

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No. <u>C10</u>				ADMISSION <u>A 32510</u>		
Stray	Surrender	Abandoned	Returned	Impounded	<u>Confiscated</u>	Request for euthanasia
Date in	<u>21/8/24</u>		Time in	<u>18h00</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 <u>X</u>	Cat	Other species (Specify) <u>WE 21.5kg</u>				
	Breed	<u>Mix</u>	Colour and Markings	<u>White/Tan</u>			
	Condition	<u>Good</u>	Sex	<u>F</u>	Age	<u>Adult</u>	
	Temperament	<u>Friendly</u>	Sterilisation details				
	Coat	<u>S</u>	Tail	<u>L</u>	Teeth Condition		
	Area found/ collected from	<u>Riverlands - HAWK</u>				Date	<u>21/8/2024</u>
	Reason for surrender <u>Confiscation -</u>						

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

Surrendered by	Name	<u>HAWK</u>
Found by		
Residential Address		
Postal Address		
Tel (H)	Tel (W)	Cell
Email		
Donation R	Cash	Card
	Eft	Receipt No.

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: 1201108/2024 Case No: _____ Inspector: _____

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 therein 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

WEAVER

FOR OFFICE USE: PENDING ADOPTION

Details of first Applicant

Details of second Applicant

Details of third Applicant

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

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.

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 vernietiging te bewerkstellig deur goeiekeurde meslike metodes.

3. Enige koste aan gegaan hierop is verskuldig 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: _____ Quantity used: _____

Name: _____ Signature: _____ Date: _____

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 _____

Microchip / Collar and ID tag given	☐ Yes ☐ No	Microchip or ID tag details	Date: _____
-------------------------------------	---	-----------------------------	-------------

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/08/24	T = 38.8°C mm H - BAR. warts Burst Abscess on VTC P.O.A	pink Hydration tre. on Body possible left side of Body.	
22/8/24	synuloxo infacor VTC BAR, mm - pink Eating and drinking well. Stool and urine normal. Dog appears to be having difficulty breathing. temp -	hyd - fair Chest Xray abd + spine + H2	

HOSPITAL TREATMENT SHEET

Owner Name and Surname		Animal name	A32510	Sex	M / F
Contact number		Breed		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
						→ cervical, thoracic + lumbar	
						vert has spondylosis	
						→ mass on heart base on vent lateral	
						→ mod-severe bilat HD	
						Lhyp worse than R	
						Recommend for ethics	
						↳ cancer + arthritis	
							
						→ parado 1/2 tab 3pm 3pm	1/7
						→ Epleptin 300mg 3pm 3pm	1/7
						→ pater Remadyl 100id / 3pm	1/7

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

[illegible]

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