

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No. Q 39				ADMISSION A 0639		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	18 AUGUST 2023		Time in	14h50	Date for release	CHECKED LOST & FOUND

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	21 AUG 2023
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	21/08/23	Microchip or ID tag number		

DESCRIPTION & HISTORY	Dog ☒	Cat	Other species (Specify) W=18.47kg			
	Breed	GERMAN SHEPHERD		Colour and Markings	BLACK TAN	
	Condition	POOR		Sex	MALE	Age 2 YEARS
	Temperament	FAIR		Sterilisation details	NO	Name SHIBBA
	Coat SHORT DIRTY	Tail LONG	Teeth Condition 7	Ears UP	Size MEDIUM	
	Area found/collected from	PHILLIPI			Date 18/08/2023	
	Reason for surrender	OWNER OBSTRUCTED ME & FAILED COMPANY				

ASSESSMENT		Surrendered by		Name		CASSIEM HENDRICKS	
GOOD WITH ☐ Yes ☐ No		Found by		Residential Address		16^B KOAN STREET PHILLIPI	
Children		Postal Address		Tel (H)		Tel (W)	
Cats		Tel (H)		Tel (W)		Cell 076 7144 681	
Other Dogs		Email		Donation R		Cash	Card
Livestock/ other		Email		Donation R		Eft	Receipt No.
DO THEY: ☐ Yes ☐ No		Email		Donation R		CAPTURED	
Jump Fences		Email		Donation R			
Run Away		Email		Donation R			
COMMENTS		Email		Donation R			
BOSS WERE CHAINED FOR NO REASON OWNER CHASED AWAY FROM THE PROPERTY		Email		Donation R			

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: **953/08/23** Case No: **INSP 188097** Inspector: **JEFFREY**

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 if age. Also see 'Conditions' on reversed side.

Hiermee verklaar ek dat ek 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 **JEFFREY MEINI**

Witness for Society **JEFFREY**

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 / VOORWAARDES

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 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 meslike 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	
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Name: Prof/Dr/Mr/Mrs/Ms (including initials) Cassiem Hendricks

Residential Address: 16 Koan rd, Phillipi

Tel No (H): Tel No (W): Cell No: 082969 8432

Postal Address: _____

Email Address: tougiedahndricks@gmail.com

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

ID / Passport / Pension No: 6503115225085

Vehicle Reg. No: _____

Signature [Signature] Witness for Society _____

Microchip / Collar and ID tag given		Yes	Microchip or ID tag details	Date: <u>19/08/23</u>
		No		

MEDICAL RECORD

21/8/23 - owner CLAIMED DOG. TO KETIP FOR DURATION OF CASE.

Date	Remarks	Treatment	Cost
	Ticket 1leg 10pm		
	Dewoner 10pm		
	Kyro B 10pm		
	Ming-cake o		
	Hills diet		
	O night claim on Monday		
	Keep till then		

HOSPITAL TREATMENT SHEET

Owner Name and Surname		Animal name		Sex	M / F
Contact number		Breed		Sterilised	Y / N
Reason for treatment		Description		Weight	kg
		Admission Nr		Page Nr	

CLINICAL EXAMINATION ON ADMISSION

Temp: Poor / Nil	Habitus:	Mucous Membranes:	Appetite: Good /
Vaccinated: Y / N	Vomiting: Y / N	Diarrhoea: Y / N / Bloody / Watery	Drinking: Y / N
Urinating: Y / N	Sterilised: Y / N	Last heat:	Skin:
Sneezing: Y / N	Coughing: Y / N	Eyes: Clear / Crusty / Watery	Ears: Clean / Dirty
Oral Cavity: Normal / Abnormal		Cardio-Vascular System: Normal / Abnormal	
Respiration: Normal / Abnormal	Genital: Normal / Abnormal	Locomotion/Musculoskeletal: Normal / Abnormal	

Diagnosis:

TREATMENT RECORD

DATE	T	A	U	F	H	TREATMENT	PERSON
19/8/23		5	✓	0	5	mm pink hydration ok appetite good. no stools seen. dirty coat noted RTK?	
						miracote ①	
						kyro ①	
						keep till Monday as owner may claim can go to kennels with her if need	
20/08/23		5	✓	✓	5	see above. mm pink hydration ok appetite good. Passed solid stools.	

LEGEND: T = Temperature, A = Appetite (1-5), U = Urine (yes/no), F = Faeces (yes/no), H (Habitus) = Behaviour

TREATMENT RECORD

[illegible]

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