Cape of Good Hope

ADMISSION FOR TREATMENT

KENNEL No.			TREATMENT No. H 115923		
Date in	12/12/23	Time in	1214	Date released	

DESCRIPTION

Dog	Cat	Other (Specify)		Microchip or ID Tag number	
Breed	MIXED		Colour and Markings	CREAM	
Condition	SCC		Male/Female	Age	Pet Name ZOE
Temperament	OK	Vaccination details NO	Sterilisation details NO		Size SMALL
Coat	S	Tail L	Ears FLOPPY		Teeth Condition L

Reason for visit or treatment V+ & D+ PARVO (-) GIARDIA (-) CDV (-)

Owners Full Name ~~KAA~~ KASHIEF DOMAS	ID number	2011/2/19
Residential Address 40 ELMS AVENUE LOTUS RIVER		
Tel (H)	Tel (W)	Cell 062 192 1585
Email BROUGHT IN BY A MINOR		

The **CAPE OF GOOD HOPE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (PTY) LTD** is a private company properly incorporated in terms of the company laws of South Africa with registration number 1939/013624/08 and is a registered non-profit organisation with registration number 003-244 NPO, duly registered in terms of Section 8 of the Societies for the Prevention of Cruelty to Animals Act 169 of 1993, with its principal place of business at 1st Avenue, Grassy Park, Cape Town and it is a member of the National Council of SPCAs (NSPCA), being an animal welfare and anti-cruelty body constituted in terms of the Societies for the Prevention of Cruelty to Animals Act 169 of 1993 and it bears certain statutory duties and obligations in terms of the Animal Protection Act 71 of 1962.

Arising from our statutory duties, our constitution, our policy statements and rules and operating procedures, we are obliged to bring to your attention the following conditions on which we agree to admit your animal to our hospital facility and to render veterinary and related services to you. You are urged to read through these conditions carefully and appraise yourself of their nature and importance before appending your signature to this document.

TERMS & CONDITIONS FOR TREATMENT

1. **Your animal, if unsterilised, will be sterilised whilst in our care. This is a fundamental requirement of our policy and mission statement and it is non-negotiable.**

   I agree: _____ (Please sign). Sterilisation may have to be postponed, with a contract, under the advice of a veterinarian.

2. You are required to make payment upfront for all consultations and medical treatments (including vaccinations, check-ups, out-patient treatments). Unfortunately, our policy and our status as an animal welfare organisation do not allow us to agree with you on a payment plan. In cases where the cost for treatment is not known at the time of admission, the SPCA will contact you as soon as a diagnosis is made. Payment must be received in advance for all intended procedures, tests and treatments.

3. It is your responsibility to provide us with (a) valid and working contact number(s), and for you to be contactable at all times or to contact us.

4. Your animal may be rehomed or humanely euthanized if:
   - 4.1. You remain uncontactable for more than 48 hours from your animal's admission to our facilities;
   - 4.2. In the opinion of the SPCA your animal is so diseased or severely injured or is in such a physical condition that it would be cruel to keep it alive (as contemplated in the Animals Protection Act 71 of 1962);
   - 4.3. You do not make payment within 48 hours upon your animal's admission at the SPCA and fail to collect your animal timeously; and/or
   - 4.4. You fail to collect your animal within 48 hours of notice of discharge of your animal from our hospital facility being given.

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
12/12						Distemp ✓ negative.	
						B/S ✓	
						clinical	
						red blood cells look like they have holes in them.	
						Dog not eating since last week monday.	
						mm: pink. Delayed skin tent seen.	
						Dog does drink water.	
						Dog has D+ since last week monday	
						V+ since yesterday	
						V+ looks clear + slimy + has grass in as per O!	

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