown, Nickel and Tissue

CONDITIONS / ORWAARDES

1. Die Eienaar / Vinder gee hiermee afstand van eienaarskap van die dier/e beskryf op die omgekeerde aan die DBV om meer te handel volgens hulle diskresie op die begrip dat die Vereniging sal poog om dit te plaas in 'n nuwe huis of, indien nie in staat om dit te doen, effek van sy pynloos vernietiging.

2. Indien, in die meëning van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier wat aangebied word vir toelating wat so siek, ernstig beseer of in so 'n fisiese toestand is dat dit moet vir menslike redes vernietig word, die Vereniging die reg het om so 'n vernietiging te bewerkstellig deur goedgekeurde menslike metodes.

3. Enige koste aan gegaan hierop is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal nie 'n dier plaas wat nie gesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Quantity used: _____

Name: _____ Signature: _____ Date: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

Tel No (H): _____ Tel No (W): _____ Cell No: _____

Postal Address: _____

Email Address: _____

Donation / Charge for animal: _____ Cash/Cheque/ Card (Receipt No.) _____

ID / Passport / Pension No: _____

Vehicle Reg. No: _____

Signature _____ Witness for Society _____

Microchip / Collar and ID tag given		Yes	Microchip or ID tag details	Date: _____
		No		

MEDICAL RECORD

[illegible]