



CLAIMING OF SEIZED ANIMAL/S

I, Katie Galant (full names & surname), the undersigned, with
Identity Number: 7209051001089, and residing at 15 Kariba Court, Hanover Park
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.
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. I acknowledge that I am responsible for paying these reasonable expenses before the animal will be released to me, for such period up to and until the animal are released to me.
4. I undertake to pay to the SPCA the reasonable expenses pertaining to the seized animal, as set out in paragraph 3 above, within 7 days of the date hereof. Should I fail to settle these expenses in full within 7 days from the date of this claim, I forfeit the animal to the SPCA, for it to become the sole and beneficial owner thereof, and I consent to the SPCA disposing of the animal, as it deems fit, in order to recover these expenses, or part thereof (if any).
5. I understand that it is a requirement in terms of Section 3 of the City of Cape Town Animal Keeping By Law for my animal to be sterilised if they are over the age of 6 months. I consent to the SPCA sterilising the animal. I understand that sterilisation is a surgery to make my animal unable to produce offspring. I further confirm that I will not hold the SPCA or its officials liable for sterilising/neutering my animal and or any complications resulting thereof, and I authorise the use of anaesthetics and other medications, as deemed necessary by the attending veterinarian.
6. 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 7 days from the date of signing this document.

K2
Signature of claimant

29 Dec 2025
Date

[Signature]
Witness for the Society

Animal/s Details:

Admin No	Species	Breed	Age	Sex	Name
A 90003	Dog	Cross Breed	Adult	Female	