



Heidelberg SPCA

ADMISSION, ASSESSMENT AND HISTORY RECORD

KENNEL NO: <u>Q3</u>				ADMISSION NO: <u>AHLL09013</u>			
☒ STRAY	☐ SURRENDER	☐ ABANDONED	☐ RETURNED	☐ IMPOUNDED	☐ CONFISCATED	☐ REQUEST FOR EUTHANASIA	☐ MEDICAL
DATE IN: <u>20.12.2025</u>		TIME IN: <u>11:30</u>		DATE FOR RELEASE: <u>27.12.2025</u>			

COLLECTED	DELIVERED
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IDENTIFICATION & LOST AND FOUND		LOST AND FOUND CHECKED	YES ☐ NO ☒	DATE: <u>20.12.2025</u>
MICROCHIP / COLLAR OR ID TAG FOUND	YES ☐ NO ☒	DATE SCANNED OR CHECKED	<u>20.12.25</u>	MICROCHIP OR ID TAG NUMBER
		<u>NONE</u>		

DESCRIPTION & HISTORY	☒ DOG	CAT	OTHER SPECIES (SPECIFY)	
	BREED	<u>LABRADOR</u>		COLOR AND MARKINGS <u>BLACK</u>
	CONDITION	<u>Good</u>		SEX <u>M</u> AGE <u>18 mo to 11 year</u>
	TEMPERAMENT	<u>Good</u>		STERILISED <u>No</u> NAME
	COAT <u>M</u>	TAIL <u>Long</u>	TEETH CONDITION <u>Good</u>	EARS <u>Fan round</u> SIZE <u>M.</u>
	AREA FOUND / COLLECTED FROM <u>ARNOLDI STREET</u>			DATE <u>20.12.2025</u>
	REASON FOR SURRENDER			

ASSESSMENT		SURRENDERED BY		NAME	
GOOD WITH	Y ☒ N ☐	FOUND BY	☒	SURNAME <u>ELISABE FRANCOIS</u>	
CHILDREN	☐	RESIDENTIAL ADDRESS	<u>28 ARNOLDI STREET, HB</u>		
CATS	☐				
DOGS	☐				
LIVESTOCK	☐				
DO THEY:	Y ☒ N ☐	TEL (H) <u>—</u>	TEL (W) <u>—</u>	CELL <u>-0823759207</u>	
JUMP FENCES	☐	ID NUMBER <u>-6811240097083</u>			
RUN AWAY	☐	EMAIL ADDRESS <u>—</u>			
ARE THEY	Y ☒ N ☐	DONATION <u>R</u> CASH ☐ CARD ☐ EFT ☐ RECEIPT NO: <u>—</u>			
VACCINATED	☐				
COMMENTS					

PLEASE INSIST ON A RECEIPT

CONFISCATED: OB NO: — CASE NO: — INSPECTOR: —

STATEMENT OF SURRENDER	
I do hereby certify that I <u>DO / I DO NOT</u> own the animal(s) described above, that <u>IT IS / IS NOT</u> a stray and I <u>DO / I DO NOT</u> know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal(s). I confirm that I am over the age of eighteen (18) years of age. Also see 'Conditions' on reversed side.	Hiermee verklaar ek dat ek dier/e hierbo beskryf BESIT / NIE BESIT NIE, dat dit n RONDLOPER / NIE RONDLOPER NIE is, end at ek WEET / NIE WEET waar dit vandaan kom nie. Ek doe nook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat die DBV, sy amptenare en werknemers geen verpligtinge het teenoor my ten opsigte van hantering van die dier/e nie. Ek bevestig dat ek bodie ouderdom van agtien (18) jaar is. Sien ook die 'Voorwaardes' op die agterblad.
SIGNATURE <u>Francis</u>	WITNESS FOR SOCIETY <u>[Signature]</u>

FOR OFFICE USE: PENDING ADOPTION	DETAILS OF FIRST APPLICANT
DETAILS OF SECOND APPLICANT	DETAILS OF THIRD APPLICANT

CLAIMED ☒ ADOPTED ☐ EUTHANASED ☐ DIED ☐ OTHER ☐ ON DATE: 22.12.2025

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE WOON- EN POSADRES in hierdie sakkie.
2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.
2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional-district office of the DEPARTMENT OF HOME AFFAIRS.

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I.D.No. 930402 0095 08 6



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

WHITTAL

VOORNAME/FORENAMES

KAYLA JEAN

GEBOORTEDISTRIK OF -LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1993-04-02

DATUM UITGEREIK
DATE ISSUED

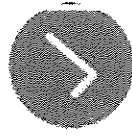
2009-09-08

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



To



Heidelberg Spca

6212 1919 156



Transaction was successfully processed.

Amount:

R 500.00

Bank details

FIRST NATIONAL

BANK

ALL BRANCHES

25065500

Their reference

Claim

Payment successful