

4

ADMISSION, ASSESSMENT AND HISTORY RECORD

4.4

Cape of Good Hope



KENNEL No. <u>CS</u>			ADMISSION <u>A 32512</u>			
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>21/8/24</u>		Time in	<u>14h00</u>	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	<u>22 AUG 2024</u>		Microchip or ID tag number

DESCRIPTION & HISTORY	☒ Dog ☐ Cat	Other species (Specify) <u>M 9562K</u>				
	Breed	<u>X JR</u>		Colour and Markings	<u>White/black</u>	
	Condition	<u>3 legs</u>		Sex	<u>F</u>	Age
	Temperament	<u>Sweet</u>		Sterilisation details	<u>Adult 5+</u>	
	Coat	<u>S</u>	Tail	<u>L</u>	Teeth Condition	<u>Poor</u>
	Ears	<u>1/2</u>	Size	<u>Sm</u>		
	Area found/collected from	<u>Riverlands</u>				Date
Reason for surrender <u>Confiscated</u>						

ASSESSMENT		Surrendered by		Name	
GOOD WITH		Found by			
Children	☐ Yes ☐ No	Residential Address		<u>HAWK</u>	
Cats	☐	Postal Address			
Other Dogs	☐	Tel (H)		Tel (W)	Cell
Livestock/ other	☐	Email			
DO THEY:	☐ Yes ☐ No	Donation R		Cash	Card
Jump Fences	☐			Eft	Receipt No.
Run Away	☐				
COMMENTS					

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: 1201/8/24/2024 Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

I do hereby **certify** that I ~~DO~~ DO NOT own the animal/s described above, that ~~IT IS~~ IT IS NOT a stray and ~~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
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FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: _____

HOSPITAL TREATMENT SHEET

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

CLINICAL EXAMINATION ON ADMISSION

Temp: Poor / Nil	Habitus:	Mucous Membranes:	Appetite: Good /
Vaccinated: Y / N	Vomiting: Y / N	Diarrhoea: Y / N / Bloody / Watery	Drinking: Y / N
Urinating: Y / N	Sterilised: Y / N	Last heat:	Skin:
Sneezing: Y / N	Coughing: Y / N	Eyes: Clear / Crusty / Watery	Ears: Clean / Dirty
Oral Cavity: Normal / Abnormal	Cardio-Vascular System: Normal / Abnormal		
Respiration: Normal / Abnormal	Genital: Normal / Abnormal	Locomotion/Musculoskeletal: Normal / Abnormal	

Diagnosis:

TREATMENT RECORD

DATE	T	A	U	F	H	TREATMENT	PERSON
22nd/02/24		✓	✓	0	3 1/2	mm-pink, hyd fine M/Met+responsive - Appears to have skin condition. - Also has mammary gland swelling lower abdo. - Too difficult to take temp. T+F ⊕ Deworm ⊕	
23/8/24		5	✓	✓	4	BAR, mm-pink hyd-fair Eating and drinking well. Stool and urine is normal. Xray spine, pelvis t HQ O proximal. t-ray-previous mid-femoral Amputation No treatment needed. Can RTK.	Danica

LEGEND: T = Temperature, A = Appetite (1-5), U = Urine (yes/no), F = Faeces (yes/no), H (Habitus) = Behaviour

TREATMENT RECORD

[illegible]

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