

ADMISSION, ASSESSMENT AND HISTORY RECORD

Can Hope



KENNEL No. <u>Q 3</u>				ADMISSION <u>A 0640</u>			
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia	
Date in	<u>18 AUGUST 2023</u>		Time in	<u>14h52</u>		Date for release	

CHECKED
LOST & FOUND

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

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify) <u>W = 18.7kg</u>			
	Breed	<u>XCHOW</u>		Colour and Markings	<u>TAN</u>	
	Condition	<u>POOR</u>		Sex	<u>FEMALE</u>	Age
	Temperament	<u>FAIR</u>		Sterilisation details	<u>YES?</u>	Name
	Coat	<u>SHORT</u>	Tail	<u>LONG</u>	Teeth Condition	<u>?</u>
	Ears	<u>UP</u>		Size	<u>MEDIUM</u>	
	Area found/ collected from	<u>PHILLIPI</u>			Date	<u>18/08/2023</u>
	Reason for surrender	<u>D'FAILES TO COMPLY GROOMING THE DOGS STOP CHAINING THE DOGS</u>				

ASSESSMENT		Surrendered by		Name	
GOOD WITH	Yes No	Found by		<u>CASSIEM HENDRICKS</u>	
Children		Residential Address		<u>16B KOAN STREET</u>	
Cats				<u>PHILLIPI</u>	
Other Dogs		Postal Address		CAPTURED	
Livestock/ other		Tel (H)		Tel (W)	Cell
DO THEY:	Yes No	<u>—</u>		<u>—</u>	<u>076 714 4681</u>
Jump Fences		Email			
Run Away		Donation R		Cash	Card
COMMENTS				Eft	Receipt No.
<u>DOGS WERE CHAINED OR NO REASON PURCHASED ME AWAY FROM THE PROPERTY</u>					

PLEASE INSIST ON A RECEIPT
Confiscated: OB No: 958/08/23 Case No: INSP 188097 Inspector: JEFFREY MFINI

STATEMENT OF SURRENDER	
I do hereby certify that I DO <u>DO NOT</u> own the animal/s described above, that IT IS / IT IS NOT a stray and I DO <u>I DO NOT</u> 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 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>JEFFREY</u>

FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second 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 sleg, 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

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

MEDICAL RECORD

Date	Remarks	Treatment	Cost
	Tick + Flea 16Pm		
	Deworming 16Pm		
	Kyro B 16Pm		
	Minna - coté 0		
	Hills diet a		
	0 might claim on Monday		
	keep full then		

HOSPITAL TREATMENT SHEET

Owner Name and Surname		Animal name	Confiscated	Sex	M / ☒ F
Contact number		Breed	X Chow	Sterilised	Y / N
Reason for treatment		Description	Tan	Weight	18.7 kg
		Admission Nr	0640	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 Seel. Dirty Coat noted RTK?	
						keep till Monday as owner may claim	☒
						miracote ☒	
						kyro ☒	
20/08/23		5	✓	0	5	see above mm pink hydration OK Appetite good. no stools Seel. H-BAR	☒

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

[illegible]

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