



MASS ANIMAL STERILISATION PROJECT: Iris Hollywood		Indemnity & Consent Form		DATE: 2026-10-06
ADDRESS: 7		ANIMAL / PATIENT LUNA		NUMBER:
UNIT 7, WINGFIELD REFUGEE CAMP, VOORTREKKER ROAD, MAITLAND				

1 OWNER DETAILS

TITLE, NAME AND SURNAME OF OWNER		CONTACT NUMBERS	
LIZELLE COETZEE	TEL 1 0731140215	TEL 2	AGE 23
EMPLOYMENT STATUS		OWNER	AGE
☒ Yes	☒ No	☐ Male	☒ Female

2 INDIVIDUAL PET DETAILS (ONE FORM PER ANIMAL)

ANIMAL	SEX	VACCINATED
☒ Dog	☒ Cat	☒ Male
BREED	COLOUR	
X - BROWN	TAN 1 BLACK	
AGE - PUPPY / KITTEN	AGE - YOUNG ADULT	AGE - ADULT
☐ 0-6 months	☒ 7-12 months	☐ Over 12 months

3 VETERINARY ASSESSMENT (VET USE ONLY)

WEIGHT (KG)	BCS	VACCINATIONS / TREATMENT							
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ Rabies	☐ 5 in 1	☐ 3 in 1	☐ Deworm	
PRE-OPERATIVE CHECK		Y / N		PRE-OPERATIVE CHECK		Y / N			
Visible mange / ringworm?		☐ Y		☐ N		Pregnant?		☐ Y	☐ N
Visible tick infestation?		☐ Y		☐ N		Post-partum?		☐ Y	☐ N
Visible flea infestation?		☐ Y		☐ N		Evidence of wounds?		☐ Y	☐ N
Evidence of worms?		☐ Y		☐ N		TVT?		☐ Y	☐ N

DETAILS

If pregnant, number of fetuses: _____ Post partum, estimated litter size: _____
If evidence of wounds, elaborate: _____

NOTES

4 TERMS, INDEMNITY AND CONSENT

- Animals are admitted at owner's own risk and, while the Cape of Good Hope SPCA who uses the most efficient treatment and treats each animal with the greatest possible care and attention, none of the CoGH SPCA staff, its officers or servants or any veterinary advisors will be liable for any resulting loss or damage from such admission.
- I accept the fact that if my animal has not been inoculated there is a risk that the animal may contract, whilst not limited to, any one of these diseases while in your care - Distemper, Feline Enteritis, Parvo Virus, Kennel cough, Snuffles, Coccidia, etc
- I also accept that if in the opinion of a Veterinarian, my animal mentioned above is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the CoGH SPCA shall have the right to effect such destruction by approved humane methods.
- The future of any animal that has been admitted and not reclaimed within 2 days of the agreed return period, after notice has been given that it is due to be returned, will be decided by the CoGH SPCA in its entire discretion in what is considered to be in the best interests of the animal.

I, being the legal owner of the abovementioned animal, have read and understand the above terms and conditions. I hereby consent to the administration of an anaesthetic to my animal and grant permission for my animal to be sterilised by the CoGH SPCA and I understand the risks involved. I agree to leave the nature and extent of the operation and any treatment to the discretion of the veterinarian.

5 SIGNATURES

Signature of pet owner	Witness signature
Justin De Vos	
Name of witness for society	
Animal Welfare Organisation	
Vet's name and SAVC Reg. No.	Veterinarian signature



96500200508156

MASS ANIMAL STERILISATION PROJECT: Iris Hollywood		Indemnity & Consent Form		DATE: 2026-10-06
ADDRESS: 905		ANIMAL / PATIENT		NUMBER:
UNIT: 905, WINGFIELD REFUGEE CAMP, VOORTREKKER ROAD, MAITLAND		NTANZANE		

1 OWNER DETAILS

TITLE, NAME AND SURNAME OF OWNER		CONTACT NUMBERS	
Amos NAOVZ		TEL 1	TEL 2
		083 2426	173
EMPLOYMENT STATUS		OWNER	AGE
☒ Yes ☐ No ☐ Part-time ☐ Retired		☒ Male ☐ Female	43

2 INDIVIDUAL PET DETAILS (ONE FORM PER ANIMAL)

ANIMAL	SEX	VACCINATED
☒ Dog ☐ Cat ☐ Other: _____	☐ M ☒ F	☒ Y ☐ N
BREED	COLOUR	
X-BREED	TAN	WHITE
AGE - PUPPY / KITTEN	AGE - YOUNG ADULT	AGE - ADULT
☐ 0-6 months	☐ 7-12 months	☒ Over 12 months

3 VETERINARY ASSESSMENT (VET USE ONLY)

WEIGHT (KG)	BCS	VACCINATIONS / TREATMENT			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Rabies	☐ 5 in 1	☐ 3 in 1 ☐ Deworm	
PRE-OPERATIVE CHECK		Y / N	PRE-OPERATIVE CHECK		Y / N
Visible mange / ringworm?		☐ Y ☐ N	Pregnant?		☐ Y ☐ N
Visible tick infestation?		☐ Y ☐ N	Post-partum?		☐ Y ☐ N
Visible flea infestation?		☐ Y ☐ N	Evidence of wounds?		☐ Y ☐ N
Evidence of worms?		☐ Y ☐ N	TVT?		☐ Y ☐ N
DETAILS					
If pregnant, number of fetuses: _____ Post partum, estimated litter size: _____					
If evidence of wounds, elaborate: _____					
NOTES					

4 TERMS, INDEMNITY AND CONSENT

1. Animals are admitted at owner's own risk and, while the Cape of Good Hope SPCA who uses the most efficient treatment and treats each animal with the greatest possible care and attention, none of the CoGH SPCA staff, its officers or servants or any veterinary advisors will be liable for any resulting loss or damage from such admission.
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3. I also accept that if in the opinion of a Veterinarian, my animal mentioned above is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the CoGH SPCA shall have the right to effect such destruction by approved humane methods.
4. The future of any animal that has been admitted and not reclaimed within 2 days of the agreed return period, after notice has been given that it is due to be returned, will be decided by the CoGH SPCA in its entire discretion in what is considered to be in the best interests of the animal.

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5 SIGNATURES

Signature of pet owner	Witness signature
Justin De Vos	
Name of witness for society	
Animal Welfare Organisation	
Vet's name and SAVC Reg. No.	Veterinarian signature

MASS ANIMAL STERILISATION PROJECT: Iris Hollywood		Indemnity & Consent Form		DATE: 2026-10-06
ADDRESS: 905, WINGFIELD REFUGEE CAMP, VOORTREKKER ROAD, MAITLAND		ANIMAL / PATIENT		NUMBER:
UNIT 905		LEGENO		

1 OWNER DETAILS

TITLE, NAME AND SURNAME OF OWNER		CONTACT NUMBERS	
ANITA MAJORA		TEL 1	TEL 2
		018 034	7620
EMPLOYMENT STATUS		OWNER	
☒ Yes ☐ No ☐ Part-time ☐ Retired		☐ Male ☒ Female	AGE
			20

2 INDIVIDUAL PET DETAILS (ONE FORM PER ANIMAL)

ANIMAL	SEX	VACCINATED
☒ Dog ☐ Cat ☐ Other: _____	☒ M ☐ F	☒ Y ☐ N
BREED	COLOUR	
X-BREED	TAN / BLACK / BROWN	
AGE - PUPPY / KITTEN	AGE - YOUNG ADULT	AGE - ADULT
☐ 0-6 months	☒ 7-12 months	☐ Over 12 months

3 VETERINARY ASSESSMENT (VET USE ONLY)

WEIGHT (KG)	BCS	VACCINATIONS / TREATMENT		
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Rabies	☐ 5 in 1	☐ 3 in 1 ☐ Deworm
PRE-OPERATIVE CHECK		Y / N	PRE-OPERATIVE CHECK	
Visible mange / ringworm?		☐ Y ☐ N	Pregnant?	☐ Y ☐ N
Visible tick infestation?		☐ Y ☐ N	Post-partum?	☐ Y ☐ N
Visible flea infestation?		☐ Y ☐ N	Evidence of wounds?	☐ Y ☐ N
Evidence of worms?		☐ Y ☐ N	TVT?	☐ Y ☐ N
DETAILS				
If pregnant, number of fetuses: _____ Post partum, estimated litter size: _____				
If evidence of wounds, elaborate: _____				
NOTES				

5 SIGNATURES


Signature of pet owner

Justin De Vos
Name of witness for society


Witness signature

Animal Welfare Organisation

Vet's name and SAVC Reg. No.

Veterinarian signature



MASS ANIMAL STERILISATION PROJECT: Iris Hollywood		Indemnity & Consent Form		DATE: 2026-10-06
ADDRESS: 705		ANIMAL / PATIENT		NUMBER:
UNIT 705, WINGFIELD REFUGEE CAMP, VOORTREKKER ROAD, MAITLAND		BLACK COFFEE		

1 OWNER DETAILS

TITLE, NAME AND SURNAME OF OWNER		CONTACT NUMBERS	
ANITA MAJOUA		TEL 1	TEL 2
		078 034 7620	
EMPLOYMENT STATUS		OWNER	AGE
☒ Yes ☐ No ☐ Part-time ☐ Retired		☐ Male ☒ Female	20

2 INDIVIDUAL PET DETAILS (ONE FORM PER ANIMAL)

ANIMAL	SEX	VACCINATED
☒ Dog ☐ Cat ☐ Other: _____	☐ M ☒ F	☐ Y ☒ N
BREED	COLOUR	
X-BREED	BLACK / TAN / WHITE	
AGE - PUPPY / KITTEN	AGE - YOUNG ADULT	AGE - ADULT
☐ 0-6 months	☒ 7-12 months	☐ Over 12 months

3 VETERINARY ASSESSMENT (VET USE ONLY)

WEIGHT (KG)	BCS	VACCINATIONS / TREATMENT			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Rabies	☐ 5 in 1	☐ 3 in 1 ☐ Deworm	
PRE-OPERATIVE CHECK		Y / N	PRE-OPERATIVE CHECK		Y / N
Visible mange / ringworm?		☐ Y ☐ N	Pregnant?		☐ Y ☐ N
Visible tick infestation?		☐ Y ☐ N	Post-partum?		☐ Y ☐ N
Visible flea infestation?		☐ Y ☐ N	Evidence of wounds?		☐ Y ☐ N
Evidence of worms?		☐ Y ☐ N	TVT?		☐ Y ☐ N
DETAILS					
If pregnant, number of fetuses: _____ Post partum, estimated litter size: _____					
If evidence of wounds, elaborate: _____					
NOTES					

4 TERMS, INDEMNITY AND CONSENT

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5 SIGNATURES

Signature of pet owner	Witness signature
	
Justin De Vos	
Name of witness for society	
Animal Welfare Organisation	
Vet's name and SAVC Reg. No.	Veterinarian signature



MASS ANIMAL STERILISATION PROJECT: Iris Hollywood		Indemnity & Consent Form		DATE: 2026-10-06
ADDRESS: 905, WINGFIELD REFUGEE CAMP, VOORTREKKER ROAD, MAITLAND		ANIMAL / PATIENT		NUMBER:
UNIT 905		DANGER		

1 OWNER DETAILS

TITLE, NAME AND SURNAME OF OWNER		CONTACT NUMBERS	
ANITA MAISOVA		TEL 1	TEL 2
		018 034	7620
EMPLOYMENT STATUS		OWNER	
☒ Yes ☐ No ☐ Part-time ☐ Retired		☐ Male ☒ Female	AGE
			20

2 INDIVIDUAL PET DETAILS (ONE FORM PER ANIMAL)

ANIMAL	SEX	VACCINATED	
☒ Dog ☐ Cat ☐ Other: _____	☒ M ☐ F	☒ Y ☐ N	
BREED	COLOUR		
X-BREED	WHITE	BLACK	
AGE - PUPPY / KITTEN	AGE - YOUNG ADULT	AGE - ADULT	
☐ 0-6 months	☒ 7-12 months	☐ Over 12 months	

3 VETERINARY ASSESSMENT (VET USE ONLY)

WEIGHT (KG)	BCS	VACCINATIONS / TREATMENT			
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Rabies ☐ 5 in 1 ☐ 3 in 1 ☐ Deworm			
PRE-OPERATIVE CHECK		Y / N	PRE-OPERATIVE CHECK		Y / N
Visible mange / ringworm?		☐ Y ☐ N	Pregnant?		☐ Y ☐ N
Visible tick infestation?		☐ Y ☐ N	Post-partum?		☐ Y ☐ N
Visible flea infestation?		☐ Y ☐ N	Evidence of wounds?		☐ Y ☐ N
Evidence of worms?		☐ Y ☐ N	TVT?		☐ Y ☐ N
DETAILS					
If pregnant, number of fetuses: _____ Post partum, estimated litter size: _____					
If evidence of wounds, elaborate: _____					
NOTES					

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5 SIGNATURES

Justin De Vos

Signature of pet owner

Justin De Vos

Name of witness for society

Justin De Vos

Witness signature

Animal Welfare Organisation

Vet's name and SAVC Reg. No.

Veterinarian signature



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MASS ANIMAL STERILISATION PROJECT: Iris Hollywood		Indemnity & Consent Form		DATE: 2026-10-06
ADDRESS: UNIT 27, WINGFIELD REFUGEE CAMP, VOORTREKKER ROAD, MAITLAND		ANIMAL / PATIENT MURBOR		NUMBER:

1 OWNER DETAILS

TITLE, NAME AND SURNAME OF OWNER NOMAPHELO BEBU		CONTACT NUMBERS TEL 1 063 0222417 TEL 2 17		AGE
EMPLOYMENT STATUS ☒ Yes ☐ No ☐ Part-time ☐ Retired		OWNER ☐ Male ☒ Female	40	

2 INDIVIDUAL PET DETAILS (ONE FORM PER ANIMAL)

ANIMAL ☒ Dog ☐ Cat ☐ Other: _____	SEX ☐ M ☒ F	VACCINATED ☒ Y ☐ N
BREED X-BREED	COLOUR BROWN	
AGE - PUPPY / KITTEN ☐ 0-6 months	AGE - YOUNG ADULT ☐ 7-12 months	AGE - ADULT ☒ Over 12 months

3 VETERINARY ASSESSMENT (VET USE ONLY)

WEIGHT (KG)	BCS	VACCINATIONS / TREATMENT				
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Rabies	☐ 5 in 1	☐ 3 in 1	☐ Deworm	
PRE-OPERATIVE CHECK		Y / N	PRE-OPERATIVE CHECK		Y / N	
Visible mange / ringworm?	☐ Y ☐ N	Pregnant?	☐ Y ☐ N			
Visible tick infestation?	☐ Y ☐ N	Post-partum?	☐ Y ☐ N			
Visible flea infestation?	☐ Y ☐ N	Evidence of wounds?	☐ Y ☐ N			
Evidence of worms?	☐ Y ☐ N	TVT?	☐ Y ☐ N			
DETAILS If pregnant, number of fetuses: _____ Post partum, estimated litter size: _____ If evidence of wounds, elaborate: _____						
NOTES						

4 TERMS, INDEMNITY AND CONSENT

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5 SIGNATURES

	Signature of pet owner
Justin De Vos	Witness signature
Name of witness for society	
Animal Welfare Organisation	Veterinarian signature
Vet's name and SAVC Reg. No.	

MASS ANIMAL STERILISATION PROJECT: Iris Hollywood

Indemnity & Consent Form

DATE: 2026-10-06

ADDRESS:
UNIT A60, WINGFIELD REFUGEE CAMP, VOORTREKKER ROAD, MAITLAND

ANIMAL / PATIENT
CEA SIZA

NUMBER:
8

1 OWNER DETAILS

TITLE, NAME AND SURNAME OF OWNER		CONTACT NUMBERS	
<u>RUBY</u>	TEL 1	<u>063 225 0647</u>	TEL 2
<u>NIBENGO</u>			
EMPLOYMENT STATUS		OWNER	AGE
☐ Yes ☐ No ☒ Part-time ☒ Retired	☐ Male ☒ Female	<u>57</u>	

2 INDIVIDUAL PET DETAILS (ONE FORM PER ANIMAL)

ANIMAL	SEX	VACCINATED
☒ Dog ☐ Cat ☐ Other: _____	☐ M ☒ F	☒ Y ☐ N
BREED	COLOUR	
<u>X-BLOOD</u>	<u>TAN / WHITE</u>	
AGE - PUPPY / KITTEN	AGE - YOUNG ADULT	AGE - ADULT
☒ 0-6 months	☐ 7-12 months	☐ Over 12 months

3 VETERINARY ASSESSMENT (VET USE ONLY)

WEIGHT (KG)	BCS	VACCINATIONS / TREATMENT				
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5	☐ Rabies	☐ 5 in 1	☐ 3 in 1	☐ Deworm	
PRE-OPERATIVE CHECK		Y / N	PRE-OPERATIVE CHECK			Y / N
Visible mange / ringworm?	☐ Y ☐ N	Pregnant?				☐ Y ☐ N
Visible tick infestation?	☐ Y ☐ N	Post-partum?				☐ Y ☐ N
Visible flea infestation?	☐ Y ☐ N	Evidence of wounds?				☐ Y ☐ N
Evidence of worms?	☐ Y ☐ N	TVT?				☐ Y ☐ N

DETAILS

If pregnant, number of fetuses: _____ Post partum, estimated litter size: _____

If evidence of wounds, elaborate: _____

NOTES

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5 SIGNATURES

<u>N. Mbenge</u>	Witness signature
Signature of pet owner	
<u>Justin De Vos</u>	
Name of witness for society	
Animal Welfare Organisation	
Vet's name and SAVC Reg. No.	Veterinarian signature