ADMISSION, ASSESSMENT AND HISTORY RECORD

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

KENNEL No. Q65				ADMISSION No. A 68769		
Stray X	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	03/10/25		Time in	13:35	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	03.10.25	Microchip or ID Tag umber	

DESCRIPTION & HISTORY

Dog X	Cat	Other species (Specify)	— 16	
Breed	X Breed (PitX)	Colour and Markings	Tan White	
Condition	Good	Sex Female	Age 4 - Adult	
Temperament	Fair	Sterilisation details —	Name —	
Coat S	Tail —	Teeth Condition —	Ears P	Size S — M
Area found / collected from	Southfield		Date	03/10/25
Reason for surrender	Stray			

ASSESSMENT

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

COMMENTS:

Surrendered by		Name	X VERSTER		
Found by	X				
Residential Address	X 27 KINGFISHER RD SOUTHFIELD				
Postal Address	Peninsula Vet				
Tel (H)	Tel (W)		Cell X		
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

CAPTURED ON TRACKER

PLEASE INSIST ON A RECEIPT

Confiscated: OB No:_____ 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 [illegible] **BESIT / NIE BESIT NIE**, dat di[illegible] **LOPER / 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.**

9001410008882 79

Signature X	Witness for Society Sumaya

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

ADMISSION, ASSESSMENT AND HISTORY RECORD

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

KENNEL No. Q61				ADMISSION No. A 68768		
Stray X	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	03/10/25		Time in	13:35	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	Yes / No	Lost & Found Date checked
Microchip / Collar or ID tag found	X Yes / No	Date scanned or checked	03/10/25	Microchip or ID Tag umber	

DESCRIPTION & HISTORY					
Dog X	Cat	Other species (Specify)	15,60		
Breed	MALINOIS		Colour and Markings	Brown, Black, white	
Condition	Good		Sex Female	Age Adult	
Temperament	Fair		Sterilisation details No	Name —	
Coat S	Tail L	Teeth Condition OK	Ears Up & Down	Size Medium	
Area found / collected from	Southfield			Date 03/10/25	
Reason for surrender	Strays				

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

Surrendered by		Name	X VERSTER		
Found by	X				
Residential Address	X 27 KINGFISHER RD SOUTHFIELD				
Postal Address	Peninsula Vet				
Tel (H)	Tel (W)		Cell X 084661 0337		
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

CAPTURED ON TRACKER

PLEASE INSIST ON A RECEIPT

Confiscated: OB No:_____ 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 [illegible] **IT / NIE BESIT NI** **R NIE** is, en dat ek [illegible] Ek doen ook vrywi [illegible] 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.**

9001410008864 91

X Signature	Witness for Society Moniqué

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

IDENTIPET REGISTRATION FORM

NB SUCCESSFUL RECOVERIES DEPEND ON ACCURATE AND COMPLETE INFORMATION

900141000886491
Microchip Number

PLEASE COMPLETE ALL INFORMATION ACCURATE

OWNER INFORMATION

Mr / Mrs / Miss / Dr	Keeran Fester
I.D Number	0507165L64086
Residential Address	55 6th Ave Retreat
Home number	066 ~~666~~ 661 1660
Work Number	/
Cell Number	✓
Alternative number	/
E-mail address	Keeran.Fester@iCloud.com.

Download the Identipet mobile App from your Play / App store today. Sign up to be part of our pet rescurer network

Identipet SINCE 1999

YOUR PETS INFORMATION

Type of Animal	Dog	Cat	Horse	Bird	Reptile	Game	Other Specify
Name of Animal	Lola				Breed	Belgianshepherd	
Description / Colour	Tan / black				Sex	M	F
Sterilized	Y	N			Date of Birth	± 5-6m	

MICROCHIP IMPLANTER INFORMATION

Implanter Name	SPCA	Date of Implant	

I certify that I have today implanted the above described animal in the prescribed implant site with the implant number as recorded above.

This implant carries a lifetime guarantee

Registration is included free of charge

I agree to receive communication regarding Identipet services

I agree to ensure that my details stays up to date

See reverse for contitions of sale

I accept the conditions of Sale

SPCA	12449		✓
Microchip Implanter's Signature	Microchip Implanter's P.I.N Number		Owner's Signature

Original copy - IDENTIPET Second copy - IMPLANTER Last copy - OWNER

Register online, email or Mobile App: www.identipet.com • Info@identipet.com
Identipet, P.O. Box 215, Lanseria 1748 • Fax: (086) 671-9189 • Tel: (011) 957-3456

READY STEADY PRINT ☎ 011 025 0657

IDENTIPET REGISTRATION FORM

NB SUCCESSFUL RECOVERIES DEPEND ON ACCURATE AND COMPLETE INFORMATION

900141000888279
Microchip Number

PLEASE COMPLETE ALL INFORMATION ACCURATE

OWNER INFORMATION

Mr / Mrs / Miss / Dr			Keeran Foster
I.D Number	0507165461086		
Residential Address	35 6th Ave Retreat		
Home number	066 661 1660	Work Number	
Cell Number	/	Alternative number	/
E-mail address	Keeran.Foster@icloud.com		

Download the Identipet mobile App from your Play / App store today. Sign up to be part of our pet rescurer network

Identipet SINCE 1989

YOUR PETS INFORMATION

Type of Animal	Dog	Cat	Horse	Bird	Reptile	Game	Other Specify
Name of Animal	Brandy				Breed	Pitbull	
Description / Colour	Tan				Sex	M	F
Sterilized	Y	N			Date of Birth	1 4m	

MICROCHIP IMPLANTER INFORMATION

Implanter Name	SPCA	Date of Implant	03/10/25

I certify that I have today implanted the above described animal in the prescribed implant site with the implant number as recorded above.

This implant carries a lifetime guarantee

Registration is included free of charge

I agree to receive communication regarding Identipet services

I agree to ensure that my details stays up to date

See reverse for contitions of sale

I accept the conditions of Sale

SPCA	12449	
Microchip Implanter's Signature	Microchip Implanter's P.I.N Number	Owner's Signature

Original copy - IDENTIPET Second copy - IMPLANTER Last copy - OWNER

Register online, email or Mobile App: www.identipet.com • Info@identipet.com
Identipet, P.O. Box 215, Lanseria 1748 • Fax: (086) 671-9189 • Tel: (011) 957-3456

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 gekwlifiseerde 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			

Euthanase Bottle No: _____ Quantity used: _____

Name: Kerran Signature: _____ Date: 0

CLAIMANT

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

Residential Address: 33 6th Ave Retreat

Tel No (H): 066 221 1660 Tel No (W): _____ Cell No: _____

Postal Address: _____

Email Address: _____

Donation / Charge for animal: R300 Cash/Cheque/Card (Receipt No.) 25PS10031723

ID / Passport / Pension No: 0705165461086

Vehicle Reg. No: KYDI - WD

Signature _____ Witness for Society _____

Microchip / Collar and ID tag given	✓	Yes	Microchip or ID tag details	Date: 05.10.25
		No		

MEDICAL RECORD

Date	Remarks	Treatment	Cost