

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No. C9				ADMISSION A 32507			
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	22/8/24	Microchip or ID tag number		

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) W: 10.6kg					
	Breed	Mix Breed		Colour and Markings Black & Tan				
	Condition	POOR		Sex	F	Age	Adult	
	Temperament	Friendly		Sterilisation details	N	Name	Annie	
	Coat	S	Tail	L	Teeth Condition	POOR	Ears	D
	Size	S						
	Area found/collected from	Riverlands					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	Name			
Found by				
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 NOT** own the animal/s described above, that **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 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 R.

FOR OFFICE USE: PENDING ADOPTION

Details of first Applicant

Details of second Applicant

Details of third Applicant

Claimed ☐

Adopted ☐

Euthanased ☒

Died ☐

Other ☐

On Date:

22/8/24

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 oorgekeurde menslike metodes.

3. Enige koste aan gedaan hierop is verschuldigd 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 - Severe lumbar spondylosis			

Witness for Society
signature

635 - Poss fracture of L femoral head
Euthanasia Bottle No: - R femur - obliterated, old fracture/ cancer

Quantity used: 0 m

Name: Ch. [illegible] Signature: [illegible] Date: 27/8/24

CLAIMANT

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

Residential Address:

Tel No (H): Tel No (W): Cell No:

☒ Pound Master's Signature

Email Address:

Donation / Charge for animal: ☒ Breed ☐ Cash/Cheque/ Card (Receipt No.)

ID / Passport / Pension No: ☒ Sex

Vehicle Reg. No: _____

Signature _____ Witness for Society _____

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

MEDICAL RECORD

Date	Remarks	Treatment	Cost
22/8	clinical a		
	TTP 0		
22/08/20	mm - Pink, fd L 110%; 18°; F° H/Met + responsive		
	- Unable to use H/L's, collapsing and lifting H/L's when trying to walk Temp: 39.3°C.		
	Xray spine, pelvis + H/L		