ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope DBV SPCA
Reg No. 1939/013624/08
FR. No. 0003-244 NPO

KENNEL No.				ADMISSION No. A 50017		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	21 Aug 24		Time in	14h00	Date for release	

IDENTIFICATION & LOST AND FOUND					
Microchip / Collar or ID tag found	Yes ✓ / No	Date scanned or checked	21 AUG 2024	Microchip or ID Tag umber	
Lost & Found checked	Yes / No	Lost & Found Date checked			

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	W: 17,46 kg		
Breed	~~Boer~~ S/B		Colour and Markings	Black/tan.	
Condition	Poor / Thin / Long nails		Sex	M	Age ADULT
Temperament	OK		Sterilisation details		Name
Coat S	Tail L	Teeth Condition Poor	Ears 1/2		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:
Possible Tick bite fever
* Blood smear

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: 1201/08/2024 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 of 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 hie. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die 'Voorwaardes' op die agterblad.**

CAPTURED

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: _____

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.

STRAY ANIMAL FEEDBACK CONSENT

Do you want updates on this animal if it is a stray?

YES / NO

Signature: ____________________

Date: ____________________

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 ongesteriliseer 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: ____________________

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	

Date: ____________________

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/08/2024	bloodsmear required =	Suspect E. Canis. Repeat B/S tm	
(8pm)	Rx lungs ✓ Cornea ✓	1.7 - Quarter ✓ · 1½	
	VSC tm ⇒ Skin	condition Had ok	
	Fairly bright	Repeat B/S tm.	
22/8/24	B/S ⊖		
Danica	BAR, mm - pink hyd - fair	Looks like dog has a skin	
	Eating and drinking well.	condition.	
	Stool is dry, urine is normal.		

temp - 37.9

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
						Bloodsmear	
						- thrombocytopeania	
						- no parasites	
						DX: suspect ehrlichia	
				1/2	300	Doxydig ✓ OD for 10days 15:00	
						feed ✓ OO 1/7	
						kyro 1ml ✓ 1/3 15:00	
23/8/24		5	✓	✓	4	Alert and responsive.	
						mm - pink hyd - fair	
						Eating and drinking well.	Danica
						Stool is dry, urine is normal.	
						Feed OOO 2/7	

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

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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**