mdzananda
animal clinic

Hospitalization Chart

Ref: 511/2/24 **Date:** 27-2-24
(Number taken from client card)

Patient Information

Pet's Name: SISI **Species:** ~~Dog~~ Cat

Breed: Pitbully **Sex:** Male ~~Female~~

Color: Black White Cream Brown (Brindle) Tan Tabby Tortoiseshell Ginger

Any special markings _____

Age: 2018 **Sterilized:** Yes (No) **Weight on admission:** 23.9 kg

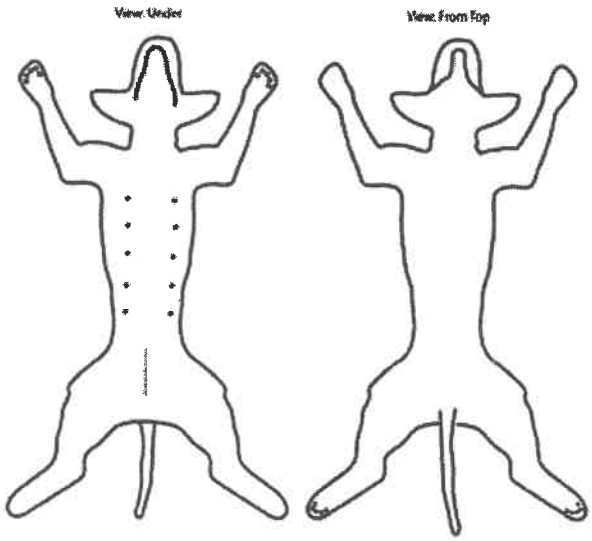
Client Information

Name: Percivel **Surname:** Owányo

ID no: 8706065214086

Address: B434 A Mahobe Street, Site C, Khayelitsha

Phone 1: 0784030541 **Phone 2:** 0736140176 / 0698982911



Presenting Complaint:

Raped

Call out collected by:

_____

Receipt no: _____

Paid: Yes ☐ **No** ☐

1. Vaccination: DAPPv/CPV _____ Last date: _____ Rabies: _____ Last Date: _____

2. When did you last see her/him eat or drink? Yesterday

3: What kind of food do you feed? Rice, Chicken, Pap, Samp & beans, Meat

5. Have you seen her/him poop or urinate? (Yes) No If yes (describe the poo and pee) Normal

6. Is your yard fenced? Yes (No)

7. Can the dog go out? (Yes) No

8. Has she had puppies before? Yes No

10. Extra information client provides: _____

Physical examination

Temp: 39 °C Pulse: _____ bpm RR: _____ bpm MM/CRT: Pink / 1 Sec

BCS (1-9): _____ Hydration (adequate/marginal/inadequate): _____ Mentation: Bar

	Y	N	Comment
General appearance	✓		
Skin and coat	✓		
Eyes, ears, nose, throat	✓		
Lymph nodes	✓		
Cardiovascular	✓		
Respiratory	✓		
Nervous system	✓		
Muscular-skeletal	✓		
Abdomen (GIT)	✓		Swollen Vagina + discharge Coming
Blood smear			

Extra Notes: _____

Preliminary Diagnosis: Susp dog was raped

Client Consent

I, the undersigned, an adult major thereby authorize for my pet to be admitted into the clinic by the veterinarians and staff of this veterinary facility - Mdzananda Animal Clinic.

1. I understand that Mdzananda Animal Clinic staff will perform medical and surgical (including anesthesia) procedures as dee necessary including further or alternative measures if required during the course of hospitalization.
2. I recognize that there is some degree of risk attached to any medical or surgical treatment/procedure and I have discussed concerns I may have with the veterinarian/veterinary nurse/Animal welfare assistant. I hereby absolve the staff of this facility fro outcomes arising directly or indirectly from hospitalization, treatment, anesthesia and surgery for my pet.
3. I am aware that this facility does not provide 24hr monitoring of patients. Should I wish to have my pet monitored 24hrs a day w hospitalized I will make arrangements with the staff of this facility to take my pet to a 24hr hospital and I understand that all the to and at the other facility are entirely my own.
4. I grant this facility permission to use drugs off label (not necessarily licensed for use in my pet's species or for the specific condi my pet has) under veterinary supervision.
5. I understand that its clinic's policy to sterilize all animals before discharge (if not already sterilized) and give consent for my pet to b sterilized before returning home. I understand that this is done in the best interest of my pet's health and quality of life and in accordance with the animal keeping by laws of south Africa.
6. I understand to keep in contact daily to enable staff to inform me of the progress and any additional treatment required for my and all the costs involved. If I fail to do so I understand that the veterinarians will take a decision on my behalf to do what is best my pet.
7. I grant the clinic permission to re-home or euthanize my pet if I haven't collected or contacted the clinic within one week of my pet discharge. The clinic will make every effort to contact me on the details I have provided but I accept responsibility to contact the clir I have not heard from the clinic each day my pet is staying in the hospital.
8. I accept full responsibility for any costs incurred in the treatment of my animal and understand that the money is non-refundable regardless of the outcome of the treatment.
9. I grant this facility permission to photograph my pet while in the care of the facility and to use such images for public relations purp
10. I understand that this facility is POPI compliant and by signing this document I have given the facility permission to collect my information. I also acknowledge that I will access the detailed information re compliance from the official website should I want to.
11. I hereby declare that I am unable to afford private veterinary care rates thus choosing your facility to treat my pet for their veterina care.

I have read and understood the terms and conditions listed above.

Client Signature: _____ Witness: _____ Date: _____

Consultation done by: Sephatha Admitted by: Sephatha Date: 27/2/24

Hospital record

Fluid therapy

BAG NO	FLUID TYPE	STARTING TIME	FINISHING TIME	RATE	ANY ADDITIONS	DATE
1						
2						
3						
4						
5						
6						
7						
8						

PATIENT: SISI
OWNER SURNAME: Qwanyo
CONTINATION SHEET NUMBER:

MDZANANDA HOSPITAL SHEET

REASON FOR ADMISSION:

DATE ADMITTED: 27/.
ADMIT WEIGHT: 23,9kg
NEW WEIGHT :

DAY/DATE	29/2/24	1/3/24	2/03/24	3/3/24	4/3/24	05/03/24	6/3/24
Att NURSE/AWA/VET + DAYS IN HOSPITAL	Isel 3	Isel 4	Isel 5	Isel 6	Isel 7	Ley 8	Ley 9
DEFECATING	YES (NO) ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?
URINATING	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?
EATING %	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?
DRINKING	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?
VOMITTING	YES (NO)	YES NO	YES NO	YES NO	YES NO	YES (NO)	YES NO
TEMP	38.4	38.5	38.2		38.2	38.2	38.1
MM COLOUR	pink	pink	pink	pink	pink	pink	pink
CRT	<2	<2	<2	<2	<2	<2	<2
RR							
PULSE							
HYDRATION	dehyd. marg. (good)	dehyd. marg. (good)	dehyd. marg. (good)	dehyd. marg. (good)	dehyd. marg. (good)	dehyd. marg. (good)	dehyd. marg. (good)
BEHAVIOUR/HABITUS	1 2 3 (4)	1 2 3 (4)	1 2 3 (4)	1 2 3 (4)	1 2 3 (4)	1 2 3 (4)	1 2 3 (4)

MEDICATIONS:	FREQUENCY	TIME GIVEN	TIME GIVEN	TIME GIVEN	TIME GIVEN	TIME GIVEN	TIME GIVEN	TIME GIVEN
1 Antacid	(1) 2 3 4	✓						
2 Synulox 1.2 ml SC	(1) 2 3 4	✓3	✓4	✓5	Stop			
3 Rebcam 0.4 ml	(1) 2 3 4	✓	✓	✓	Stop			
4 Ultrum	(1) 2 3 4	✓						
5	1 2 3 4							
6	1 2 3 4							
7	1 2 3 4							
	1 2 3 4							
DRIP RATE drops/sec								

		COMMENTS						
✓ VACCINATION	S/O : 10/3/24	Still some dc fluid who. Continue Rx.	No d/c today who. Continue Rx	No d/c. Doing well. keeping dog until Heidi says no	Doing ok.	Doing fine. keeping dog until investigation is complete	Doing fine keeping for investigation	Doing well keeping for investigation
✓ RABIES VAC	PIN REMOVAL :							
✓ DEWORMING								
✓ TICK/FLEA RX : NEXT DUE								
✓ STERILIZATION								
		PTO	PTO	PTO	PTO	PTO	PTO	PTO
PROCEDURE PERFORMED				we cut off.				

DATE:		Att Nurse/AWA/Vet	Sophata
Hospitalization **Day 1**	MONITORING		VITALS
	Daily weight	23.9	Temp °C AM 39.0 PM
	Defecating	Yes No (Not sure)	MM AM Pink PM
	Urinating	(Yes) No Not sure	CRT AM 1 Sec PM
	Eating	Yes (No) Not sure	RR AM PM
	Drinking	(Yes) No Not sure	Pulse AM PM

	MEDICATION	FREQUENCY	TIME GIVEN
1	Petcam = 0.95ml	(1) 2 3 4	✓
2	Synulox = 1.2ml	(1) 2 3 4	✓
3	Vitblo = 1.2ml	(1) 2 3 4	✓
4	Cerenia = 2.3ml	(1) 2 3 4	✓
5		1 2 3 4	
6		1 2 3 4	

DAY'S NOTES (Including x-rays and biochemistry alerts/results attached)

COMMENT:	TIME	SIGN
Owners Says the neighbar in the act of raping the dog. Swollen Vulve, yellowish discharge coming out. Dr advised for Vaginal Smear and admission for possible rape kit and monitoring. On examination the Vulva was oedematous & Contained Purulent material. A Swab was taken and a smear was made. Vaginal smear - Neutrophils 4+, epithelial cells.		

DATE:	28/2/24	Att Nurse/AWA/Vet	OK
Hospitalization **Day 2**	MONITORING		VITALS
	Daily weight		Temp °C AM 38.7 PM
	Defecating	(Yes) No Not sure	MM AM Pink PM
	Urinating	(Yes) No Not sure	CRT AM 2S PM
	Eating	(Yes) No Not sure	RR AM PM
	Drinking	(Yes) No Not sure	Pulse AM PM

	MEDICATION	FREQUENCY	TIME GIVEN
1	Petcam 0.46ml	(1) 2 3 4	✓
2	Synulox 1.2ml	(1) 2 3 4	✓
3	Rabicin	(1) 2 3 4	✓
4	Nobivac	(1) 2 3 4	✓
5		1 2 3 4	
6		1 2 3 4	

DAY'SNOTES (Including x-rays and biochemistry alerts/results attached)

COMMENT:	TIME	SIGN
Still Some Perulent Vaginal dc. Habitus better today. Apparently to late to do rape kit now as to much time has lapsed. SPAY ☑ She had pus present in her uterus, which has been flushed out.		