

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No.				ADMISSION 101258		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	11/5/2013		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) Rats			
	Breed	Domestic Rats		Colour and Markings	White	
	Condition	Fair		Sex	M	Age Adult
	Temperament	Fair		Sterilisation details	NO	Name BARRY
	Coat	S	Tail	L	Teeth Condition	-
				Ears	up	Size S
	Area found/ collected from	Lavender Hill				Date 11/5/2013
	Reason for surrender	Child has allergies				

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

Surrendered by	Name	Carin Allies
Found by		
Residential Address	24 Muir Court	
	Lavender Hill	
Postal Address		
Tel (H)	Tel (W)	0844872604
Email		
Donation R	Cash	Card Eft Receipt No.
NONE		

PLEASE INSIST ON A RECEIPT

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

STATEMENT OF SURRENDER

I do hereby **certify** that **DO NOT** own the animal/s described above, that **IT IS NOT** a stray and **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 if age. **Also see 'Conditions' on reversed side.**

Hiermee verklaar ek dat ek diere 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 diere 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 diere nie. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die 'Voorwaardes' op die agterblad.**

Signature

Witness for Society

FOR OFFICE USE: PENDING ADOPTION

Details of second Applicant

Details of first Applicant

Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: _____

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 poeg 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 mening 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 mediese metodes.

3. Enige koste aan gegaan hierop is verskulgig 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]