ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope DBV SPCA
Reg No. 1939/013624/08
FR. No. 0003-244 NPO

KENNEL No. LG -> TS				ADMISSION No. A 50013		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 21/08/2024			Time in 14h00		Date for release	

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

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)	2 8/3 C	
Breed	X Shep/Huskey	Colour and Markings	~~Husky~~ Cream Brown	
Condition	Matted / Poor	Sex M	Age Adult	
Temperament		Sterilisation details Yes	Name	
Coat L	Tail L	Teeth Condition Fair	Ears UP	Size Med
Area found / collected from	RIVERLANDS			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	Mark.	
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: 1201/8/24 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, 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 sg. 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: _____

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.

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

Signature: _____
Date: _____

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 ongesteriliseer 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: _____

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	

Date: _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21st Oct	T = 36,9°C m pink	Hyd d. HBM	
	DOG has a.	had ear infection will	
	need a ear flush.		
22nd Oct *	ear cleaning, cortizone, grooming	BAR, mm-pinic	hyd- four
	Xray - pelvis, spine + HG	temp - 37.2	
	clean ear o	Eating + drinking well.	
AVE...	ear smear o		
	X-ray - mild hip dysplasia bilateral.		

ototosul bid

HOSPITAL TREATMENT SHEET

Owner Name and Surname		Animal name	A S0013	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
						moderate	
						ear smear - bilateral	
						malla sezia + cocci	
						bacteria	
						ear soln - 1ml 10am ✓ 10pm ✓	
						OTOSOL BID 7days 10am ✓ 10pm ✓	
						~~Solulan BID 7days~~	
						Predsl (5mg) - 3 tabs OD	10 am
						for 7 days	
						flup ear smear in 7 days	
23/8/24	37.6	5	✓	0	4	BAR, mm-pink hyd- four	
						Eating and drinking well.	Danica
						NO stool seen, urine is normal	
						Preds ✓ 1/7 10 am	
						Otosol 10am ✓ 10pm ✓	
						Ear Solution 10am ✓ 10pm ✓	

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

move to OGW

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**