

Blossom.



Heidelberg SPCA

# ADMISSION, ASSESSMENT AND HISTORY RECORD

|                            |                                               |                      |          |                                               |             |                        |         |
|----------------------------|-----------------------------------------------|----------------------|----------|-----------------------------------------------|-------------|------------------------|---------|
| KENNEL NO: <u>99 CB</u>    |                                               |                      |          | ADMISSION NO: <u>AIA 607493</u>               |             |                        |         |
| STRAY                      | SURRENDER <input checked="" type="checkbox"/> | ABANDONED            | RETURNED | IMPOUNDED                                     | CONFISCATED | REQUEST FOR EUTHANASIA | MEDICAL |
| DATE IN: <u>2025/12/31</u> |                                               | TIME IN: <u>9-30</u> |          | DATE FOR RELEASE:                             |             |                        |         |
| COLLECTED                  |                                               |                      |          | DELIVERED <input checked="" type="checkbox"/> |             |                        |         |

|                                    |                              |                                        |                                         |                             |                            |
|------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|-----------------------------|----------------------------|
| IDENTIFICATION & LOST AND FOUND    |                              | LOST AND FOUND CHECKED                 | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | DATE: <u>31.12.25</u>      |
| MICROCHIP / COLLAR OR ID IAG FOUND | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | DATE SCANNED OR CHECKED                 | <u>31.12.25</u>             | MICROCHIP OR ID TAG NUMBER |
|                                    |                              |                                        |                                         | <u>None</u>                 |                            |

|                       |                                                                                               |                    |                             |                                 |                    |      |
|-----------------------|-----------------------------------------------------------------------------------------------|--------------------|-----------------------------|---------------------------------|--------------------|------|
| DESCRIPTION & HISTORY | DOG <input checked="" type="checkbox"/>                                                       | CAT                | OTHER SPECIES (SPECIFY)     |                                 |                    |      |
|                       | BREED                                                                                         | <u>FOXIE X</u>     |                             | COLOR AND MARKINGS <u>White</u> |                    |      |
|                       | CONDITION                                                                                     | <u>FAIR - DEAF</u> |                             | SEX <u>F</u>                    | AGE <u>4-5 YRS</u> |      |
|                       | TEMPERAMENT                                                                                   | <u>Good</u>        |                             | STERILISED <u>NO</u>            | NAME <u>-</u>      |      |
|                       | COAT <u>SHORT</u>                                                                             | TAIL <u>LONG</u>   | TEETH CONDITION <u>FAIR</u> | EARS <u>UP</u>                  | SIZE <u>SMALL</u>  |      |
|                       | AREA FOUND / COLLECTED FROM <u>80 Zuidstr. Rosburg Heidelberg</u>                             |                    |                             |                                 |                    | DATE |
|                       | REASON FOR SURRENDER <u>ORIGINAL OWNER OF DOGS MOVED OUT ABOUT 2 MONTHS AGO AND LEFT DOGS</u> |                    |                             |                                 |                    |      |

| ASSESSMENT            |   |   |
|-----------------------|---|---|
| GOOD WITH CHILDREN    | Y | N |
| CATS                  |   |   |
| DOGS                  |   |   |
| LIVESTOCK             |   |   |
| DO THEY:              | Y | N |
| JUMP FENCES           |   |   |
| RUN AWAY              |   |   |
| ARE THEY              | Y | N |
| VACCINATED            |   |   |
| COMMENTS              |   |   |
| <u>TO BE ASSESSED</u> |   |   |

|                     |                                      |                        |     |
|---------------------|--------------------------------------|------------------------|-----|
| SURRENDERED BY      | X. NAME <u>John Livingstone</u>      |                        |     |
| FOUND BY            | SURNAME                              |                        |     |
| RESIDENTIAL ADDRESS | <u>80 Zuidstraat; Rosburg</u>        |                        |     |
| TEL (H)             | TEL (W)                              | CELL <u>0658689056</u> |     |
| ID NUMBER           | <u>7912115041088</u>                 |                        |     |
| EMAIL ADDRESS       | <u>johnlivingstone1979@gmail.com</u> |                        |     |
| DONATION R          | CASH                                 | CARD                   | EFT |
| RECEIPT NO:         |                                      | <u>-</u>               |     |

PLEASE INSIST ON A RECEIPT

CONFISCATED: OB NO: - CASE NO: - INSPECTOR: -

| STATEMENT OF SURRENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I do hereby certify that <u>DOV</u> I DO NOT own the animal(s) described above, that <u>IT IS / IS NOT</u> a stray and I DO / I DO NOT 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.</p> | <p>Hiermee verklaar ek dat ek 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.</p> |
| SIGNATURE <u>John</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 ☒ EUTHANASIED ☐ DIED ☐ OTHER ☐ ON DATE: 17.03.26

| CONDITIONS / VOORWAARDES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.</p> <p>2. If, in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to affect such destruction by approved humane methods.</p> <p>3. Any charges endorsed hereon are due and payable on request.</p> <p>4. The Society will not home any animal unsterilised.</p> | <p>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.</p> <p>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.</p> <p>3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.</p> <p>4. Die Vereniging sal geen dier plaas wat ongesteryliseer is nie.</p> |

| REQUEST FOR EUTHANASIA          |  |                                  |  |
|---------------------------------|--|----------------------------------|--|
| OWNERS AUTHORIZING<br>SIGNATURE |  | WITNESS FOR SOCIETY<br>SIGNATURE |  |
| REASON FOR<br>EUTHANASIA        |  |                                  |  |

CLAIMANT

RESIDENTIAL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ID / PASSPORT NO: COPY ATTACHED: YES ☐ NO ☐

VEHICLE MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_ REG. NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ WITNESS FOR SOCIETY: \_\_\_\_\_

DATE: \_\_\_\_\_

|                                     |     |                            |
|-------------------------------------|-----|----------------------------|
| MICROCHIP / COLLAR AND ID TAG GIVEN | YES | MICROCHIP / ID TAG DETAILS |
|                                     | NO  |                            |

[illegible]