

ADMISSION, ASSESSMENT AND HISTORY RECORD



KENNEL No. <u>B2</u>				ADMISSION No. <u>AICU18420</u>		
Stray ☒	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in <u>27/3/26</u>	Time in <u>12:00</u>			Date for release <u>2/4/2026</u>		

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	☐ Yes ☒ No	Lost & Found Date checked
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>2026/3/27</u>	Microchip or ID Tag number

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify)		
	Breed	<u>pug/mix</u>		Colour and Markings	<u>Brown/Black on Nose</u>
	Condition	<u>Good</u>		Sex	<u>M</u> Age <u>± 3y.</u>
	Temperament	<u>Very Scared</u>		Sterilisation details	<u>N</u> Name <u>—</u>
	Coat <u>Short</u>	Tail <u>Long</u>	Teeth Condition <u>Good</u>	Ears <u>down</u>	Size <u>small</u>
	Area found / collected from <u>Come into her yard (jump on her and scratch him)</u>				Date <u>2026/3/27</u>
	Reason for surrender				

ASSESSMENT			Surrendered by			Name <u>Suanelle du Toit</u>		
GOOD WITH:	Yes	No	Found by ☒			Residential Address <u>Vos 25 Rensburg</u>		
Children			Postal Address <u>Heidelberg</u>			Tel (H) <u>—</u> Tel (W) <u>—</u> Cell <u>0792995697</u>		
Cats			Tel (H) <u>—</u> Tel (W) <u>—</u> Cell <u>0792995697</u>			Email <u>Suanelle.crime@gmail.com</u>		
Other Dogs			Tel (H) <u>—</u> Tel (W) <u>—</u> Cell <u>0792995697</u>			Donation R <u>—</u> Cash <u>—</u> Card <u>—</u> EFT <u>—</u> (Receipt No.)		
Livestock/other			Tel (H) <u>—</u> Tel (W) <u>—</u> Cell <u>0792995697</u>			Email <u>Suanelle.crime@gmail.com</u>		
DO THEY:	Yes	No	Tel (H) <u>—</u> Tel (W) <u>—</u> Cell <u>0792995697</u>			Donation R <u>—</u> Cash <u>—</u> Card <u>—</u> EFT <u>—</u> (Receipt No.)		
Jump Fences			Tel (H) <u>—</u> Tel (W) <u>—</u> Cell <u>0792995697</u>			Email <u>Suanelle.crime@gmail.com</u>		
Run Away			Tel (H) <u>—</u> Tel (W) <u>—</u> Cell <u>0792995697</u>			Donation R <u>—</u> Cash <u>—</u> Card <u>—</u> EFT <u>—</u> (Receipt No.)		
COMMENTS:			PLEASE INSIST ON A RECEIPT					
?								

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

STATEMENT OF SURRENDER	
I do hereby certify that I <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 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 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 <u>Suanelle du Toit</u>	Witness for Society <u>[Signature]</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: _____

CONDITIONS / VOORWAARDES

- 4 The Society will not home any animal unsterilised.

4. Die Vereniging sal geen diër plaas wat ongesteryliseer is nie.

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

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

CLAIMANT

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 and ID tag given	Yes	Microchip/ ID Tag details	Date: _____
	No		

MEDICAL RECORD

[illegible]