ADMISSION, ASSESSMENT AND HISTORY RECORD

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

KENNEL No.				ADMISSION No. A 70252		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated X	Request for euthanasia
Date in	07/10/25		Time in	10:00	Date for release	

IDENTIFICATION & LOST AND FOUND						
Microchip / Collar or ID tag found	Yes / No (No)	Date scanned or checked	08/10/2025	Microchip or ID Tag umber	N/A	
Lost & Found checked	Yes (Yes) / No	Lost & Found Date checked	08/10/25			

DESCRIPTION & HISTORY

Dog (Dog)	Cat	Other species (Specify)	W = 14,01		
Breed	Pitbull		Colour and Markings	Brown/White	
Condition	emaciated		Sex F	Age Adult	
Temperament	Fair		Sterilisation details No	Name	
Coat S	Tail L	Teeth Condition fair	Ears floppy	Size M	
Area found / collected from	Macassar			Date 07/10/25	
Reason for surrender	Confiscated				

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/other		
DO THEY:	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS:
VET REPORT PLEASE FOR PROSECUTION

Surrendered by / Found by		Name			
Residential Address	2 Musica Avenue Macassar				
Postal Address					
Tel (H)	Tel (W)	Cell			
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: 467/10/2025 Case No: 22100 Inspector: Lwazi Ngwyela

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 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	Lwazi	Witness for Society	Lwazi

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

Claimed ☐ Adopted ☐ Euthanased ☑ Died ☐ Other ☐ _____ On Date: 08/10/2025

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			

Vet recommendation. Sect 5 APA.

Euthanase Bottle No: 137 (9ml) + 139 (6ml) Quantity used: 9ml + 6ml (15ml) AWA: _____

Date: 8 - OCT 2025

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: _____

PTS checklist
- ☑ Collar matches form
- ☑ Vet's signature
- ☑ Found Master's Signature
- ☑ Reason for PTS
- ☑ Lost & Found checked
- ☑ Scanned for Microchip
- ☑ Species
- ☑ Breed
- ☑ Colour
- ☑ Sex
- ☑ Admission form completed & signed

AWA Initial/Sign: _____

Microchip / Collar and ID tag given		Yes / No	Microchip/ ID Tag details

Date: _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
07/10/25	Temp 37.3, MM-pink, Hyd Moderate eating well, ~~grooth~~ ~~feeleg~~ growth, under weight		
	S Bloodsmear	O.	

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**

HOSPITAL TREATMENT SHEET

Owner Name and Surname		Animal name		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
						severe emaciation with loss	
						of muscle mass	
						healing wounds of front legs	
						- ticks present in ears + coat.	
						- some fleas, hair thinning along back	
					-	unsterilized female	
					-	pale mucous membranes.	
						of conjunctivitis.	
08/10/25	37.7°C	5	/	-	4	mm - pale - pink, Hyd - fair	
						eating and drinking well	
						stool solid urine clear.	
						Alert, underweight	

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