CONDITIONS / VOORWAARDES

…er / Finder hereby relinquishes all ownership rights to the animal/s …on the reverse to the SPCA for disposal at its sole discretion on the …nding that the Society shall endeavour to place it in a new home or, if …o do so, effect its painless destruction.

…in the opinion of a veterinarian or a qualified inspector in terms of Section …Act 71 of 1962 (Animals Protection Act) an animal presented for admission …so diseased, severely injured or in such physical condition that it should be …destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

STRAY ANIMAL FEEDBACK CONSENT

Do you want updates on this animal if it is a stray?
YES / NO

Signature: _____

Date: _____

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

I hereby confirm that I have read the conditions above and I understand and agree to the contents thereof.
Ek bevestig hiermee dat ek die voorwaardes hierbo gelees het en dat ek die inhoud daarvan verstaan en daartoe instem.

Signature: _____

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

Date: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) MS Faith Yon

Residential Address: 6 Acacia Road Lotus River 7941

Tel No (h): _____ Tel No (w): _____ Cell No: 0833607683

Postal Address: 6 Acacia Road

E-mail Address: faithyon777@gmail.com

Reclaim Charge: _____ Added Donation: _____ Cash//EFT/Card (Receipt No.) _____

ID/Passport No: 8707070248085 Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour Grey Reg. No: CA 633 555

Signature: _____ Witness for Society: Rosha

Date: 20/06/16.

Microchip / Collar and ID tag given		Yes	Microchip/ ID
		No	Tag details

MEDICAL RECORD

Date	Remarks	Treatment	Cost