T3.

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope DBV SPCA

X-ray – abdominal required

KENNEL No. ~~C~~ C2				ADMISSION A 32505		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	~~C~~ 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 / No	Date scanned or checked		Microchip or ID tag number	

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify)	wt 13-58 kg.		
Breed	Mix Breed.	Colour and Markings	Black wht paws		
Condition	Poor	Sex M	Age Adult.		
Temperament	Poor	Sterilisation details Y	Name		
Coat S	Tail L	Teeth Condition Poor	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	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.**

Signature	Witness for Society WERNER.

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	Date: _____
		No		

MEDICAL RECORD

Date	Remarks	Treatment	Cost
22nd/08/24	clinical Temp: 37.1°C. Abd x ray	AVIMARK	

HOSPITAL TREATMENT SHEET

Owner Name and Surname	Confiscated	Animal name	\	Sex	(M) / F
Contact number	\	Breed	Xbreed	Sterilised	Y / N
Reason for treatment		Description	Black/white/[illegible]	Weight	13,5kg
		Admission Nr	A32503	Page Nr	

CLINICAL EXAMINATION ON ADMISSION

Temp: Habitus: Mucous Membranes: Appetite: Good / Poor / Nil

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
22nd/08/24		root	✓	•	4	mm – [illegible] [illegible] HiQAR	
						- [illegible] slightly tense	
		Temp:	38,1°C.			- Ⓢ - [illegible] O.	
					→	mod-severe spondylosis of cervical	
						thoracic, lumbar vertebrae.	
					→	examination of oral cavity	
						↳ attrition of multiple teeth	
						with pulp exposure – this is	
						painful	
						~~→ Recommend for ethics~~	
							[signature]
keep comfortable						epleptin ☑ 21h00 ◯ 9h00 100	x 2 1/7
as per Mayo						panado ☑ 21h00 ◯ 9h00	1/4 tab 1/7

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						BAR, mm-pink hyd-fair	
						Eating okay, drinking well.	Danica
						No stool and urine seen.	
						Epleptin 100 x 2 ✓ 21:00	
						Panado ✓ 9:00 ✓ 21:00	
						POA cont on meds	

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