## 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 | APA - severe maggot infestation of anus emaciation very very sick!! | | |

Euthanase Bottle No: 754 Quantity used: 4ml

Name: Lauren Signature: Date: 07/09/24

## CLAIMANT

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

Residential Address: 63 President Swart Str. Panorama

Tel No (H): Tel No (W): Cell No: 0725182958

Postal Address:

Email Address: Mels prop@hotmail.com

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 |
|---|---|---|
| | No | |

Date: 07 | 9 | 2024

PTS checklist
- Collar matches form
- Vet Signature
- Pound Master's Signature
- Reason for PTS
- Cost & Paper charge
- Scanned for Microchip
- Species
- Breed
- Colour
- Sex
- Admission form completed in full?

AWA number:

## MEDICAL RECORD

| Date | Remarks | Treatment | Cost |
|---|---|---|---|
| 07 SEP 2024 | RC @ 10:32am 'O' been looking for her cat for a long time, she on her way to Cosmo | SPCA | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |