

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



Reg No. 1939/013624/08
FR. No. 0003-244 NPO

KENNEL No. LC → TG				ADMISSION No. A 50014		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	21/08/2024		Time in	18:00	Date for release	

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

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) W20 = 98K			
	Breed	♂ ASD/Lab		Colour and Markings	Light tan / black	
	Condition	POOR - EARS		Sex	F.	Age
	Temperament	Scared		Sterilisation details	Name	
	Coat S	Tail L	Teeth Condition	—	Ears D	Size Me
	Area found / collected from RIVERLANDS					Date 21/08/2024
	Reason for surrender CONFISCATION					

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

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: **1201/08/2024** Case No: _____ Inspector: _____

STATEMENT OF SURRENDER	
I do hereby certify that <u>I DO</u> / <u>I DO NOT</u> own the animal/s described above, that <u>IT IS</u> / <u>IT IS NOT</u> a stray and <u>I DO</u> / <u>I DO NOT</u> 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 of 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 Nicole

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 doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteiriliseer is nie.

I hereby confirm that I have read the conditions above and I understand and agree to the contents thereof.

Ek bevestig hiermee dat ek die voorwaardes hierbo gelees het en dat ek die inhoud daarvan verstaan en daartoe instem.

Signature: _____

STRAY ANIMAL FEEDBACK CONSENT

Do you want updates on this animal if it is a stray?
YES / NO

Signature: _____

Date: _____

REQUEST FOR EUTHANASIA

Owners authorising
signature

Witness for Society
signature

Reason for Euthanasia

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

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

Residential Address: _____

Tel No (h): _____ Tel No (w): _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash//EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society: _____

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

MEDICAL RECORD

Date	Remarks	Treatment	Cost
	T=39,4°C mm pink. Hyd ch. H B/M		
	Dog still doing well, ears need to be cleaned, ear flush must be done		
	U.C.		
	* ear clean + cortizone as per D.T.G.		
	ear smear O		
	ear clean O		
	clinical		

HOSPITAL TREATMENT SHEET

Owner Name and Surname	Contact number	Animal name	Breed	Sex	M / ☒ F
				Sterilised	Y / N
Reason for treatment		Description	Weight 20 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
22/11/08/24		100%			S	mm - Pink hd by Hi QAR - Appears to be clinically fine. Right ear very inflamed, swollen, bleeding abit as well. DX severe ear infection - Red bacteria + degenerative neutrophils.	
start + 1M	{					OTOSOL BID 7days 11am	11pm
						followed by: furibacter BID 7days 11am	11pm
						Preds (5mg): 2 tabs BID 7days. 11am	
						Recommend for ethics	

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

TREATMENT RECORD

[illegible]

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