

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No. <u>Q32</u>			ADMISSION <u>86743</u>			
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in <u>18/02/2023</u>		Time in <u>09h30</u>		Date for release		

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes ☐ No ☐	Lost & Found Date checked
Microchip / Collar or ID tag found	Yes ☐ No ☒	Date scanned or checked <u>13/02/2023</u>	Microchip or ID tag number		

DESCRIPTION & HISTORY	☒ Dog	☐ Cat	Other species (Specify) <u>27kg</u>			
	Breed <u>GSD</u>	Colour and Markings <u>Buxen / 7mm</u>				
	Condition <u>THW</u>	Sex <u>M</u>	Age <u>AD</u>			
	Temperament <u>FAIR</u>	Sterilisation details <u>NO</u>		Name <u>—</u>		
	Coat <u>Sam</u>	Tail <u>long</u>	Teeth Condition <u>OK</u>	Ears <u>UP</u>	Size <u>MED</u>	
	Area found/ collected from <u>* Firgrave Way in Constantia</u>					Date
	Reason for surrender <u>* Not my dog / 2 males adopted - a male dog</u>					

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

Surrendered by	Name <u>* TREVOR ROSE</u>
Found by	
Residential Address	<u>* Firgrave Farm Spanselend</u>
	<u>River Road Constantia 7806</u>
Postal Address	<u>"</u>
Tel (H) ☒	Tel (W) ☒ Cell <u>073 2199214</u>
Email	<u>firgrave@thkansa.net</u>
Donation R	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 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 <u>[Signature]</u>	Witness for Society <u>[Signature]</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: _____



Sworn Affidavit / Beëdigde Verklaring

NAME: Fatima KARIEM SEX/GESLAG: _____
 ID NO: 8507080229087 AGE/OUDERDOM: 37
 RESIDING AT/TE WOONAGTIG BY: 9 Soetvlei Belle Constantia
 TEL NO: 0812621776
 EMPLOYED AT /WERKSAAM TE: Un Employed.
 TEL NO: _____ OCCUPATION/BEROEP: _____

STATES UNDER OATH IN ENGLISH/VERKLAAR ONDER EED IN AFRIKAANS:

The dogs belongs to me. The name of the dogs are Chicco and German. They are males and unmuted.
 The colour of the dogs are Black and brown hair.
 They both did runs away on Thursday night and we have been looking since then until we saw the post on facebook that they are in Grassy Park SPCA.
 And one got a collar in his on the neck his name is Chicco. The colour of collar is yellow.
 The collar got a chip on it, if scanned the name that pop out is
 They run away from house number 9 Soetvlei Belle Constantia.

I certify that I know and understand the contents.
 I have no objection to taking the prescribed oath.
 I consider the prescribed oath to be binding on my conscience.

Ek is vertroud met die inhoud van hierdie verklaring en begryp dit.
 Ek het geen beswaar teen die afle van die voorgeskrewe eed nie
 Ek beskou die voorgeskrewe eed as bindend op my gewete.

SIGNATURE OF DEPONENT/ HANDTEKENING VAN VERKLAARDER

[Signature]

I certify that the above statement was taken by me and that the deponent has acknowledge that he/she knows and understand the contents of this statement. This statement was sworn before me and the deponent's signature was placed thereon in my presence at GRASSY PARK SAPS on 2023-02-14 at 09:07.

Ek sertifiseer dat die bostaande verklaring deur my afgeneem is en dat die verklaarder erken dat hy/sy vertroud is met die inhoud van hierdie verklaring en dit begryp. Hierdie verklaring is voor my beëdig en die verklaarder se handtekening is in my teenwoordigheid daarop aangebring te GRASSY PARK SAPD op _____ om _____.

COMMISSIONER OF OATHS/KOMMISSARIS VAN EDE

[Signature]

FULL NAMES AND SURNAME/VOLLE NAME EN VAN

RANK/RANG: Sen



ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No. 029				ADMISSION 86744		
☒ Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	13/02/2023		Time in	09h30		Date for release

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes No	Lost & Found Date checked
Microchip / Collar or ID tag found	Yes No	Date scanned or checked	13/02/2023	Microchip or ID tag number	

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify)			
	Breed	GSD		Colour and Markings	W=28/kg BLACK/TAN	
	Condition	THIN		Sex	M	Age ADULT
	Temperament	FAR		Sterilisation details	NO	Name
	Coat	S	Tail	Long	Teeth Condition	AK.
				Ears	UP	Size
Area found/ collected from	+ Firgrave Bay in Constantia				Date	
Reason for surrender: Nat my dogs / 2 mobs and I have no more dogs						

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

Surrendered by	Name	THURCE ROSE
Found by		
Residential Address	x Firgrave Farm, Spier, Stellenbosch	
	River Road Constantia	
Postal Address	"	
Tel (H)	Tel (W)	Cell
		073 2199214
Email	firgrave@thumsa.net	
Donation R	Cash	Card
	Eft	Receipt No.

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: Case No: Inspector:

STATEMENT OF SURRENDER					
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Signature	Witness for Society				
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Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date:

CONDITIONS / ORWAARDES

I, _____, do hereby relinquish all ownership rights to the animal/s _____ and I agree to return the animal/s to 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 I do so, effect its painless destruction.

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 reëde vernietig word, die Vereniging die reg het om so 'n vernietiging te bewerkstellig deur goedgekeurde mediese 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) Fatima KARIEM

Residential Address: 9 Soetvlei Avenue Constantia

7806

Tel No (H): _____ Tel No (W): _____ Cell No: 0812621776

Postal Address: 9 Soetvlei Avenue Constantia

Email Address: Kariem102@gmail.com

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

ID / Passport / Pension No: 8507080229087

Vehicle Reg. No: CF126834

Signature Flaner

Witness for Society

Microchip / Collar
and ID tag given

Yes
No

Microchip or ID tag details

Date:

MEDICAL RECORD

[illegible]