



CLAIMING OF SEIZED ANIMAL/S

I, Stephen Gain (full names & surname), the undersigned, with Identity Number:
4505115106084, and residing at 219 Main Road, Simons Town
, hereby confirm that I am the legal owner of the seized animal/s in the care
of the Cape of Good Hope SPCA ("the SPCA"), as listed below.

I hereby acknowledge and confirm that:

1. I am over the age of eighteen (18) years of age.
2. I am the legal owner of the seized animal/s.
3. In terms of Regulation 5 of Regulation 468, I accept that I am liable for the reasonable expenses incurred in connection with the seizure of my animal/s. I acknowledge that I am responsible for paying these reasonable expenses before the animal/s will be released to me, for such period up to and until the animal/s are released to me.
4. I undertake to pay to the SPCA the reasonable expenses pertaining to the seized animal/s, as set out in paragraph 3 above, within 48 hours of the date hereof. Should I fail to settle these expenses in full within 48 hours from the date of this claim, I forfeit the animal/s to the SPCA, for it to become the sole and beneficial owner thereof, and I consent to the SPCA disposing of the animal/s, as it deems fit, in order to recover these expenses, or part thereof (if any).
5. Neither the SPCA, nor any of its agents or employees, will be held liable for any loss or damage that I may suffer as a result of the disposal of the animal/s necessitated by my failure to settle the expenses mentioned hereinbefore, in full, within 48 hours from the date of signing this document.

Signature of claimant

Date

18 November 2025

Witness for the Society

Animal/s Details:

Admin No	Species	Breed	Age	Sex	Name
A72285	Dog	X Breed	Adult	Male	Simon