ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope DBV SPCA

KENNEL No. C4				ADMISSION A 32571		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated X	Request for euthanasia
Date in	21/8/24		Time in	18h00	Date for release	

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

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)	W=10.6.		
Breed	CROSS BREED	Colour and Markings	TAN		
Condition	POOR	Sex	F	Age	ADULT.
Temperament	POOR	Sterilisation details	Y	Name	
Coat S	Tail C	Teeth Condition POOR	Ears U	Size	S
Area found/ collected from	Riverlands – HAWK.			Date	21/08/2024.
Reason for surrender	Confiscated				

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	HAWK		
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: 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.**

CAPTURED

Signature	Witness for Society Bryan

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
21/08/22	T=38,0°C — pale pink,	Hd skin	tent
	H-Depressed. Skin	Condition Presented	
	on Body, P.O	A UTC B/S ⊖.	
22/8	BS ⊖ mm-Pink, hyd	Crt A+V+, f° M/Alert +responsive	
	~~Temp: 37.6°C~~	Appears to have skin	
	condition. - NAD on B/S		

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
23/8/24		5	✓	✓	4	Alert and responsive ~~normal~~	
						hyd- mm-	
						Eating and drinking well.	Danica
						Stool and urine is normal.	
						THPO needs 0.5ml/kg old for SC o/s	
						dewoim O	
						~~can we~~ RTC ?-	
						POA for w/c - cont on meds	

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**