ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope DBV SPCA

KENNEL No. T3 -> S				ADMISSION A 32517		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	21/08/24		Time in	18:00	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	Cat	Other species (Specify)			
Breed	Mix Breed x Lab	Colour and Markings	BLACK		
Condition	POOR	Sex	MALE	Age	ADULT -
Temperament	SCARED	Sterilisation details		Name	
Coat S	Tail C	Teeth Condition BAD	Ears D	Size M	
Area found/ collected from	RIVERLANDS - HAWK			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 / 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

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

Claimed ☐ Adopted ☐ Euthanased ☑ Died ☐ Other ☐ On Date: 4/08/2024

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	[signature] BVSc Dr T. Gray
Reason for Euthanasia	Poor quality of life.		

Euthanase Bottle No: 643 Quantity used: 15ml

Name: Mitchell Signature: [signature] Date: 21/08/2024

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 / No	Microchip or ID tag details	Date:

MEDICAL RECORD

Date	Remarks	Treatment	Cost
21/08/24	T=39,6°C m. pale	pink [illegible] ok 4?3 [illegible]	
	Old Wounds on	Body, Limping on	
	Closed Hind leg's		