



KENNEL No.		TREATMENT No. M 23022	
Date in	17/03/20	Time in	11:35
Date released			

DESCRIPTION	Dog	Cat	Other (Specify)	Microchip or ID Tag number	
	Breed	KBr		Colour and Markings	Tan / Bk / White
	Condition	Frymo L.H.C.		Male/Female	Age Sp
	Temperament	On	Vaccination details	Sterilisation details	Size 'Med'
	Coat	Short	Tail	Long	Ears

Reason for visit or treatment

Cumshot wound L.H.C. - Not badly
Happened on Saturday 11/11/18

Owners Full Name

Mr N Tokota

ID number

WT 18 kg

Residential Address

No 16. Gladder Cms Fickton

Tel (H)

W

Tel (W)

W

Cell

0672915301

Email

AVIMARK

The **CAPE OF GOOD HOPE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (PTY) LTD** is a private company properly incorporated in terms of the company laws of South Africa with registration number 1939/013624/08 and is a registered non-profit organisation with registration number 003-244 NPO, duly registered in terms of Section 8 of the Societies for the Prevention of Cruelty to Animals Act 169 of 1993, with its principal place of business at 1st Avenue, Grassy Park, Cape Town and it is a member of the National Council of SPCAs (NSPCA), being an animal welfare and anti-cruelty body constituted in terms of the Societies for the Prevention of Cruelty to Animals Act 169 of 1993 and it bears certain statutory duties and obligations in terms of the Animal Protection Act 71 of 1962.

Arising from our statutory duties, our constitution, our policy statements and rules and operating procedures, we are obliged to bring to your attention the following conditions on which we agree to admit your animal to our hospital facility and to render veterinary and related services to you. You are urged to read through these conditions carefully and appraise yourself of their nature and importance before appending your signature to this document.

TERMS & CONDITIONS FOR TREATMENT

1. Your animal, if unsterilised, will be sterilised whilst in our care. This is a fundamental requirement of our policy and mission statement and it is non-negotiable.

I agree: J. Tokota

(Please sign). Sterilisation may have to be postponed, with a contract, under the advice of a veterinarian.

2. You are required to make payment upfront for all consultations and medical treatments (including vaccinations, check-ups, out-patient treatments). Unfortunately, our policy and our status as an animal welfare organisation do not allow us to agree with you on a payment plan. In cases where the cost for treatment is not known at the time of admission, the SPCA will contact you as soon as a diagnosis is made. Payment must be received in advance for all intended procedures, tests and treatments.
3. It is your responsibility to provide us with (a) valid and working contact number(s), and for you to be contactable at all times or to contact us.
4. Your animal may be rehomed or humanely euthanized if:
 - 4.1. You remain uncontactable for more than 48 hours from your animal's admission to our facilities;
 - 4.2. In the opinion of the SPCA your animal is so diseased or severely injured or is in such a physical condition that it would be cruel to keep it alive (as contemplated in the Animals Protection Act 71 of 1962);
 - 4.3. You do not make payment within 48 hours upon your animal's admission at the SPCA and fail to collect your animal timeously; and/or
 - 4.4. You fail to collect your animal within 48 hours of notice of discharge of your animal from our hospital facility being given.

Hospital Notice to Owners

Cape of Good Hope



Reference number

U 23022

Cape of Good Hope SPCA

Cnr. 1st Ave and 1st Road
Grassy Park
Tel: 021 700 4145/64

Please only phone Mon-Fri between 2-4pm

Reception: hospital@spca-ct.co.za

Banking details:

CoGH SPCA

Standard bank

Ace num: 071832858 Branch

code: 025309

POP: hospital@spca-ct.co.za

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1. Your animal, if unsterilized, will be sterilized whilst in our care. This is a fundamental requirement of our policy and mission statement and it is non-negotiable. Sterilization may have to be postponed, with contract, under the advice of a veterinarian. Sterilization will be performed with as little possible pain and discomfort to your animal and with as little threat to its life and safety as the circumstances allow. Our veterinarians are sufficiently qualified and experienced to perform a sterilization. There are, however, certain risks inherent to the safety of the animal in such a procedure, as there are in any medical intervention.
2. You are required to make payment upfront for all consultations and medical treatments (including vaccinations, -check-ups, out-patient treatments). Our policy and our status as an animal welfare society unfortunately does not allow us to agree with you on a payment plan.
3. In cases where the cost for treatment is not known at the time of admission, the SPCA will contact you as soon as a diagnosis is made. Payment must be received in advance for all intended procedures, tests and treatments.
4. Should you fail to make payment for your animal's admission to the SPCA, we will assume that you have no intention of contacting us. As we are a welfare society with limited funds and resources, we cannot afford to house animals indefinitely and we reserve the right to deal with the animals at our sole discretion, which means that the animal may necessarily be rehomed or euthanized humanely in the event that you do not contact us or collect the animal or make arrangements for its collection in such manner as may be required of you.
5. It is your responsibility to provide us with (a) valid and working contact number(s), and for you to be contactable at all times or to contact us. Your animal may be rehomed or humanely euthanized if:
 - You remain uncontactable for more than 48 hrs from your animal's admission to our facilities;
 - In the opinion of the SPCA your animal is so diseased or severely injured or is in such a physical condition that it would be cruel to keep it alive (as contemplated in the Animals Protection Act, No. 71 of 1962);
 - You do not make payment upon your animal's admission at the SPCA and fail to collect your animal timeously; and/or
6. Indemnity: Animals are admitted at your risk and, while the SPCA uses the most efficient treatments known and treats each animal with the greatest compassion and care, neither the SPCA nor any of its staff will be liable for any resulting loss or damage from such admission. You are also made aware that your animal may contract diseases and/or parasites while at the SPCA; especially if it has not been fully vaccinated.
7. There is no veterinarian on duty at the SPCA after hours. Animals are admitted at the owner's risk.
8. In terms of the agreement with the South African Veterinary Council, the CGH SPCA undertakes to carry out treatment for animals whose owners cannot afford private veterinary fees. The CGH SPCA has the right to pursue legal action for any incorrect information disclosed and may refuse further veterinary assistance. This document can be led in evidence.
9. You hereby declare that the animal admitted to our facilities is not engaged in any activities for commercial gain.
10. The Cape of Good Hope SPCA is unable to finance medical procedures for your animal without the above financial assistance. By your signature hereto you acknowledge that it is your sole responsibility to pay for the services rendered and you will not hold the CGH SPCA responsible for actions taken as result of your failure to make payment in terms of your commitment.
11. You declare that you are 18 years or older and that you have the necessary legal capacity to make decisions regarding this animal of which you are the owner or that you are authorized to represent the owner herein.
12. I am older than 18 years, have the authority to make decisions regarding this animal and have received a copy of these terms.

Hospital Admission Notice to OwnersName of Owner: J. TofokolaSPCA Card number: 4123022Residential Address: 115 Gliciderus RoadContact number: 067 291530Animal Name: HelenSex: FBreed: ABAge: 5yColour/Markings: Grey/Black/White

Sterilization: YES / NO

Your animal(s) is being brought to the Cape of Good Hope SPCA Hospital for treatment under the following conditions:

- **Your animal will be sterilized. This is non-negotiable.**

- While the animals are seen to at a reduced cost, **treatment at the SPCA is not free.** The Hospital Receptionist(s) will discuss with you the treatment and co-payment required to help cover the hospital expenses required to finance the medical procedures that your animal needs. All owners are required to contribute towards their pet's treatment costs.
- Certain cases may require further diagnostic tests, special procedures or surgery which costs are not included in the initial medical quote. **In an emergency, you will have 24 hours to make payment**
- **For non-emergencies you will have 48 hours to make this co-payment.**

- You can pay directly into our Bank Account:

Acc Name: Cape of Good Hope SPCA,
Standard Bank -Branch Code: 025309,

Acc.no: 071832858

Branch: Constantia,

Ref: Name of Owner + Hospital

Please send proof of payment to hospitalmanager@spca-ct.co.za or Fax: 086 732 1988.**OR:** You can pay directly at the SPCA Hospital -
Corner of 1st Avenue and 1st Road, Grassy Park

- Should you fail to make payment or contact the SPCA, we will assume that you have abandoned your pet and have no intention of returning or contacting us. As all SPCA funding is through donations by the Public, we cannot afford to house animals for extended periods. If you have failed to make payment your animal will be automatically surrendered to the SPCA and may be rehomed or humanely euthanized at our sole discretion. The above also applies to resources needed for surgery should it be needed after an initial diagnosis is made.
- If your animal is determined by our Veterinarians as being so diseased or severely injured or in such physical condition that it would be cruel to keep it alive, your animal will be humanely euthanized as per the provisions of the Animals Protection Act No. 71 of 1962
- Please keep your mobile phones on at all times while your animal is with us. **It is your responsibility to provide us with a valid contact number, and for you to be contactable at all times.** Should we be unable to contact you in an emergency, a decision maybe taken in your absence and on your behalf in accordance with the Animals Protection Act no.71 of 62. Should we be unable to contact you for any other reason as deemed necessary by the organisation, or there is no response to messages left for you within 48hrs or you do not collect your animal once we have given notice for discharge within 48hrs, in the absence of available funds, an immediate decision will be taken in your absence in terms of Section 5 of the Animals Protection Act no.71 of 62

IN SUMMARY:Your animal **may be rehomed or put to sleep** if:

- In the opinion of the veterinarian the animal is beyond medical help and keeping it alive would be cruel (APA 71/1962)
- You are **uncontactable** for more than 48 hrs.
- You fail to collect your animal within 48hrs of discharge notice being given.

By signing underneath I understand & recognise that I have read and understand the above and that the Cape of Good Hope SPCA hospital is unable to finance medical procedures for my animal without the above assistance. I acknowledge that it is my sole responsibility to make arrangements for the above finances.

I also give permission for my animal to be rehomed or euthanized should I fail to return in the allotted time period or I breach any of the above contractual conditions.

Signature of owner: J. TofokolaSPCA Witness: [Signature]Date: 11/03/26Time: 11:40SPCA Signature: [Signature]

HOSPITAL TREATMENT SHEET

Owner Name and Surname		Animal name	Harley	Sex	M / ☒ F
Contact number		Breed	XBN	Sterilised	Y / ☒ N
Reason for treatment		Description	100% Bk / White	Weight	18 kg
		Admission Nr	M 23022	Page Nr	

CLINICAL EXAMINATION ON ADMISSION

Temp: Poor / Nil	Habitus:	Mucous Membranes:	Appetite: Good /
Vaccinated: Y / N	Vomiting: Y / N	Diarrhoea: Y / N / Bloody / Watery	Drinking: Y / N
Urinating: Y / N	Sterilised: Y / N	Last heat:	Skin:
Sneezing: Y / N	Coughing: Y / N	Eyes: Clear / Crusty / Watery	Ears: Clean / Dirty
Oral Cavity: Normal / Abnormal		Cardio-Vascular System: Normal / Abnormal	
Respiration: Normal / Abnormal	Genital: Normal / Abnormal	Locomotion/Musculoskeletal: Normal / Abnormal	

Diagnosis:

TREATMENT RECORD

DATE	T	A	U	F	H	TREATMENT	PERSON
17/03/26	38.1	3	✓	✓	3	quiet and alert	
						Left hind shot - 4 days	
						severely swollen	
						in and out wound	
						needs radiograph	
						& morphine 0.3ml	
						laminar 0.18ml IV	
						Called 'O' @ 1:42 For payment	
						no Answer.	
						SMS For Payment. 17	

LEGEND: T = Temperature, A = Appetite (1-5), U = Urine (yes/no), F = Faeces (yes/no), H (Habitus) = Behaviour

