ADMISSION, ASSESSMENT AND HISTORY RECORD

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

KENNEL No. DO NOT PTS				ADMISSION No. A 71685		
Stray	Surrender ✓	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 11/10/25			Time in 17h34	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	15-10-25	Microchip or ID Tag umber	

DESCRIPTION & HISTORY

Dog (circled)	Cat	Other species (Specify)	W= 12.86kg
Breed: PITBULL		Colour and Markings: BLACK WHITE	
Condition: POOR		Sex: FEMALE	Age: ADULT
Temperament: FAIR		Sterilisation details: NO	Name: ?
Coat: SHORT	Tail: LONG / Teeth Condition: FINE	Ears: COLD	Size: MEDIUM
Area found / collected from: HAPPY VALLEY			Date: 11/10/25
Reason for surrender: SICK			

ASSESSMENT

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

COMMENTS: VET REPORT PLES

Surrendered by ✓ / Found by	Name: DOROTHY WEBB				
Residential Address: 41 DORES CRESCENT HAPPY VALLEY					
Postal Address					
Tel (H)	Tel (W)		Cell		
Email					
Donation R NONE	Cash	Card	EFT	(Receipt No.)	

DISCHARGE

CAPTURED ON TRACKER

PLEASE INSIST ON A RECEIPT

AVIMARK

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 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: D. Webb	Witness for Society: NTM

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: 11-10-25

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: D Webb

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	p.p. 15/10/25
Reason for Euthanasia	N/I		

Euthanase Bottle No: 166 Quantity used: 10ml AWA: Dylan

Date: 15.10.25

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 Grey Reg. No: _____

Signature: _____ Witness for Society: _____

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

AWA Initial/Sign:

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

Date: _____

MEDICAL RECORD

Date	Remarks	Treatment	Cost
11/10/25	T: 39°C MM pale pink, Alert, Hydr?		
	Wounds on bum area severe → appears	Clamoxyl LA / Inflacam D	21400
	to be granulating		
	Dog is emaciated		
12/10/25	Anaem. mm PU: Infected wounds	Clamoxyl @ 0.65ml SC	
	Examined, Temp: 37.8°	Inflamd @ 0.26ml SC	320

AVIMARK

HOSPITAL TREATMENT SHEET

Owner Name and Surname		Animal name		Sex	M / (F)
Contact number		Breed	X Bo	Sterilised	Y / (N)
Reason for treatment		Description	Black / white	Weight	10.86 kg
		Admission Nr	A71685	Page Nr	

CLINICAL EXAMINATION ON ADMISSION

Temp: 38.0 Habitus: BQV Mucous Membranes: Pink Appetite: (Good) / Poor / Nil

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
13/10/25	38.05	✓	✓	4		MM Pink HR - good	
						- Wound on surg	
						area secure appears	
						to be granulating	
						- Unde weight	
						- Stool + urine Present	
						- Eating and drinking	
						AC.	
						~~AC~~ "DO NOT OTS" note on intake form.	
						VTC wounds	
						Clamoxyl 0,65ml SC ~~8pm~~	✓ 8pm
						Inflacam MD 0,28ml SC ~~8pm~~	✓ 8pm
14/10/25							
						Vet report AC.	
						clamoxyl + inflacam	019:00

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

TREATMENT RECORD

DATE	T	A	U	F	H	TREATMENT	PERSON
14/10/25						Vet Report AC	
						Clavaseptyl + Inflacam @ 19.30	
	38.9	5	✓	✓	✓	MM - Pale Pink, Hyd - Good	
						eating and drinking well	
						Normal Stool, Urine Clear	
						BAR, Wound on the bum	
						are dry no. oozing or	
						Good Seen, Underweight	
						BCS 1/9. Severe emaciation	
						Tick burden moderate. Teeth WNL.	
						Gums pale pink eyes NAD.	
						Ear margins - multiple old scabs, poss	
						flystrike..	
						Wound to RFL elbow - granulating	
						- susp. pressure sore.	
						Severe susp inf pressure sores to	
						pin bones (tuber ischiadicum) granulating on edges, open	
						& sero sanguineous exudate. Wound bed contracted.	
						Nails WNL. Multiple areas on alopecia	
						on distal t/L s - susp. old scars.	
						Alopecia on dorsal tail typ. to 4 areas	
						with smooth hairless black skin on ventrolat.	
						Rt thorax - susp. old burn wounds	
						BLSM - left shift neut.	
						Monocytosis. ~~Neut~~ / Few pl.	
						Ehrlichia morulae.	
						Doxy 100 + 50mg @ 18h00	
						T&T O.	

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

Dr AC to write up VR tm.

HOSPITAL TREATMENT SHEET

Owner Name and Surname	SURRENDER.	Animal name	/	Sex	M / (F)
Contact number		Breed	Pitbull	Sterilised	Y / (N)
Reason for treatment		Description	Black + White	Weight	12.86 kg
		Admission Nr	A71685	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
15.10.2025	38.4°C	5	✓	✓	4	A: 100 y. U ✓ yellow F ✓ Solid+dark brown	Eden
						MM: Pale pink Hydration: fair	
						H/BAR. Large wounds @	
						rump area – pressure sores? +	
						@ RFL elbow.	
						Underweight.	
						Doxy 100 +SO @ 18:00 2/14	
						ACVR @	
						Recommend for ethics –	
						severe emaciation &	
						extensive wounds.	
						L check w/ insp.	
15/10/25						DOG WAS SURRENDERED. NO NEED TO ETHICS OR APA.	

AVIMARK

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