ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope

DBV SPCA

KENNEL No.	Q12			ADMISSION	97034	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated X	Request for euthanasia
Date in	19 Apr 2023		Time in	16:00	Date for release	

CHECKED LOST AND FOUND

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked	✓ Yes / No	Lost & Found Date checked	20 APR 2023			
Microchip / Collar or ID tag found	Yes / X No	Date scanned or checked	20 APR 2023	Microchip or ID tag number		

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	W= 3,30 kg		
Breed	K/breed	Colour and Markings	Black/White		
Condition	fair	Sex	f	Age	Puppy
Temperament	Cool	Sterilisation details	NV	Name	
Coat	S	Tail	L	Teeth Condition	fair
Ears	Floppy	Size	Small		
Area found/ collected from	Macassa			Date	19/4/23
Reason for surrender	Confiscated				

ASSESSMENT

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

COMMENTS

Vet reports to still be done along with the other underweight dogs relevant to this case. NV-21/4/2023

Surrendered by / Found by		Name	Christopher Louw
Residential Address	6066 Leonard Dama Road Macassa		
Postal Address	JOTFORM		
Tel (H)	Tel (W)	Cell	
Email			
Donation R None	DISCHARGE Cash	Card	Eft	Receipt No. —

CAPTURED ON TRACKER

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: 933/4/2023 Case No: INSP180850 Inspector: Lwazi Ntungele

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 advisible 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	Lwazi	Witness for Society	Lwazi

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. The Owner/ Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If, in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4 The Society will not home any animal unsterilised.

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 gekawlifiseerde 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 vermietiging te bewerkstellig deur goegekeurde 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	APA. CD (+)		

Euthanase Bottle No: 633 Quantity used: 5ml

Name: [illegible] Signature: [signature] Date: 19/05/23

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

PTS checklist
- [x] Collar inspection form
- [x] Vet's signature
- [ ] Pound Master's Signature
- [x] Reason for PTS
- [x] Lost & Found checked
- [x] Scanned for Microchip
- [x] Species
- [ ] Breed
- [x] Colour
- [x] Sex
- [x] Admission form completed in full?

AWA Initial sign [signature]

Microchip / Collar and ID tag given		Yes	Microchip or ID tag details
		No	

Date:

MEDICAL RECORD

Date	Remarks	Treatment	Cost
20/4/23	AV UV FV normal stool,	BAR, mm pink lyd	COC
	CD ✓ negative		
	Tick + flea Rx ✓	Frontline	
	Dewarm ✓	Panacur 1/5	W 1.22kg
	BIS ✓ VTC	neutrophilia & monocytosis ? + VTC	
	Feed extra ✓	✓ ✓	
	Repeat BIS ☐		

COPY

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
21/04/23		5	–	–	5	mm pink, Hydration ok,	
						Bright & alert	
						checked by Dr Reece Panacur ✓ 2/5	
						RTK R B/S ✓ red blood cells-no abnormalities- no parasites ✓ detected	
						Extra feeding in kennels moderate ✓ monocytosis	
						+ monitor. mature neutrophilia 3+	
						adequate platelets	
						2+ reticulocytes.	
22/4/23		5	✓	✓	5	mm pink hyd ok, BAR	
						panacur ✓ 3/5	
						awaiting RTK	
23/4/23		5	✓	✓	5	BAR, eating well + doing well	

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

awaiting RTK Panacur ✓ 4/5

AVIMARK

AVIMARK

TREATMENT RECORD

DATE	T	A	U	F	H	TREATMENT	PERSON
24/4/23		S	✓	✓	S	mm pink hydration OK	
						Seems doing well. BAR	
						Awaiting RTK	
						Multivitamin 1ml syrup ✓	
						Extra feeding ✓✓✓	
						Panacur ✓ 5/5	
25/4/23		S	✓	✓	S	Hills a/d bowel	
						(RTK)	
						mm pink hydration OK	
						seems doing well. Eating	
						very well. Awaiting RTK	
26/4/23		S	✓	✓	S	BAR. Eating + Sucking very	
						well from mom. Awaiting	
						RTK	
27.4.23		S	✓	✓	S	mm, pink, hyd, ok	
						Eating well playful	
						pup very nice (:)	
						Awaiting (RTK)	
						MP DSH (8)	
28/4/23		S	✓	✓	S	mm pink hydration ok	
						Eating + Sucking well	
						very active puppy. Awaiting	
						RTK	
15/05/23						Dogs tested (+) for CD; Vet's can proceed with APA PTS.	

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

4K

KENNELS RECORD SHEET

Owner / Finder Name-Surname	Christophe	Animal name		Sex	M / F
Contact number		Breed	x labrador	Sterilised	Y / N
Reason for admission	Found.	Description	Blk wht	Weight	3 kg
		Admission Nr	97034	Page Nr	2
Collar Type on admission	Paper / Plastic Tape / Other	Collar on animal on admission to kennels?		YES / NO	Initial: MC

KENNELS RECORD SHEET

DATE	T	A	U	U type	F	H	Collar	NOTES OR TREATMENTS	PERSON
2-5-23		5	Y	-	Y	4	✓	M. ~ pale eyes	MC
								Eye eyes are	
								nose is clean	
								appetite is good	
								passing normal	
								stools	
3-5		5	Y	-	Y	4	✓	M ~ pale eyes	MC
								Eye are wet.	
4-5		5	Y	-	Y	4	✓	M ~ pale eyes	MC
								Nose are wet	
5/5/23		4	Y	C	Y	4		Doing well	
								No concerns	
								Bright and responsive	
13-5-23		5	Y	-	Y	4	✓	M ~ pale eyes	MC
								Eye strong vom	
								cold get 3 [illegible]	
14-5-23		5	Y	-	Y	5	✓	M ~ pale eyes	
								Eye very thin	
								DH panel test ve -ve	
								Giardia test ve - ve	
								CD test ve +ve	
								VTC	

LEGEND: T = Temperature, A = Appetite (1-5), U = Urine (y/n), Urine Type = D (Dark) C (Clear) S (Smell), F = Faeces (y/n), H (Habitus) (1 – 5) = Behaviour

KENNELS RECORD SHEET

DATE		T	A	U	U type	F	H	Collar	NOTES OR TREATMENTS		PERSON
15/05/23									Dogs tested (+) for CD. vet's can proceed with APA PTS.		

LEGEND: T = Temperature, A = Appetite (1-5), U = Urine (y/n), Urine Type – D (Dark) C (Clear), S (Smell), F = Faeces (y/n), H (Habitus) (1 – 5) = Behaviour

HOSPITAL TREATMENT SHEET

Owner Name and Surname		Animal name		Sex	M / F
Contact number		Breed	x breed	Sterilised	Y / N
Reason for treatment	Cough	Description	Blk wht	Weight	3 kg
		Admission Nr	42034	Page Nr	1

CLINICAL EXAMINATION ON ADMISSION

Temp: Habitus: Mucous Membranes: Appetite: Good / Poor / Nil

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
21/04/23		5	–	–	5	mm pink, Hydration ok,	
						Bright & alert	
						Checked by Dr Reece Panacur ✓ 2/5	
						RTK B/S ✓ ved blood cells-no abnormalities- no parasites	cells-no detected
						Saliva feeding in kennels moderate	monocytosis
						+ monitor. mature neutrophil	neutrophiliast
						adequate	platelets
						2+ Reticulocytes.	
22/4/23		5	✓	✓	5	mm pink hyd ok, BAR	
						panacur ✓ 3/5.	
AVIMARK						awaiting RTK	
23/4/23		5	✓	✓	5	BAR, eating well + doing well	

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

AVIMARK awaiting RTK panacur 5/5 4/5 h

TREATMENT RECORD

DATE	T	A	U	F	H	TREATMENT	PERSON
24/4/23		5	✓	✓	5	Mm pink hydration o/c	
						Seems doing well BAR	
						awaiting RTK	
						Multivitamin 1ml syrup ✓	
						Extra feeding ✓✓✓	
						Panacur ✓ 5/5	
25/4/23		5	✓	✓	5	Hills a/d breast	
						(RTK)	
						Mm pink hydration o/c	
						Seems doing well. Eating	
						very well. Awaiting RTK	
26/4/23		5	✓	✓	5	BAR, Eating + Sucking very	
						well from mom. Awaiting	
						RTK	
27.4.23		5	✓	✓	5	Mm, pink, hyd, o/c	
						Eating well playful	
						pup very nice ☺	
						Awaiting RTK	
						NP OAH (5)	
28/4/23		5	✓	✓	5	Mm pink hydration o/c	
						Eating + Sucking well	
						very active puppy. Awaiting	
						RTK Nobivac® 1-DAPPv MK R.KC.	

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope

DBV SPCA

KENNEL No.				ADMISSION	97034
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated X	Request for euthanasia
Date in	19 April 2023		Time in	16:00	Date for release	LOST & FOUND

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked	✓ Yes / No	Lost & Found Date checked	20 APR 2023			
Microchip / Collar or ID tag found	X Yes / No	Date scanned or checked	22 APR 2023	Microchip or ID tag number		

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	W= 3,30 kg	
Breed	Kbreed	Colour and Markings	Black/White	
Condition	fair	Sex f	Age Puppy	
Temperament	Cool	Sterilisation details No	Name	
Coat S	Tail L	Teeth Condition fair	Ears Floppy	Size Small
Area found/ collected from	Macassar		Date 19/4/23	
Reason for surrender	Confiscated			

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	Christopher Louw		
Residential Address	6066 Leonard Damon Road Macassar				
Postal Address					
Tel (H)	Tel (W)	Cell			
Email					
Donation R None	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 advisible 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 doe ook vrywillig afstand van alle belange daarin, indien enige, te gunste van die DBV en ek versoek dat die dier hanteer wor soos wat die DBV goed ag. Daar word uitdruklik ooreengekor dat nóg die DBV nóg sy amptenare, en werknemers enig verpligtinge het, teenoor my ten opsigte van die hantering va die dier/e nie. Ek bevestig dat ek bo die ouderdom van agtie (18) jaar is. **Sien ook die 'Voorwaardes' op die agterblad.**

Signature Lwazi	Witness for Society Lwazi

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 / ORWAARDES

1. The Owner/ Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If, in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4 The Society will not home any animal unsterilised.

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 gekawlifiseerde 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 vermietiging te bewerkstellig deur goegekeurde 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			

Euthanase Bottle No: _____ 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

Date	Remarks	Treatment	Cost
20/4/23	A/ U/ F/ normal stool,	BAR, mm pinx lyd	COIC
	CD ✓ negative		
	Tick + flea Rx ✓	Frontline	W1.22
	Dewarm ✓	Panacur 1/5	
	B/S ✓ VTC	neutrophilia & monocytosis + VTC	
	Feed extra ✓	✓ ✓	
	Repeat B/S		