

ADMISSION, ASSESSMENT AND HISTORY RECORD



KENNEL No. <u>04</u>				ADMISSION No. <u>AID M14220</u>		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in	<u>22/04/26</u>		Time in	<u>11:00</u>	Date for release	<u>29/04/26</u>

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>22/04/26</u>
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>22/04/2026</u>	Microchip or ID Tag number	<u>NONE</u>	

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify)			
	Breed	<u>PITBULL X</u>			Colour and Markings	<u>BROWN & WHITE</u>
	Condition	<u>FAIR: UNDERWEIGHT. LACTATING</u>			Sex	<u>F</u>
	Temperament	<u>SOCIAL</u>			Sterilisation details	<u>NO</u>
	Coat	<u>SHORT</u>	Tail	<u>LONG</u>	Teeth Condition	<u>GOOD</u>
	Ears	<u>ROSE</u>	Size	<u>M.</u>		
	Area found / collected from	<u>FOUND ON R23</u>				Date
Reason for surrender						

ASSESSMENT	GOOD WITH:	Yes	No	Surrendered by						
	Children			Found by	☒ Name	<u>E. MARE</u>				
	Cats			Residential Address	<u>HEIDELBERG SPCA</u>					
	Other Dogs			Postal Address						
	Livestock/other			Tel (H)	<u>—</u>		Tel (W)	<u>—</u>		
	DO THEY:	Yes	No	Cell	<u>071994 9960</u>					
	Jump Fences			Email	<u>—</u>					
	Run Away			Donation R	<u>—</u>	Cash	Card	EFT	(Receipt No.)	<u>—</u>
	COMMENTS:			PLEASE INSIST ON A RECEIPT						

Confiscated: OB No: — Case No: — Inspector: —

STATEMENT OF SURRENDER					
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 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, en dat ek WEET / NIE WEET waar dit vandaan kom nie. Ek doen ook 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 nóg die DBV nóg sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e nie. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die 'Voorwaardes' op die agterblad.				
Signature	Witness for Society				
<table border="1"> <tr> <th>FOR OFFICE USE: PENDING ADOPTION</th> <th>Details of second Applicant</th> </tr> <tr> <td>Details of first Applicant</td> <td>Details of third Applicant</td> </tr> </table>		FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant	Details of first Applicant	Details of third Applicant
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant				
Details of first Applicant	Details of third Applicant				

Claimed ☒ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: 22/04/2026

CONDITIONS / VOORWAARDES

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 diens verstande dat die Vereniging sal poeg 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 gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangeleed 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 ongesteniseer is nie.

REQUEST FOR EUTHANASIA			
Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

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

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) - Pardine Schultz

Residential Address: - 1. van den Steen dijk

Tel No (h): — Tel No (w): — Cell No: — 083 267 6116

Postal Address: SAME

E-mail Address: Pauline.scholtz@gmail.com

Reclaim Charge: \$250 Added Donation: — Cash//EFT/Card (Receipt No.) A77ACHEN

ID/Passport No: 5905190102082 Copy Attached: Yes ☒ No ☐

Vehicle Model MAHINDRA Colour WHITE Reg. No: 1

Signature: [Signature] Witness for Society: [Signature]

Microchip / Collar and ID tag given	☒ Yes ☐ No	Microchip / ID Tag details	Date:
		900141000948573	22/04/2026

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MEDICAL RECORD

[illegible]