

ADMISSION, ASSESSMENT AND HISTORY RECORD



KENNEL No. <u>D2 - B6</u>				ADMISSION No. <u>AICC 13194</u>		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in	<u>12.03.26</u>		Time in	<u>12:40</u>	Date for release	<u>19.03.26.</u>

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>12.03.2026</u>
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>12.03.2026</u>	Microchip or ID Tag number	<u>NONE</u>	

DESCRIPTION & HISTORY	☒ Dog	☐ Cat	Other species (Specify)			
	Breed	<u>LOTWEILER X</u>			Colour and Markings	<u>BLACK & TAN / WHITE ON CHEST</u>
	Condition	<u>GOOD</u>			Sex	<u>F</u>
	Temperament	<u>GOOD</u>			Sterilisation details	Name
	Coat <u>M</u>	Tail <u>LONG</u>	Teeth Condition <u>GOOD</u>	Ears <u>ROSE</u>	Size <u>LARGE</u>	
	Area found / collected from <u>ON THE SCHICK FONTEIN ROAD.</u>					Date <u>10.03.2026</u>
	Reason for surrender					

ASSESSMENT			Surrendered by				Name <u>- Sophia Hutchins</u>			
GOOD WITH: Yes No			Found by ☒				Residential Address <u>- Boben Mount Archel.</u>			
Children	☒	☐	Schickfontein road. OFF R42							
Cats	☒	☐	Postal Address <u>-</u>							
Other Dogs	☒	☐	Tel (H) <u>-</u> Tel (W) <u>-</u> Cell <u>-083 458 3616</u>							
Livestock/other	☒	☐	Email <u>-</u>							
DO THEY: Yes No	☐	☐	Donation R <u>-</u> Cash ☐ Card ☐ EFT ☐ (Receipt No.) <u>-</u>							
Jump Fences	☐	☒	COMMENTS:							
Run Away	☐	☒	PLEASE INSIST ON A RECEIPT							

Confiscated: OB No: - Case No: - Inspector: -

STATEMENT OF SURRENDER	
I do hereby certify that DBV / I DO NOT own the animal/s described above, that IT IS / IT IS NOT a stray and DBV / 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 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 <u>-</u>	Witness for Society <u>-</u>

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☒ Euthanased ☐ Died ☐ Other ☐ On Date: 12/04/26.

CONDITIONS / VOORWAARDES

1. Die Elenaar / 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 hui uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hui nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig.
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.
3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.
4. Die Vereniging sal geen dier plaas wat ongestenliser is nie.

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

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials)_____

Residential Address: _____

Residential Address: _____

Tel No (h): _____ Tel No (w): _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash//EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society: _____

Microchip / Collar	Yes	Microchip/ ID	Date:
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Microchip / Collar	Yes	Microchip/ ID	Date:
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Microchip / Solar and ID tag given	No	Microchip / ID Tag details	# 0101
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MEDICAL RECORD

[illegible]