

CONDITIONS / VOORWAARDES

- 4 The Society will not home any animal unsterilised.

4. Die Vereniging sal nie 'n dier plaas wat nie gesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Quantity used: _____

Name: _____ Signature: _____ Date: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) Prof Chelsea Court

Residential Address: 17 Pickering street Steenberg

Tel No (H): Tel No (W): Cell No: ~~063 862~~ 068 862 4542

Postal Address: 17 Ackerill Street

Email Address: chelsea.courie.06@gmail.com

Donation / Charge for animal: _____ Cash/Cheque/ Card (Receipt No.) _____

ID / Passport / Pension No: 0604051270089

Vehicle Reg. No: NIA

Signature C. Courie Witness for Society Kennan

Microchip / Collar and ID tag given	Yes	Microchip or ID tag details	Date: <u>22.05.2026</u>
	No		

MEDICAL RECORD

[illegible]