

ADMISSION, ASSESSMENT AND HISTORY RECORD



KENNEL No. B5				ADMISSION No. AIDA 1905		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in	10.04.26		Time in	08:52	Date for release	17.04.26

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	10.04.26
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	10.04.26	Microchip or ID Tag number	NONE	

DESCRIPTION & HISTORY	Dog	☒ Cat	Other species (Specify)					
	Breed	DLH		Colour and Markings	WHITE & GREY			
	Condition	Good		Sex	M	Age	1 2yr	
	Temperament	Social		Sterilisation details	No	Name		
	Coat	Long	Tail	Long	Teeth Condition	Good	Ears	Priced
	Area found / collected from	AG VISSEER STREET LENSBURG				Date	10-04-26	
	Reason for surrender							

ASSESSMENT		Surrendered by MARTINUS BOTHA						
GOOD WITH:	Yes	No	Found by	☒ Name	MARTINUS BOTHA			
Children			Residential Address	57 AG VISSEER LENSBURG				
Cats			Postal Address					
Other Dogs			Tel (H)	—	Tel (W)	—		
Livestock/other			Cell	060668094				
DO THEY:	Yes	No	Email	—				
Jump Fences			Donation R	—	Cash	Card	EFT	(Receipt No.)
Run Away			COMMENTS: ?					

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: Case No: Inspector:

STATEMENT OF SURRENDER	
I do hereby certify that I DO NOT own the animal/s described above, that IT IS NOT a stray and 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 Martinus Botha	Witness for Society [Signature]

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

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 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 ongesteniliseer 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) _____

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: _____

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society: _____

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

MEDICAL RECORD

[illegible]