13th August 2024

tears
ANIMAL RESCUE

To whom it may concern,

This letter serves that CLOWY, Brown and white female dog was euthanized on SATURSAY, 9th August 2024 at Tears Animal Rescue because she had a broken spine/Paralysed.

Owner's name: Sion Euber
Howe address: 28 Sespina Rol, Ocean view

Should you have any queries regarding this letter please contact Tears on: 021-785 4482.

Yours faithfully,

Dr. Sebastian Mulange

Turning tears of sadness to tears of joy! Lekkerwater Road, Sunnydale, PO Box 22376, Fish Hoek 7974, Cape Town
Tel: 021 785 4482, Fax: 021 785 4354, Emergencies: 083 651 6343 / 071 864 4849, tears@tears.org.za, www.tears.org.za

The Emma Animal Rescue Society (TEARS), Reg. no: 2001/026732/08, NPO no: 044-441-NPO, PBO no: 930 001 672, VAT no: 4490310812
Registered in terms of Section 18a of the Income Tax Act. B-BBEE Level 1

SPCA Case

ENTERED Mel

tears
ANIMAL RESCUE

PERMISSION FOR EUTHENASIA

Date: 12/8/24

I Mr./Mrs/Ms. Name: Dion Surname: Euber

ID Number: _____ Cell Number: 0648077143

Address: 28 Despina Road, Ocean View

LEGAL OWNER OF:

Animals Name: Clowy Species: Canine

Breed: XBreed Sex: Female

Colour: Brown + W

Reason for euthanasia: _____

I, the undersigned, do hereby give TEARS permission to euthanase the animal described above.

I declare:

- that I am the LEGAL OWNER of this animal and I do have the authority to make this decision;
- that I am THE LEGAL OWNER of this animal and that I cannot afford the subsidized services quoted by TEARS.
- I relinquish all rights in Clowy to TEARS and acknowledge that in the event that TEARS decides not to euthanase but to treat and rehabilitate the abovementioned animal, TEARS will have the sole right to decide on the future of the abovementioned animal.
- that the information given hereon is true.

In the event of euthanase, I choose to have the following done:

- Take the body home. ☐
- Have R.I.P perform the burial. ☐
- Paid Amount/Donation ☐

Signature of Owner/Carer

Witness

CN 36816 **PN** 62150

ENTERED

PTS 10ml

TEARS CLINIC / TREATMENT ADMISSION AGREEMENT

Date 09/08/24 Reason for Admission Dog has been Stabbed

Pets Name Mowy Species Canine

Age _____ Breed Cross breed

Sex Male / (Female) Colour Brown + white

Sterilised Yes / (No) Weight 16kg

Inoculated Yes / No What vaccination and when? _____

CLIENT / OWNER OF PET / PERSON RESPONSIBLE FOR ACCOUNT

Owner's name Dion Surname Kubeka

Home Address 28 Despina road Ocean View

Home Phone _____ ID Number _____

Cell Phone 1 0642077143 2 _____

Work Phone 1 _____ 2 _____

Email Address _____

Would you like your dog/cat to be Microchipped or Vaccinated? Yes / No

Admitted by: XXX + Aiza

Deworm: _____ Deflea: _____

Meds given: _____

Rx Inflacam 0.16ml

Rx Synulox 0.8ml

Vet notes: Spoke to owner -> He gave Permission to PTS

Dx: Paralysed => spine injured due to stabbed wound.
" crack on spine"

CN 36816 PN 62150

Left Msg. SPCA Case