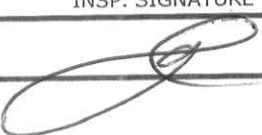


| INSPECTORATE INVESTIGATION FORM                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         |                                                            |                                              |       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------|------------------------------------------------------------|----------------------------------------------|-------|--|
| DATE                                                                                                                                             | 4/07/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INSP:                                                      | Jacques | INV. NO.                                                   | 10-7-25                                      |       |  |
| Complainant                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         | Offender                                                   |                                              |       |  |
| NAME:                                                                                                                                            | Amy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |         | NAME:                                                      | Pazila Eksteen                               |       |  |
| ADDRESS                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         | ADDRESS                                                    | 18 Noorsdoring crescent<br>Roosendaal Delft. |       |  |
| TEL: (H)                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         | TEL: (H)                                                   |                                              |       |  |
| TEL: (W)                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         | TEL: (W)                                                   |                                              |       |  |
| CELL:                                                                                                                                            | 0698698124                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                            |         | CELL:                                                      | 073 890 7422                                 |       |  |
| <p>Dog thin not fed, pos hit by car<br/>no treatment.</p>                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         |                                                            |                                              |       |  |
| <p><b>CHECK THE OVERALL CONDITIONS AND WELFARE OF ALL ANIMALS ON PREMISES.</b></p>                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         |                                                            |                                              |       |  |
| SAPS OB NO:                                                                                                                                      | Authorised Outreach by :                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                            |         | Date:                                                      |                                              | Sign: |  |
| Referral to Law Enforcement - REF NO:                                                                                                            | Authorised Outreach : YES / NO                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |         | For : Treatment / Sterilisation                            |                                              |       |  |
| Date & Time:                                                                                                                                     | INSPECTORS COMMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |         |                                                            |                                              |       |  |
|                                                                                                                                                  | <p>Allegation : True / False</p> <p>Amount of animals found on Premises: i.e. 5 cats 2 dogs etc.</p> <p>Description of each animal - Name, Species, Colour, Age, Breed, Sex, Sterilised / unsterilized.</p> <p>Condition of each animal found on premises : i.e. body score rating 1 - 5 (1 being the lowest)</p> <p>What education was done with owner?:</p> <p>Minimum Requirements : FOOD(how many times a day), WATER( is there available constantly), SHELTER(adequate Yes / no )</p> |                                                            |         |                                                            |                                              |       |  |
| 4/07/25                                                                                                                                          | <p>No dog found on property owner said "Hy loop Selor weer rond" she said she was planning on taking the dog to bellville tomorrow for treatment due to waiting for money &amp; a lift. will follow up monday</p> <p>Advised owner to feed x 2 per day and dog pellets not house food owner agreed.</p>                                                                                                                                                                                    |                                                            |         |                                                            |                                              |       |  |
| 5/07/25                                                                                                                                          | <p>unfortunately the dog passed away on the way to AACL bellville.</p> <p>Investigation closed.</p>                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |         |                                                            |                                              |       |  |
| Did you personally witness the incident ?                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         | When last was food and water given to the animal?          |                                              |       |  |
| What instrument(s) did the person use ?                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         | Is there Food, water and shelter available?                |                                              |       |  |
| Was the action deliberate or was it done out of anger?                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         | Are you personally monitoring the situation?               |                                              |       |  |
| Do you think this action could have been prevented?                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         | Is the animal(s) neglected in any way?                     |                                              |       |  |
| Are you prepared to furnish sworn statements to that effect?                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         | Is the animal(s) injured and where?                        |                                              |       |  |
| <p><b>Pictures taken of environment and animals on premises : YES / NO</b></p> <p><b>Pictures uploaded to Investigation group : YES / NO</b></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |         |                                                            |                                              |       |  |
| AACL Steri :                                                                                                                                     | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |         | Name(s) of Animal:                                         |                                              |       |  |
| INSP. SIGNATURE                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | FOLLOW UP                                                  |         | FURTHER ACTION                                             |                                              |       |  |
|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="radio"/> Y <input type="radio"/> N |         | <input type="radio"/> Y <input checked="" type="radio"/> N |                                              |       |  |