ADMISSION, ASSESSMENT AND HISTORY RECORD

KENNEL No.	Alimony			ADMISSION No.	13501	
~~Stray~~	~~Surrender~~	~~Abandoned~~	~~Returned~~	~~Impounded~~	~~Confiscated~~	~~Request for euthanasia~~
Date in	11/04/22		Time in	07h30	Date for release	

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		Microchip or ID Tag umber	

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)		
Breed	JR x Peke	Colour and Markings	White and brown	
Condition	Good	Sex	Female	Age ± 18 months
Temperament	Good	Sterilisation details	No	Name Milla
Coat Medium	Tail Long	Teeth Condition Good	Ears Folded	Size Medium
Area found / collected from	Minnebron			Date 11/04/22.
~~Reason for surrender~~	Alimony			

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/other		
DO THEY:	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS: N/A

~~Surrendered by~~ / ~~Found by~~		Name	MARISKA OELOFSE	
Residential Address	2 BRINK STR, MINNEBRON BRAKPAN			
Postal Address				
Tel (H)	Tel (W)		Cell 076 845 8949	
Email				
Donation R 800	Cash	~~Card~~	EFT	(Receipt No.) 9467

PLEASE INSIST ON A RECEIPT

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

STATEMENT OF SURRENDER

I do hereby certify that **I DO / I DO NOT** own the animal/s described above, that **IT IS / IT IS NOT** a stray and **I DO / 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		Witness for Society	

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ RTO On Date: 12/04/22

Brakpan

Society for the Prevention of Cruelty to Animals

DBV SPCA

Dierebeskermings-vereniging

Incorporated Association not for gain – Ingelyfde Vereniging sonder winsoogmerk

KENNELS/HOKKE: 96 DENNE RD/WEG, WITPOORT, BRAKPAN

Reg. No. 001-910 NPO

☎011 742 2007
083 696 9052

ALIMONY FORM

PLEASE NOTE:

This is a legal document which terms you agree to upon signing. Should it be known that the information given is incorrect, the SPCA reserves the right to refuse further assistance and to submit an account for the undertaking. We reserve the right to take legal action and this document can be led as evidence. In terms of an agreement with the SA Veterinary Association, the SPCA undertakes to carry out treatment to pet owners ONLY IF THEY ARE UNABLE TO AFFORD THE FEES OF A PRIVATE VETERINARIAN and the owner shall carry incurred costs.

Owner Surname: OELOFSE Initials: M

Title (Mr/Mrs/Miss): MS First Names: MARISKA

Identity Number: 850730 0946 080 Marital Status: DIVORCED

Physical Address as per Proof of Residence: 2 BRINK STR

MINNEBRON BRAKPAN Postal Code: 1546

PO Box: Place: Postal Code:

Phone Number: (Cell): 076 845 8949 (W) (H)

Employers Name: P AND R EQUIPMENT

Owner's Occupation: Administrator Salary: R 6 500

Spouse's Occupation: Salary:

Number of Dependants: 2 Number of Pets: 3

Who is your veterinarian? Town:

DECLARATION OF OWNER OF PET:

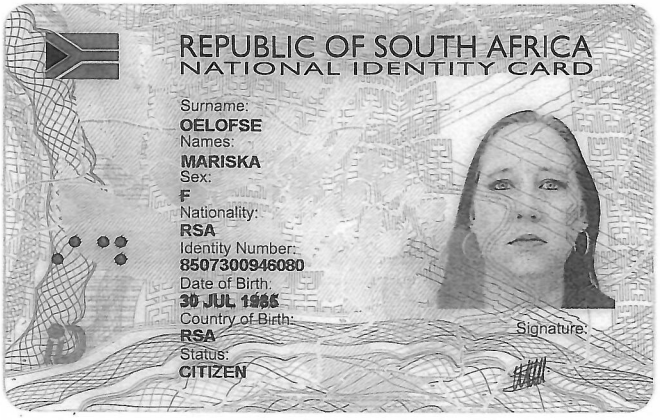
Please note that false statements may lead to prosecution and/or a criminal record and is punishable by law.
I have read and understood the contents of the above form. I declare that I have answered all questions honestly and further declare that I am unable to afford the fees of a private veterinarian and that I am the bona fide owner of the animal being treated. I also undertake to pay the Brakpan SPCA all monies incurred whilst my animal is in their care.
Please also understand that treatment will be at the Veterinarian's discretion. Please be advised that all unsterilized bitches and queens shall not be released from the Brakpan SPCA without them first being sterilized.

Date: 8/04/2022 Place: BRAKPAN Signature:

FOR OFFICE USE

Receipt Number: 9467 Date: 11/04/22

Admission Form Number: 13501 Form Received By:


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
OELOFSE
Names:
MARISKA
Sex:
F
Nationality:
RSA
Identity Number:
8507300946080
Date of Birth:
30 JUL 1985
Country of Birth:
RSA
Status:
CITIZEN
Signature:

Section 5-6 : FORM B

#946

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. 13501

DATE: 08/04/22

between BRAKPAN SPCA

and

Name MARISKA OELOFSE

Address 2 Brink Street, Minnebron, Brakpan

Telephone Numbers (H) 076 845 8449 (B)

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name MILLA Sex F Age ± 18 months

Description Jack Russel / Peckingese cross

On (due date) 11/04/22 Adoption Form No.

on the understanding that you will arrange to have this done at the Northmead Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED**. The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: [signature] For SPCA: [signature]

CONFIRMATION OF STERILISATION:

Vet: NORTHMEAD VET CLINIC Signed: [signature]

Date: 11/04/2022