

ADMISSION, ASSESSMENT, AND HISTORY RECORD



KENNEL No. <u>Q9</u>				ADMISSION No. <u>A 14F 10120</u>		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in	<u>14-08-26</u>		Time in	<u>14:53</u>	Date for release	<u>21/08/26</u>

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>14/08/2026</u>
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>14/08/2026</u>	Microchip or ID Tag number	<u>NONE</u>	

DESCRIPTION & HISTORY	Dog ☒	Cat	Other species (Specify)			
	Breed	<u>Labrador X</u>			Colour and Markings	<u>White</u>
	Condition	<u>Good</u>			Sex	<u>M</u>
	Temperament	<u>Good - scared</u>	Weight		Sterilisation details	<u>unsterilized</u>
	Coat	<u>Short</u>	Tail	<u>Long</u>	Teeth Condition	<u>Good</u>
	Area found / collected from		Ears	<u>Button</u>	Size	<u>Medium</u>
	Date	<u>14/08/2026</u>				
Reason for surrender	<u>Stray showed up at their house.</u>					

ASSESSMENT			Surrendered by		Name & Surname		<u>SHAWN SMIT</u>	
GOOD WITH:	Yes	No	Found by		☒			
Children			Residential Address		<u>1 SMITH RD, BEDFORDVIEW, SCHAMPSBURG</u>			
Cats			Postal Address					
Other Dogs			Tel (H)		Tel (W)		Cell <u>071 746 8361</u>	
Livestock/other			Email		<u>smitschaund@gmail.com</u>			
DO THEY:	Yes	No	Donation R		Cash	Card	EFT	(Receipt No.)
Jump Fences								
Run Away								
COMMENTS:								

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER & CONDITIONS – PLEASE READ CAREFULLY

I do hereby certify that I DO / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray, and I DO / I 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: 20/08/2026

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

Name & Surname: Prof/Dr/Mr/Mrs/Ms (including initials) Simon Andries N Tuli
Residential Address: 16 Berylwn Street Heidelberg

Tel No (h): Tel No (w): Cell No: 064 0888 317

Postal Address: Same as above;

Email Address: SIMONAndries02@gmail

Reclaim Charge: \$250.00 Added Donation: ✓ Cash//EFT/Card (Receipt no.) 11664

ID/Passport/Pension No: 14 Copy Attached: Yes ☒ No ☐

Vehicle Model Golf 6 Colour Silvergrey Reg. No: BF 461MFS

Signature: [Signature]

Witness for Society (Name & Surname: Thereza Muller)

Witness (Society) Signature: 

Microchip / Collar	☒	Yes
and ID tag given	☐	No



 965002000515241

Date: 20/08/2026

MEDICAL RECORD

[illegible]