

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No.				ADMISSION A 08102		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	10/10/23		Time in	12:30	Date for release	10/10/23

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	10/10/23
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	10 OCT 2023	Microchip or ID tag number		

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify) 25,64kg					
	Breed	P Breed		Colour and Markings	Black / white			
	Condition	Skin condition		Sex	m	Age	Adult	
	Temperament	Fier		Sterilisation details	yes	Name	—	
	Coat	S	Tail	long	Teeth Condition	Fier	Ears	Floppy
	Area found/ collected from	Bellville				Date	10/10/23	
	Reason for surrender						Conseated	

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

Surrendered by	Name	Un-known
Found by		
Residential Address	42 Van der Stede Street	
	Sunkist	
Postal Address		
Tel (H)	Tel (W)	Cell
Email		
Donation R	Cash	Card
	Eft	Receipt No.

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: 434/10/23 Case No: 169295 Inspector: LEE Pms

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 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

LEE

FOR OFFICE USE: PENDING ADOPTION

Details of first Applicant

Details of second Applicant

Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☒ Died ☐ Other ☐ On Date: 13 OCT 2023

CONDITIONS / VOORWAARDES

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 goeiekeurde menslike metodes.

3. Enige koste aan gegaan hierop is verskuldig 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	13 OCT 2023 <i>AW</i>
Reason for Euthanasia <i>APA - Sarcoptic</i>			

Euthanase Bottle No: *OSI*

Quantity used: *30ml*

Name: *Dyl* Signature: *[Signature]* Date: *13 OCT 2023*

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		No		Microchip or ID tag details	Date: _____
-------------------------------------	-----	--	----	--	-----------------------------	-------------

MEDICAL RECORD

Date	Remarks	Treatment	Cost
10/10/23	<i>aw</i>		
	<i>Skinscap & Sarcoptic mange mite</i>		
	<i>is if no sarcoptic</i>	<i>vet to write report as</i>	
	<i>Dona/040</i>	<i>Per inspector rec before we</i>	
	<i>Ranaph SOB bid for 10d PTS.</i>		
	<i>167L on medic</i>		
	<i>100ml O</i>	<i>tomorrow/friday.</i>	
		<i>Vet Report</i>	
		<i>Write on board please</i>	

11/10/23. No mange detected on SS. Please repeat tomorrow

HOSPITAL TREATMENT SHEET						
Owner Name and Surname	Animal name	Sex		M / F		
Contact number	Breed	Sterilised		Y / N		
Reason for treatment	Description	Weight		25.6kg		
	Admission Nr	Page Nr				

DAY/DATE	12/10/2023											
Att NURSE/AWA/VET + DAYS IN HOSPITAL	N10X010											
DEFECATING	Yes/No				Yes/No				Yes/No			
URINATING	Yes/No				Yes/No				Yes/No			
EATING%	Yes/No				Yes/No				Yes/No			
DRINKING	Yes/No				Yes/No				Yes/No			
VOMITTING	Yes/No				Yes/No				Yes/No			
TEMP												
MM COLOUR	Pink											
CRT												
RR												
PULSE												
HYDRATION	Dehyd. Marg. Good				Dehyd. Marg. Good				Dehyd. Marg. Good			
BEHAVIOUR/HABITUS	1 2 3 4				1 2 3 4				1 2 3 4			
MEDICATIONS:	Time given											
1. SL5	Frequency				Time given				Time given			
2.												
3.												
4.												
5.												
6.												
7.												
DRIP RATE: drops/sec												

DATE:

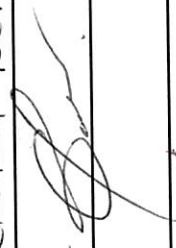
12/10/2023

12 OCT 2023

Dog eating, scratches alot, have patches of hairloss, to redo s/s today.
CONFISCATED DOG, DOG IS NOT BUSY DYING. OWNER HAS TILL 17th TO LA
CLAIM TO TAKE DOG. PLEASE KEEP THE DOG TILL 17th, CHIEF INSP PIETERSE
WILL THEN ADVISE ON THE POA. THANK YOU. Insp. Bodenstein 

12/10/2023 @ 16h29 - CHIEF INSP PIETERSE CONFIRMED THE DOG CAN BE

#PA'D - VETERINARY REPORT MUST PLEASE ADVISE REASON AND FORWARDED

TO PIETERSE 

DATE:

13/10/2023

Net Report today and APA dog.