



Affidavit – Veterinary Report

I, **Dr. Bronwyn Thomen**, hereby make oath and declare in English as follows:

1.

I am an adult male veterinarian registered with the South African Veterinary Council (SAVC) under registration number D09/7588. I hold a Bachelor of Veterinary Science degree (BVSc), with 15 years of experience. I am currently employed by the Cape of Good Hope SPCA. I am competent to provide veterinary services and experienced in identifying clinical signs of neglect and cruelty in animals.

2.

The facts contained in this affidavit fall within my personal knowledge unless indicated otherwise or unless it appears so from the context. The facts are also, to the best of my knowledge and belief, both true and correct.

3.

On 13 January 2026, A German Shepherd dog was admitted into the care of the Cape of Good Hope SPCA. The animal were seized from a property situated at 2 Kilimanjaro Street, Tafelsig, by Inspector Jeffrey Mfini under case number INSP225381.

3.1. ANIMAL INFORMATION:

The details of the animal are as follows:

- **Admission Number:** A89396
- **Species:** Canine
- **Breed:** German Shepard
- **Sex and Reproductive Status:** Male, intact
- **Estimated Age:** Adult
- **Colour and Markings:** Black and Tan
- **Microchip:** Unknown
- **Name:** Unknown

3.2. CLINICAL EXAMINATION FINDINGS:

On 19 January 2026, I conducted a full clinical examination of the animal. The following findings were recorded:

- **Body Condition Score:** 2/9 (Very underweight)
- **Weight:** Not recorded
- **Behaviour:** Timid but manageable on examination
- **External Parasites:** Active tick and flea infestation present
- **Dentition and Nails:** Dentition within normal limits; front limb nails overgrown
- **Eyes:** No abnormalities detected
- **Other Clinical Findings:** Presence of a chronic wound/mass on the dorsal aspect of the body, consistent with a puncture-type injury that had not received appropriate veterinary treatment

I, **Dr. Bronwyn Thomen**, hereby further make oath and declare in English as follows:

4.

VETERINARY OPINION:

The male German Shepherd was found to be severely underweight, indicating prolonged inadequate nutrition. The presence of an untreated chronic puncture wound/mass on the back suggests a failure to provide timely veterinary care. Such a wound would have caused ongoing pain, discomfort, and an increased risk of infection over an extended period. The combination of poor body condition, parasitic infestation, and untreated injury is indicative of chronic neglect rather than an acute or short-term issue. The duration of suffering is assessed as chronic.

5.

PROGNOSIS AND RECOMMENDATIONS:

With appropriate veterinary treatment, nutritional rehabilitation, parasite control, and ongoing monitoring, the prognosis for physical recovery is fair to good. Behavioural assessment and continued observation are recommended to ensure suitability for rehoming. Adoption may be considered once the animal has stabilised medically and behaviourally.

7.

CONCLUSION

The chronic wound identified is treatable and not considered life-threatening if managed appropriately. The dog displayed a generally good temperament during examination and is considered suitable for rehoming following recovery. I do not consider it appropriate or in the best interests of the animal for this dog to be returned to the previous owner, given the history of non-compliance and the evident failure to provide adequate care, nutrition, and veterinary attention.

8.

**I know and understand the content of this declaration.
I have no objection to taking the prescribed oath.
I consider the prescribed oath to be binding on my conscience.**

DEPONENT

The deponent has acknowledged that she knows and understands the contents of this affidavit/declaration, which was signed and sworn to before me at _____ on this the ____ day of _____ 20____, 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: _____