Society for the Prevention of Cruelty to Animals

Incorporated Association not for gain

Co. No. 1939/013624/08
NPO 003-244 • PBO 930004317

Cape of Good Hope

DBV SPCA

Dierebeskermings-vereniging

Ingelyfde Vereniging sonder winsoogmerk

Cnr 1st Avenue & 1st Road, Grassy Park, 7941
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Fax: 021 705 2127
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CLAIMING OF SEIZED ANIMAL/S

I, John Smit (full names & surname), the undersigned, with Identity Number: 7009255247086, and residing at 6 Missouri Cr. Portland, Mitchells Plain 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. 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/s to be sterilised if it/they is/are over the age of 6 months. I consent to the SPCA sterilising the animal/s. 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 48 hours from the date of signing this document.

D.S Smit
Signature of claimant

24/07/2025
Date

Witness for the Society

Animal/s Details:

Admin No	Species	Breed	Age	Sex	Name
A70035	~~GS~~ DOG	GSD	Adult	M	Rickby