SWORN AFFIDAVIT

1

Collin Armand Martin ID number 8205065266087 states under oath in English. I make this statement in terms of section 212 (4) of Criminal Procedures Act 51 of 1977.

2

I am a 43-year-old male working as a specialist veterinary pathologist for Idexx South Africa, where I have been employed since 2014.

3

I qualified as a veterinarian in 2008 at Onderstepoort Faculty of Veterinary Science. I am currently registered as a specialist anatomical veterinary pathologist with the South African Veterinary Council and my registration number is S020/06090. I worked as a veterinarian from 2009 to 2014 as a small animal clinician at Blue Hills Veterinary Clinic in Kyalami. I left Blue Hills to pursue an anatomical pathology residency with Idexx at Onderstepoort in 2014 and was trained by Dr. Liza Du Plessis, Dr. Sarah Clift amongst others at the faculty. I qualified with an MMedVet (Pathology) in 2020. I am currently a senior specialist anatomic veterinary pathologist for Idexx South Africa.

4

Due to unavailability of state post-mortem services, I was contacted the inspectorate at the SPCA Cape of Good Hope and asked I could assist with a post-mortem on a suspected cruelty case.

5

I performed the post-mortem at the Wildlife section of the SPCA Cape of Good hope on the morning of the 13 August 2025 and made the following observations. The carcass was in bag labelled with admission number A61516.

6

The carcass is that of canine, female, intact, medium sized, tan crossbreed. It was previously frozen and thawed overnight but there is minimal autolytic change. On external examination, the animal was in very poor body condition (1/5) and was covered in dirt/sand. There was severe atrophy of the temporal musculature, and the spine of the scapulae, spinous process, ribs and hip protruberances were prominent. Severe atrophy of all muscle groups, especially the hind legs. The mucous membranes of the oral cavity showed severe anaemia. There was a mild build up of ceruminous

exudate in the ears. On removal of the skin, there was virtually no subcutaneous fat. Mild subcutaneous oedema and serous atrophy of fat was noted around the neck/brisket area.

In the abdominal cavity, there was severe serous atrophy of omental and mesenteric fat. The spleen appears small and atrophic. The uterus was present but was showed no sign of oestrus or pregnancy. The stomach was filled with soaked kibble, but the small intestine only contained scant, white mucoid chyle. No ingesta was noted in the duodenum. There was only scant, dark green, liquid faecal material present I the colon. Incision of the kidney also showed severe serous atrophy of pelvic fat.

On opening the thoracic cavity, there was severe serous atrophy of mediastinum and on the pericardium. The oesophagus showed no abnormalities, and no lesions were noted in the pharanx or larynx.

7

My conclusion through my training, knowledge and experience was that this animal suffered greatly. She was severely emaciated and showing signs of severe protein-energy malnutrition as characterised by muscle atrophy, exposed bones and serous atrophy of fat in several organs. I could not find any impediment to ingestion or digestion of food macroscopically. Additionally, there was a large quantity of recently ingested food in her stomach which proves that she was physically able to eat. The most likely scenario in this case is starvation due to inadequate to no food being available. Starvation is a slow and miserable process and takes 3-4 weeks after which all internal sources of energy are used up and is evidenced by muscle and fat atrophy as well as shrunken organs. Even if there was a medical reason for the poor condition, the owner/caretaker of this animal should have sought attention when the weight loss became noticeable. At best, this appears to be neglect and at worse, its abuse/cruelty if this dog was knowingly starved and allowed to die. Although she was given food just prior to death (food was only soaked and not digested and not present in the small intestine – meaning she ate this food in 30 minutes before passing), she was already far too weak. Ideally, she should have been hospitalised and fed small quantities of food slowly. Veterinary attention should have been sought sooner but please correlate these findings with the case particulars.

8

I know and understand the contents of this statement.

I have no objection to taking the prescribed oath.

I see the prescribed oath as binding on my conscience.

_____

DEPONENT

The deponent has acknowledged that he knows and understands the contents of this affidavit/declaration, which was signed and sworn to before me at _____ on this the _____ day of _____ 2025, the regulations contained in Government Notice No R1258 of 21 July 1972, as amended, and Government Notice No R1648 of 19 August 1977, as amended, having been complied with.

_____

COMMISSIONER OF OATHS

Full names: _____

Designation: _____

Business address: _____