

# ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



|                       |           |               |                        |                  |                                                 |
|-----------------------|-----------|---------------|------------------------|------------------|-------------------------------------------------|
| <b>KENNEL No.</b> Q 4 |           |               | <b>ADMISSION</b> 97036 |                  |                                                 |
| Stray                 | Surrender | Abandoned     | Returned               | Impounded        | Confiscated <input checked="" type="checkbox"/> |
| Date in 19 April 2023 |           | Time in 16:00 |                        | Date for release |                                                 |

CHECKED  
LOST & FOUND

|                                            |                                                                     |                                                          |                                                          |                                       |
|--------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|---------------------------------------|
| <b>IDENTIFICATION &amp; LOST AND FOUND</b> |                                                                     | Lost & Found checked <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Lost & Found Date checked 23 APR 2023 |
| Microchip / Collar or ID tag found         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Date scanned or checked 21/4/2023                        | Microchip or ID tag number                               | FINAL CHECK                           |

LOST & FOUND

|                                  |                                      |             |                                   |                       |                 |
|----------------------------------|--------------------------------------|-------------|-----------------------------------|-----------------------|-----------------|
| <b>DESCRIPTION &amp; HISTORY</b> | <input checked="" type="radio"/> Dog | Cat         | Other species (Specify) W = 10.30 |                       |                 |
|                                  | Breed                                | x-breed     |                                   | Colour and Markings   | black / white   |
|                                  | Condition                            | underweight |                                   | Sex                   | f               |
|                                  | Temperament                          | good        |                                   | Sterilisation details | No              |
|                                  | Coat                                 | S           | Tail                              | L                     | Teeth Condition |
|                                  |                                      |             |                                   | fair                  | Ears            |
|                                  |                                      |             |                                   | floppy                | Size            |
|                                  |                                      |             |                                   | s                     |                 |
| Area found/ collected from       | Macassar                             |             |                                   | Date                  | 19/4/23         |
| Reason for surrender             | Confiscated                          |             |                                   |                       |                 |

|                       |     |    |
|-----------------------|-----|----|
| <b>ASSESSMENT</b>     |     |    |
| GOOD WITH             | Yes | No |
| Children              |     |    |
| Cats                  |     |    |
| Other Dogs            |     |    |
| Livestock/ other      |     |    |
| DO THEY:              | Yes | No |
| Jump Fences           |     |    |
| Run Away              |     |    |
| <b>COMMENTS</b>       |     |    |
| Vet Report: Bdy Score |     |    |
| General Health Check  |     |    |

|                |                          |                 |
|----------------|--------------------------|-----------------|
| Surrendered by | Name                     | Christopher Low |
| Found by       | Residential Address      |                 |
|                | 6066 Leonard Darnen Road |                 |
|                | Macassar                 |                 |
| Postal Address |                          |                 |
| Tel (H)        | Tel (W)                  | Cell            |
| Email          |                          |                 |
| Donation R     | Cash                     | Card            |
| None           |                          |                 |
| Eft            | Receipt No.              |                 |
|                |                          |                 |

JOTFORM

DISCHARGE

CAPTURED

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: 933/4/23 Case No: 180 850 Inspector: Lwazi Ntongel

## 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 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 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 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 goeagekeurde meslike metodes.

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

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

## REQUEST FOR EUTHANASIA

| REQUEST FOR EUTHANASIA       |  |                               |                                                     |
|------------------------------|--|-------------------------------|-----------------------------------------------------|
| Owners authorising signature |  | Witness for Society signature | <div>15/05/2023</div> <div><i>[Signature]</i></div> |
| Reason for Euthanasia        |  |                               |                                                     |

Euthanase Bottle No: 638

Quantity used: 10ml

Name: M. Rithobe Signature: \_\_\_\_\_ Date: 16/05/23

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |     |    |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----|----|-----------------------------------------------|
| <div style="border: 2px solid red; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <b>CLAIMANT</b><br/>         PTS checked:<br/> <input checked="" type="checkbox"/> Collar and ID tag form<br/> <input checked="" type="checkbox"/> Vet's signature<br/> <input checked="" type="checkbox"/> Member's Signature<br/> <input checked="" type="checkbox"/> Found and checked for PTS<br/> <input checked="" type="checkbox"/> Found and checked for Microchip<br/> <input checked="" type="checkbox"/> Admission form completed in full?<br/>         AWA Initial/Sign: <i>M. Ripperger</i> </div> |                                     |     |    |                                               |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                     |     |    |                                               |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="2" style="padding: 5px;">Microchip / Collar and ID tag given</td> <td style="text-align: center; padding: 5px;">Yes</td> </tr> <tr> <td style="text-align: center; padding: 5px;">No</td> </tr> </table>                                                                                                                                                                                                                                                                                                                       | Microchip / Collar and ID tag given | Yes | No | Microchip or ID tag details _____ Date: _____ |
| Microchip / Collar and ID tag given                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     | Yes |    |                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | No                                  |     |    |                                               |

## MEDICAL RECORD

| Date | Remarks                                                                                                                   | Treatment                   | Cost |
|------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------|------|
|      | B/S <input checked="" type="checkbox"/> VTC Temp                                                                          | 38.0 mm pinu lnd fine       |      |
|      | 1 <input checked="" type="checkbox"/> NAD                                                                                 | Alert + scared, underweight |      |
|      | Tick + flea Rx <input checked="" type="checkbox"/>                                                                        | Frontline                   |      |
|      | Dewarmer <input checked="" type="checkbox"/>                                                                              | Drontal (2)                 |      |
|      | Kyndigo lnd SC <input checked="" type="checkbox"/>                                                                        |                             |      |
|      | Hepatic <input checked="" type="checkbox"/>                                                                               |                             |      |
|      | Extra feeding <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |                             |      |

21/1/22 ☒ ☒

21/4/23 (RTR) ⑩ Extra Feeding  
Eating & drinking food. ✓ IF

Vet Report?

| HOSPITAL TREATMENT SHEET |             |              |               |            |         |
|--------------------------|-------------|--------------|---------------|------------|---------|
| Owner Name and Surname   | Confiscated | Animal name  |               | Sex        | M / (F) |
| Contact number           |             | Breed        | x Breed       | Sterilised | Y / (N) |
| Reason for treatment     |             | Description  | Black / white | Weight     | 7.5 kg  |
|                          |             | Admission Nr | 97036         | Page Nr    |         |

| CLINICAL EXAMINATION ON ADMISSION |                            |                                               |                     |
|-----------------------------------|----------------------------|-----------------------------------------------|---------------------|
| Temp:<br>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: |
|            |

[illegible]

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

## TREATMENT RECORD

[illegible]

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