

ADMISSION, ASSESSMENT AND HISTORY RECORD



KENNEL No. <u>Q6-B4</u>				ADMISSION No. <u>RICU 19045</u>			
Stray ☒	Surrender ☒	Abandoned ☐	Returned ☐	Impounded ☐	Confiscated ☐	Request for euthanasia ☐	
Date in <u>28/3/2026</u>			Time in <u>11:50</u>	Date for release <u>28/3/2026</u>			

IDENTIFICATION & LOST AND FOUND			Lost & Found checked ☒	Yes ☐ No ☒	Lost & Found Date checked <u> </u>	
Microchip / Collar or ID tag found ☒	Yes ☐ No ☒	Date scanned or checked <u>2026/3/28</u>	Microchip or ID Tag number <u> </u>			

DESCRIPTION & HISTORY	Dog ☒	Cat ☐	Other species (Specify) <u> </u>			
	Breed <u>Pikenise X</u>		Colour and Markings <u>Red + White.</u>			
	Condition <u>Good</u>		Sex <u>Female</u>	Age <u>2</u>		
	Temperament <u>Good</u>		Sterilisation details <u>N</u>	Name <u>Naya</u>		
	Coat <u>long</u>	Tail <u>long</u>	Teeth Condition <u>good</u>	Ears <u>down</u>	Size <u>medium</u>	
	Area found / collected from <u> </u>					Date <u> </u>
	Reason for surrender <u>fighting with my other dog</u>					

ASSESSMENT	GOOD WITH: Yes ☒ No ☐	Surrendered by ☒ Name <u>Charlotte Schwartz</u>		
	Children ☒	Found by <u> </u>		
	Cats ☒	Residential Address <u>21 Karschof</u>		
	Other Dogs ☒	<u>Rensburg</u>		
	Livestock/other ☐	Postal Address <u>Same</u>		
	DO THEY: Yes ☐ No ☒	Tel (H) <u> </u> Tel (W) <u> </u> Cell <u>061 537 2605</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 / DO NOT own the animal/s described above, that it IS / IT IS NOT a stray and I DO / 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 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: 19/06/2026

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 dien verstande dat die Vereniging sal poog 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 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 ongestentiseer is nle.

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

CLAIMANT

Residential Address: _____

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			
Date	Remarks	Treatment	Cost
1/4/26	Dipped		
1/1/26		De worm	
25/05/26	Precaution	De worm.	Muttu
10/06/26	Adoption	1st Vaccination	Muttu
19/06/26	Adoption	Sterilization	Muttu