

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No. C 12			ADMISSION A 32503			
Stray	Surrender	Abandoned	Returned	Impounded	<u>Confiscated</u>	Request for euthanasia
Date in	2/08/2024		Time in	18:00	Date for release	

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

DESCRIPTION & HISTORY	Dog ☒	Cat	Other species (Specify)					
	Breed	Mix Breed		Colour and Markings	Tan + white			
	Condition	POOR		Sex	M	Age	Adult	
	Temperament	FAIR		Sterilisation details	1	Name		
	Coat	S	Tail	L	Teeth Condition	POOR	Ears	D
	Area found/ collected from	RIVERLANDS - HAWK				Date	2/08/2024	
	Reason for surrender	CONFISCATED						

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

Confiscated: OB No: **201/08/2024** Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

I do hereby **certify** that **I DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and **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 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 _____

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

Claimed ☐ Adopted ☐ Euthanased ☒ Died ☐ Other ☐ On Date: **2/08/2024**

CONDITIONS / VOORWAARDES

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 poeg 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 gekwalifiseerde 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 vernietiging te bewerkstellig deur goegekeurde mediese 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

D. T. Gray

Reason for Euthanasia: Fracture RH leg - PTS for humane reasons.

Quantity used: 1 can

Name: Milley Signature: [Signature] Date: 4/08/14

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 _____

Date: _____

MEDICAL RECORD

[illegible]