ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope
DBV SPCA
Reg No. 1939/013624/08
FR. No. 0003-244 NPO

KENNEL No.				ADMISSION No. A 60521		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	22/05/25		Time in	14H00	Date for release	

IDENTIFICATION & LOST AND FOUND						
Lost & Found checked		Yes / No	Lost & Found Date checked			
Microchip / Collar or ID tag found		Yes / No	Date scanned or checked		Microchip or ID Tag umber	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	DSH		Colour and Markings	WHITE/BLACK
Condition	DOA		Sex female	Age +/- 4 MONTHS
Temperament	DOA		Sterilisation details NONE	Name DORA
Coat SHORT	Tail Long	Teeth Condition OK	Ears up	Size small
Area found / collected from	SEAWINDS			Date 22/05/25
Reason for surrender	CAT DOA			

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/other		
DO THEY:	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS:
CAT DOA

Surrendered by / Found by	X	Name	Nicole Dirks	
Residential Address	28 Falcon Street Seawinds			
Postal Address	/			
Tel (H) /	Tel (W) /	Cell 0712360556		
Email /				
Donation R	Cash	Card	EFT	(Receipt No.) /

PLEASE INSIST ON A RECEIPT

Confiscated: OB No:_____ Case No:_____ Inspector:_____

STATEMENT OF SURRENDER

I do hereby certify that ~~I DO~~ / **I DO NOT** own the animal/s described above, that **IT IS** / ~~IT IS NOT~~ a stray and ~~I DO~~ / **I DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see 'Conditions' on reversed side.**

Hiermee verklaar ek dat ek die/e hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nóg die DBV nóg sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e nie. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die 'Voorwaardes' op die agterblad.**

Signature	Witness for Society ROWAN

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: _____

CONFISCATED ANIMAL ADMISSION CHECKLIST

Date/time	22/05/25	Admission Nr	A60521	Sex	M / (F)
Inspector	R. DAVIDS	Breed	DSH	Sterilised	Y / (N)
Inspectorate Case Number	INSP: 216745	Description	WHITE/BLACK	Collar	Y / N
		Animal name	DORA	Weight	kg

Reason/ History of confiscation:

CAT WAS BEATEN TO DEATH

TYPE OF REPORTS OR SERVICES REQUIRED

Type	Required	Name of person that did report	Action date
Vet Report	YES	Veterinarian:	Date:
Behaviour	YES	Behaviourist:	Date:
Grooming	Y / N	Groomer:	Date:
Other P.M	(Y) / N		Date:

1st CLINICAL EXAMINATION ON ADMISSION

Date:	Time:	AWA/AHT responsible:	
Temp:	**Habitus**:	**Mucous Membranes:**	**Appetite**: Good / Poor / Nil
Vaccinated: Y / N Date:	**Vomiting**: Y / N	**Diarrhoea**: Y / N Bloody / Watery	**Drinking**: Y / N
Sterilised: Y / N	**Last heat**:	**Urinating**: Y / N	**Skin**:
Sneezing: Y / N	**Coughing**: Y / N	**Eyes**: Clear / Crusty / Watery	**Ears**: Clean / Dirty

Parasites:	Fleas: Y / N Treatment: Date:	Ticks: Y / N Treatment: Date:	Worms: Y / N Dewormer: Date:	
Snap Test	❑ PARVO: Pos / Neg	❑ DISTEMPER: Pos / Neg	❑ Giardia: Pos / Neg	❑ Felv/FIV: Pos / Neg
Tests done	❑ **Blood Smear:**			❑ **Glucose:**
Notes				

VETERINARY EXAMINATION ON ADMISSION

Locomotion/Musculoskeletal: Normal / Abnormal	**Respiration**: Normal / Abnormal	**Genital**: Normal / Abnormal
Oral Cavity: Normal / Abnormal	**Cardio-Vascular System**: Normal / Abnormal	**Lymph nodes**: Normal / Abnormal
Skin: Normal / Abnormal	**Abdomen**: Normal / Abnormal	**Any abnormal lumps**: Yes / No

Blood smear findings:

❑ **Further tests to be done**	Faecal float ❑	Chem 10 / 17 ❑	X Rays ❑ _____

Instructions:

Diagnosis:						Veterinarian:		
Admit to	H1	GW	CW	OGW	Theatre	**POUND**	**HCU**	**WILDLIFE**

Treatment plan:

SUID-AFRIKAANSE POLISIEDIENS

SOUTH AFRICAN POLICE SERVICE

AFFIDAVIT

NAME : SMITH SONYA LIVA

ID NO : 680902 0187 082

ADDRESS : NO: 28 FALCON RD, SEAWINDS, 7945

TEL NO : _____ CELL NO : _____

WORK ADDRESS : _____

TEL NO (W): _____

DECLARES UNDER OATH :

I AM THE ABOVE MENTIONED PERSON AND I'M STATING UNDER OATH IN ENGLISH THAT ON THURSDAY 2025-05-22 AT ABOUT 10:20 I WAS STANDING OUTSIDE IN FRONT OF MY GATE WITH MICHAELA GORDON, MY NIECE WHEN WE WITNESSED OUR NEIGHBOUR JUSTIN VAN DE WESTHUIZEN HITING OUR CAT WITH A STICK AND THE CAT DIED. THE CAT WAS IN HIS YARD. HE THEN PICKED IT UP AND THREW IT OVER TO OUR YARD. THE CAT THEN GAVE TWO SHAKES AND THEN IT DIED. HE THEN TOLD US THAT HE DOES NOT LIKE CATS AND HE WILL ALWAS KILL CATS.

I know and understand the contents of the above statement.
I have no objection in taking the prescribed oath.
I consider the prescribed oath to be binding on my conscience.

X S Smith
SIGNATURE OF DEPONENT

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the contents of this statement. This statement was sworn to/affirmed before me and the deponent's signature/mark/thumb print was placed thereon in my presence at MUIZENBERG on 2025-05-22 at 13:58

MUIZENBERG SAPS
SCHOOL STREET
MUIZENBERG

STAMP

SUID-AFRIKAANSE POLISIEDIENS
COMMUNITY SERVICE CENTRE
MUIZENBERG
22 MAY 2025
COMMUNITY SERVICE CENTRE
MUIZENBERG
SOUTH AFRICAN POLICE SERVICE

COMMISSIONER OF OATH

NO: 01 SCHOOL RD

SUID-AFRIKAANSE POLISIEDIENS | SOUTH AFRICAN POLICE SERVICE

AFFIDAVIT

NAME : Michaela Gordon

ID NO : 9903250051089

ADDRESS : 28 FALCON CRESENT SEAWIND, 7945

TEL NO : ______ CELL NO : ______

WORK ADDRESS : ______

TEL NO (W): ______

DECLARES UNDER OATH :

I Michaela Gordon came out of my house at approximately 10:20 am, when I called my Aunt Sonya Smith to see how the two cats was playing on our neighbours roof. Then suddenly Justin van der Westhuizen which is our neighbour appeared and hit the cat on his head (with stick) the cat then falled on the roof and was shaking him down in his yard, he then picked up the cat and threw it over in our yard. He shaked twice and when we looked again he was dead.

I know and understand the contents of the above statement.
I have no objection in taking the prescribed oath.
I consider the prescribed oath to be binding on my conscience.

[signature]
SIGNATURE OF DEPONENT

I certify that the above statement was taken by me and that the deponent has acknowledged that he/she knows and understands the contents of this statement. This statement was sworn to/affirmed before me and the deponent's signature/mark/thumb print was placed thereon in my presence at MUIZENBERG on 2025/05/[illegible] at 13:30

MUIZENBERG SAPS
SCHOOL STREET
MUIZENBERG

STAMP

SUID-AFRIKAANSE POLISIEDIENS
COMMUNITY SERVICE CENTRE
MUIZENBERG
22 MAY 2025
COMMUNITY SERVICE CENTRE
MUIZENBERG
SOUTH AFRICAN POLICE SERVICE

[signature] 2152095
COMMISSIONER OF OATH
7 School Street
Muizenberg