

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



Reg No. 1939/013624/08
FR. No. 0003-244 NPO

KENNEL No.				ADMISSION No. A 50016		
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	Microchip or ID Tag number		

DESCRIPTION & HISTORY	☒ Dog ☐ Cat Other species (Specify)	W: 23.24 kg				
	Breed	x/B Sharpei		Colour and Markings	Tan	
	Condition	Poor		Sex	M	Age
	Temperament	OK		Sterilisation details	Yes	Name
	Coat	S	Tail	L	Teeth Condition	Poor
	Area found / collected from	Riverlands - HAWK			Date	21/08/2024
	Reason for surrender	Confiscated				

ASSESSMENT			Surrendered by		Name	
GOOD WITH: Yes No			Found by			
Children			Residential Address		HAWK	
Cats			Postal Address			
Other Dogs			Tel (H)		Tel (W)	
Livestock/other			Email		Cell	
DO THEY: Yes No			Donation R		Cash	Card
Jump Fences					EFT	(Receipt No.)
Run Away						
COMMENTS:						
PLEASE INSIST ON A RECEIPT						

Confiscated: OB No: 1201/18/24 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 / IS NOT a stray and I DO / 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 of age. Also see 'Conditions' on reversed side.	Hiermee verklaar ek dat ek 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 Rudi

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 doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteryliseer is nie.

I hereby confirm that I have read the conditions above and I understand and agree to the contents thereof.

Ek bevestig hiermee dat ek die voorwaardes hierbo gelees het en dat ek die inhoud daarvan verstaan en daartoe instem.

Signature: _____

STRAY ANIMAL FEEDBACK CONSENT

Do you want updates on this animal if it is a stray?
YES / NO

Signature: _____

Date: _____

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

Tel No (h): _____ Tel No (w): _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash//EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society: _____

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

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/07/2024	ear cleaning, carbazole, grooming as per Dr. T.G. Xray pelvis, spine + H9		
22/8/24			
Danica	BAR, mm-pink hyd-fair Eating and drinking well. Stool and urine is normal. Old scarring on face. temp - 38.1°C.	Dark, smelly wax in ears.	

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
						Dx on ear smear.	
						- Left ear - severe rods + fungi	
						- Right ear - Rods + cocci bacteria	
						OTOSOL BID 7 days	10am 10pm
						ear solution	
						Similan BID 7 days	10am 10pm
						Pred (5mg) : 2 tabs BID 7 days	10am
						Severe infection, needs long treatment - Recommend for ethics	

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

TREATMENT RECORD	
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DATE	T	A	U	F	H	TREATMENT	PERSON
23/8/24		S	✓	✓	+	BAR, mm-pink hyd-moderate Eating and drinking well. Stool and urine is normal.	Danica
						Otosol 10am 10pm	
						Preds 10am	
						Eau solution 10am 10pm	
						Mor eplethin 100 10am → from 71m	Top
						Xray pelvis ; spine + lfa	
						X-ray	
						spondylosis between L7 + S1	
						spondylosis of L1 + L2	
						spondylosis of T12 + T13.	
						pda - cont on meds + keep comfortable	
						 AVIMARK	

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