

ADMISSION, ASSESSMENT, AND HISTORY RECORD



KENNEL No. DS				ADMISSION No. AIJ 567545		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in 04/09/26		Time in 17:47		Date for release 10/10/2026		

IDENTIFICATION & LOST AND FOUND			Lost & Found checked ☒	Yes ☒ No ☐	Lost & Found Date checked 04/10/2026
Microchip / Collar or ID tag found ☒	Yes ☐ No ☒	Date scanned or checked 04/10/2026	Microchip or ID Tag number None		

DESCRIPTION & HISTORY	Dog ☒ Cat ☐ Other species (Specify)				
	Breed Pomeranian	Colour and Markings White with black eyes and ears			
	Condition Good	Sex M	Age 2-3 Yrs		
	Temperament Fair	Weight	Sterilisation details No		Name -
	Coat long	Tail long	Teeth Condition Good	Ears Button	Size Small
	Area found / collected from Park Reishy @ Dr Malon				Date
	Reason for surrender				

ASSESSMENT		Surrendered by		Name & Surname Riana Williams	
GOOD WITH: Yes ☐ No ☐		Found by		Residential Address 109 Dr Malon Street	
Children		Residential Address		Postal Address Same	
Cats		Postal Address		Tel (H) 0849 112 31	
Other Dogs		Tel (H)		Tel (W)	
Livestock/other		Tel (W)		Cell	
DO THEY: Yes ☐ No ☐		Email		Donation R ☐ Cash ☐ Card ☐ EFT ☐ (Receipt No.)	
Jump Fences		Comments:			
Run Away					

Confiscated: OB No:

Case No:

Inspector:

STATEMENT OF SURRENDER & CONDITIONS – PLEASE READ CAREFULLY

I do hereby certify that I DO / DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray, and I DO / DO NOT know where it comes from. I also freely surrender and relinquish all interest, if any, including ownership, 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.

I acknowledge that misrepresenting ownership of the animal(s) constitutes a criminal offence. I accept full responsibility for any such misrepresentation and hereby indemnify the SPCA, its employees, representatives, agents, and any persons acting on its behalf against any liability arising from it.

Any charges endorsed hereon are due and payable on request. The SPCA will not home any unsterilised animal.

Signature

Witness for Society

FOR OFFICE USE: PENDING ADOPTION

Details of second Applicant

Details of first Applicant

Details of third Applicant

Claimed ☒Adopted ☐Euthanased ☐Died ☐Other ☐On Date: **05/10/2026**

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

CLAIMANT

Name & Surname: Prof/Dr/Mr/Mrs/Ms (including initials) SIPHOKAZI MALUNGA

Residential Address: 88 DE MALAN STREET KENSBURG

Tel No (h): / Tel No (w): / Cell No: 0817962866

Postal Address: 88 DE MALAN STREET, RENSBURG

Email Address: Razimalunga21@gmail.com

Reclaim Charge: 250 Added Donation: ✓ Cash//EFT/Card (Receipt no.) Attached

ID/Passport/Pension No: 9601011744089 Copy Attached: Yes ☒ No ☐

Vehicle Model HYUNDAI 120 Colour SILVER Reg. No: KM 43 MD GP

Signature:

Witness for Society (Name & Surname): Maryka Hall

Witness (Society) Signature: [Signature]

Microchip / Collar and ID tag given	X	Yes	 Date: <u>05/10/2026</u>
		No	

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MEDICAL RECORD

[illegible]