ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope

DBV SPCA

KENNEL No. C6.				ADMISSION A 32506		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	21/08/2024	Time in	14h00	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	22/8/24	Microchip or ID tag number	

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)	W13=44K		
Breed	Mix Breed	Colour and Markings	Black + White		
Condition	Rock	Sex	F	Age	Adult.
Temperament	Rock	Sterilisation details	N	Name	
Coat	S	Tail		Teeth Condition Rock	Ears D	Size M
Area found/ collected from	Riverlands - HAWK			Date	21/08/2024
Reason for surrender	Confiscation				

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

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

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: 120/8/24 **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 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 nog 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 Rudi

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

Claimed ☐ Adopted ☐ Euthanased ☑ Died ☐ Other ☐ On Date: 22/8/24

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 gekawlifiseerde 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	[signature]
Reason for Euthanasia	See clinical notes		APP

Euthanase Bottle No: 651 = 5ml / 635 = 6ml Quantity used: 11ml

Name: [signature] Signature: [signature] Date: 22/8/24

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	Microchip or ID tag details	Date:
		No		

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

AWA Initial/Sign: [signature]

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/8/24	T=37,6°C mm pink	Hyd ok H[illegible]	
	Skin Condition	Pregental? Possible	
	Mange Skin	Scrape to be done	
	Skin scrape [signature]		
		22/8/24-BAR, mm-pink hyd-fair	
		Eating and drinking well.	
		Stool is dry, urine is normal	
		LHL limp - not bearing	

Skin scrape O
T+F O

weight. left eye swollen + inflamed. skin looks red. - i
temp -

HOSPITAL TREATMENT SHEET

Owner Name and Surname		Animal name		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
						X-rays	
						- Left HIP s moderate	
						HD, femur head oblongated.	
						.	
						Left hind limb previous	
						fracture or dislocation of	
						proxitam Tibia + fibula.	
						resulting in non-weight	
						bearing of limp.	
							HPA
						Due to these findings	
						I recommend this dog	Dr DN.
						for humane euthanasia	

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

TREATMENT RECORD

DATE	T	A	U	F	H	TREATMENT	PERSON

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