

ADMISSION, ASSESSMENT AND HISTORY RECORD



KENNEL No. <u>Q4</u>				ADMISSION No. <u>AID015312</u>		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in	<u>24/04/26</u>		Time in	<u>14:04</u>	Date for release	<u>01/05/2026</u>

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>24/04/2026</u>
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>24/04/2026</u>	Microchip or ID Tag number	<u>—</u>	

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify) <u>White chest</u>				
	Breed	<u>Schnauzer</u>		Colour and Markings	<u>Black & White</u>		
	Condition	<u>Good (APPEARS TO HAVE MITES)</u>		Sex	<u>M</u>	Age	<u>± 5 months</u>
	Temperament	<u>Good</u>		Sterilisation details	<u>No</u>	Name	<u>Gizmo</u>
	Coat	Tail <u>long</u>	Teeth Condition <u>Good</u>	Ears <u>Button ears</u>	Size	<u>Small (puppy)</u>	
	Area found / collected from	<u>Roets - Naby R23</u>				Date	<u>24/04/2026</u>
	Reason for surrender						

ASSESSMENT	GOOD WITH: Yes No		Surrendered by	☒ Name	<u>* Bianca Andrews</u>							
	Children	☐	Found by	☒								
	Cats	☐	Residential Address	<u>* Plaas Dasville, Gootvlei, 2400</u>								
	Other Dogs	☐	Postal Address	<u>—</u>								
	Livestock/other	☐	Tel (H)	<u>—</u>	Tel (W)	<u>—</u>	Cell	<u>* 0728796951</u>				
	DO THEY: Yes No	Jump Fences	Email	<u>* andrews.bianca.be@gmail.com</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 <u>DO</u> / <u>DO NOT</u> own the animal/s described above, that <u>IT IS</u> / <u>IT IS NOT</u> a stray and I <u>DO</u> / <u>DO NOT</u> 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>[Signature]</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 ☐ Euthanased ☐ Died ☐ Other ☐ On Date: 24/04/26

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 dien verstande dat die Vereniging sal poeg 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 ongestenliseer 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) M. H de Menezes

Residential Address: 16 Roets street Pensburg. Heidelberg.

Tel No (h): _____ Tel No (w): _____ Cell No: 061 042 5448

Postal Address: _____

E-mail Address: sportsforall01@outlook.com.

Reclaim Charge: \$250.00 Added Donation: — Cash/EFT/Card (Receipt No.) ATTACHED

ID/Passport No: 7401 24515 8082 Copy Attached: Yes ☐ No ☐

Vehicle Model /// Colour Reg. No:

Signature: _____ Witness for Society: _____

Microchip / Collar and ID tag given	☒ Yes ☐ No	Microchip/ ID Tag details	Date:
		900141000948580	24/04/26

Microchip/ID: 9001410009 4P580 Date: 6/24/04/26

Date: 24/04/26

MEDICAL RECORD

[illegible]