14

ADMISSION, ASSESSMENT AND HISTORY RECORD

abdominal x-ray required

Cape of Good Hope

DBV SPCA

KENNEL No.				ADMISSION	A 32519	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	21 Aug 24		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: 17, 20 kg		
Breed	MIX Breed	Colour and Markings	TAN		
Condition	Fair Blacklegs	Sex	F	Age	Adult
Temperament	Friendly	Sterilisation details	S	Name	—
Coat S	Tail	Teeth Condition	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: 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 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 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 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.

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	
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	Microchip or ID tag details
		No	

Date: ____________

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/08/2024	Swollen abdomen, Fluid wave.	Dr T. G. ab x-rays	
	Abd xray 0		
22/08/24.	mm - pink, [illegible] A, V	1 f° Hi QAR Temp: 38.4°C	
	- ~~Distended~~ abdo.		
	⊕ - Abdo O.		
		AVIMARK	

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
						Abdominal X-ray -	
						- spleen is enlarged, visible in caudal abdomen.	
						- spondylitis of ~~thirteenth~~ 12th to mid caudal thoracic vertebra.	
						- severe bilateral arthritis of ~~hips~~ stifle joints	
						Based on these findings I recommend humane euthanasia.	
						~~Recommend for ethics~~	
	keep comfortable: as per Mayo					epleptin ✓ 21h00 ✓ 9h00	100 x 2 '17
						pardo ✓ 21h00 ✓ 9h00	'17 Feb

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
23/8/24		3	~	O	4	Alert and responsive.	
						mm - pink (okay) hyd - fair	
						Eating and drinking well.	Danica
						Urine is normal, no stool seen.	
						Panado ⊘ 9am ○ 9pm 2/7	
						Epleptin ⊘ 9am ○ 9pm 2/7	
						POA for wle - keep on above wcd,	

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