mdzananda
animal clinic

Hospitalization Chart

Ref: 547/02/24
(Number taken from client card)

Date: 29/02/24

Patient Information

Pet's Name: BLAZE

Species: (Dog) Cat

Breed: MIX BREED

Sex: Male (Female)

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

Any special markings _____

Age: 4 **Sterilized:** Yes No **Weight on admission:** 29.4 kg

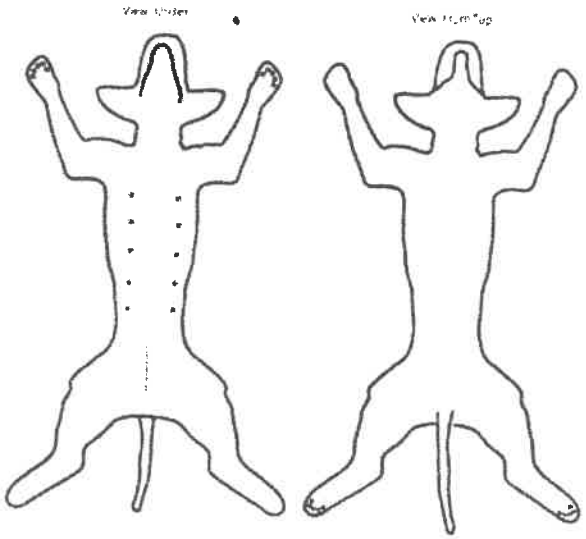
Client Information

Name: MNCEDI **Surname:** ZELE

ID no: 8003295691080

Address: 40 MKHOWANE STREET KUTHA PARK KHAYELITSHA

Phone 1: 076 629 5961 **Phone 2:** 068 883 0165



Presenting Complaint:

Rape

Call out collected by:

_____

Receipt no: _____

Paid: Yes ☐ **No** ☐

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 deemed 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 any concerns I may have with the veterinarian/veterinary nurse/Animal welfare assistant. I hereby absolve the staff of this facility from all 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 while 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 cost 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 condition 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 be 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 pet 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 for 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 pets discharge. The clinic will make every effort to contact me on the details I have provided but I accept responsibility to contact the clinic if 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 purposes.
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 veterinary care.

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

Client Signature: _____ Witness: _____ Date: 29/02/2024

Consultation done by: Buyi Admitted by: Buyi Date: 29/02/24

Hospital record

Fluid therapy

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

COMPLAINAT :- LUSANDA Mahlangeni

☎ 073 081 6030

- 17 MKHUWANE STREET ILITHA PARK KHAYELITSHA

SUSPECT :- MAXESHA ONKE

- NXANXADI STREET ILITHA PARK KHAYELITSHA

Last Date: ____________

____

____

(e) ____________

____

____

____ / ____

on: ____________

Nervous system			
Muscular-skeletal			
Abdomen (GIT)			
Blood smear			

Extra Notes: ____________

Preliminary Diagnosis: ____________

DATE:	29/2/24	Att Nurse/AWA/Vet	BG MW
Hospitalization **Day 1**	MONITORING		VITALS
	Daily weight	20.4 kg	Temp °C AM PM 38.4
	Defecating	Yes No Not sure	MM AM PM
	Urinating	Yes No Not sure	CRT AM PM
	Eating	Yes No Not sure	RR AM PM
	Drinking	Yes No Not sure	Pulse AM PM

	MEDICATION	FREQUENCY				TIME GIVEN			
1	Petcam 0.8ml	1	2	3	4	✓			
2	Dolorex 0.2	1	2	3	4			✓	
3	Synulox 1ml	1	2	3	4			✓	
4		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
Beastiality witnessed by Lusanda Mahlangeni 073 681 6030 @ Suspect goes by "Maxesha Onke" lives in 28 Nxankadi Street Twins I 30 yrs Needle or Needo ; Lusanda doesn't know which then is also scare to talk in fear of them knowing she spoke to the owner. Vaginal bleeding noted	12am 29/2	Litha Park.

DATE:	1/3/24	Att Nurse/AWA/Vet	Isel
Hospitalization **Day 2**	MONITORING		VITALS
	Daily weight		Temp °C AM 37.7 PM
	Defecating	(Yes) (No) Not sure	MM AM pink PM
	Urinating	(Yes) No Not sure	CRT AM <2 PM
	Eating	(Yes) No Not sure	RR AM PM
	Drinking	(Yes) No Not sure	Pulse AM PM

	MEDICATION	FREQUENCY				TIME GIVEN			
1	Synulox 1ml SC d2	(1)	2	3	4	✓			
2	Petcam 0.4ml SC	(1)	2	3	4	✓			
3		1	2	3	4				
4		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
QAF. Doing ok. Breathing much better today. Continue Rx.		
No d/c from nose. Stool normal.		

WNER SURNAME: Black
ONTINATION SHEET NUMBER:

REASON FOR ADMISSION:

ADMIT WEIGHT: 20.4
NEW WEIGHT :

AY/DATE	02/03/24	03/03/24	4/3/24	05/03/24	6/3/24	7/3/24	
tt NURSE/AWA/VET + DAYS IN HOSPITAL	Isel 3	Isel 4	Isel 5	Kay 6	Kay 7	Kay 8	
EFECATING	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?
RINATING	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?
ATING %	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?
RINKING	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?	YES NO ?
OMITTING	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO
MP	38.1	38.1	37.8	38.0	38.3	37.4	
M COLOUR	pink	pink	pink	pink	Pink	Pale	
T	CZ	CZ	CZ	CZ	CZ	CZ	
LSE							
DRATION							
HAVIOUR/HABITUS	dehyd. marg. good 1 2 3 4	dehyd. marg. good 1 2 3 4	dehyd. marg. good 1 2 3 4	dehyd. marg. good 1 2 3 4	dehyd. marg. good 1 2 3 4	dehyd. marg. good 1 2 3 4	dehyd. marg. good 1 2 3 4

EDICATIONS:	FREQUENCY	TIME GIVEN	TIME GIVEN	TIME GIVEN	TIME GIVEN	TIME GIVEN	TIME GIVEN	TIME GIVEN
Synulox 1 ml SC	1 2 3 4	✓3	✓4	✓5	✓6	✓7	Stop	
Peteram 0.4 ml SC	1 2 3 4	✓	✓	✓	Stop		✓	
Meloxon 10 ml	1 2 3 4							
	1 2 3 4							
	1 2 3 4							
	1 2 3 4							
	1 2 3 4							
	1 2 3 4							

P RATE drops/sec

/ACCINATION	S/O :
ABIES VAC	PIN REMOVAL :
EWORMING	
ICK/FLEA RX : NEXT DUE	
TERILIZATION	

COMMENTS	Small amounts of bloody discharge noted. PTO	Still some bloody d/c. PTO	Normal stool. Still some bloody discharge noted. Keeping dog until investigation is complete. PTO	no D/C from vulva. Keeping for investigation Send for Spay form? PTO	No D/C from vulva Keeping for Investigation PTO	Keeping for investigation PTO	PTO

CEDURE PERFORMED

She also needs a Spay.