ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope DBV SPCA

KENNEL No.				ADMISSION	A 29403	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	01/02/24		Time in	14H30	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	N/A	Microchip or ID tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	3,08
Breed	X-BREED	Colour and Markings	BLACK/WHITE
Condition	MVA	Sex FEMALE	Age PUPPY
Temperament	FAIR	Sterilisation details NONE	Name CARDO
Coat S	Tail L	Teeth Condition OK	Ears floppy / Size S
Area found/ collected from	DELFT		Date 01/02/24
Reason for surrender	MVA		

ASSESSMENT

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

COMMENTS

Surrendered by / Found by	X	Name	Valerie Booysen
Residential Address	31 Voorbrug AVE Delf		
Postal Address			
Tel (H)	Tel (W)	Cell 0636592890	
Email			
Donation R NONE V Booysen	Cash	Card	Eft / Receipt No.

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ **Case No:** INSP196531 **Inspector:** ROWAN DAVIDS

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 advisible 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	V. Booysen	Witness for Society	ROWAN

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☒ Died ☐ Other ☐ On Date: 01/02/2024

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.

V. Booysen

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 vermietiging te bewerkstellig deur goegekeurde meslike 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: 409 Quantity used: 7ml

Name: Colin Signature: Date: 01/02/2024

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

Date:

PTS checklist
- [x] Collar matches form
- [x] Vet's signature
- [x] Pound Master's Signature
- [x] Reason for PTS
- [x] Lost & Found checked
- [x] Scanned for Microchip
- [x] Species
- [x] Breed
- [x] Colour
- [x] Sex
- [x] Admission form completed in full?

AWA Initial/Sign:

Microchip / Collar and ID tag given		Yes / No	Microchip or ID tag details

MEDICAL RECORD

Date	Remarks	Treatment	Cost
1/2/23	Temp 40.3! hyd ok, injured RHL - leg hanging - Bad condition BLS Dog in pain. mm pale pink Mod - severe neutrophilia	Depressed + laying - Badly infected + bone out, skin	

ANIMAL FEEDBACK CONSENT
Do you want updates on the animal?
Yes / No
Signature:
Date:

Vet report done

CONFISCATED ANIMAL ADMISSION CHECKLIST

Date/time	1/2/24	Animal name	CARGO	Sex	M / F
Inspector	Rowan David	Breed	xbreed	Sterilised	Y / N
Inspectorate Case Number	~~Rowan David~~ 196531	Description	Black/White	Collar	Y / N
		Admission Nr	A 29403	Weight	3,08 kg

TYPE OF REPORTS OR SERVICES REQUIRED

Type	Required	Name of person that did report	Action date
Vet Report	Y / N	Veterinarian:	Date:
Grooming	Y / N	Groomer:	Date:
Behaviour	Y / N	Behaviourist:	Date:
Other X-Ray	Y / N		Date:
Other _____	Y / N		Date:

1st CLINICAL EXAMINATION ON ADMISSION

Date:	Time:	AWA/AHT responsible:	
Temp:	**Habitus**:	**Mucous Membranes:**	**Appetite**: Good / Poor / Nil
Vaccinated: Y / N Date:	**Vomiting**: Y / N	**Diarrhoea**: Y / N Bloody / Watery	**Drinking**: Y / N
Sterilised: Y / N	**Last heat**:	**Urinating**: Y / N	**Skin**:
Sneezing: Y / N	**Coughing**: Y / N	**Eyes**: Clear / Crusty / Watery	**Ears**: Clean / Dirty

Parasites:	Fleas: Y / N Treatment: Date:		Ticks: Y / N Treatment: Date:		Worms: Y / N Dewormer: Date:		
Snap Test	☐ PARVO: Pos / Neg	☐ DISTEMPER: Pos / Neg	☐ Giardia: Pos / Neg	☐ Felv/FIV: Pos / Neg			
Tests done	☐ **Blood Smear:**				☐ **Glucose:**		
Notes							

VETERINARY EXAMINATION ON ADMISSION

Locomotion/Musculoskeletal: Normal / Abnormal	**Respiration**: Normal / Abnormal	**Genital**: Normal / Abnormal
Oral Cavity: Normal / Abnormal	**Cardio-Vascular System**: Normal / Abnormal	**Lymph nodes**: Normal / Abnormal
Skin: Normal / Abnormal	**Abdomen**: Normal / Abnormal	**Any abnormal lumps**: Yes / No

Blood smear findings:

☐ **Further tests to be done**	Faecal float ☐	Chem 10 / 17 ☐	X Rays ☐ _____

Instructions:

Diagnosis:						Veterinarian:		
Admit to	H1	GW	CW	OGW	Theatre	POUND	HCU	WILDLIFE

Treatment plan: