

ADMISSION, ASSESSMENT AND HISTORY RECORD



KENNEL No. <u>Alimony</u>				ADMISSION No. <u>13502</u>		
<u>Stray</u>	<u>Surrender</u>	<u>Abandoned</u>	<u>Returned</u>	<u>Impounded</u>	<u>Confiscated</u>	<u>Request for euthanasia</u>
Date in <u>11/04/22</u>			Time in <u>07h40</u>		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 number		

DESCRIPTION & HISTORY	<u>Dog</u>	Cat	Other species (Specify)		
	Breed	<u>Yorkie</u>		Colour and Markings	<u>Grey & brown</u>
	Condition	<u>Good</u>		Sex	<u>Female</u> Age <u>± 4 1/2 years</u>
	Temperament	<u>Good</u>		Sterilisation details	<u>No</u> Name <u>Mia</u>
	Coat	Tail	Teeth Condition	Ears	Size
	<u>Medium</u>	<u>Long</u>	<u>Good</u>	<u>Down</u>	<u>Small</u>
	Area found / collected from	<u>Minnebron</u>			Date
Reason for surrender <u>Alimony</u>					

ASSESSMENT		Surrendered by <u>[Signature]</u>		Name <u>Bets Bardenhorst</u>	
Found by <u>[Signature]</u>		Residential Address <u>4 Younger st Minnebron</u>			
		<u>Brakpan</u>			
Postal Address					
Tel (H) <u>011 742 2252</u>		Tel (W) <u>011 740 1560</u>		Cell <u>082 097 1866</u>	
Email					
Donation R		Cash	Card	EFT	(Receipt No.)
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 <u>Ej Bardenhorst</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 ☐ R70 On Date: 12/04/22

Brakpan

Society for the Prevention
of Cruelty to Animals



Dierebeskermings-
vereniging

Incorporated Association not for gain - Ingelyde Vereniging sonder winsoek
KENNELS/HOKKE: 96 DENNE ROAD/EG, 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: Bets Bardenhorst Initials: B

Title (Mr/Mrs/Miss): Mrs First Names: Bets

Identity Number: 5609260198083 Marital Status: Widowed

Physical Address as per Proof of Residence: 4 Young Younger St.

Minneburg Brakpan Postal Code: _____

PO Box: _____ Place: _____ Postal Code: _____

Phone Number: (Cell): _____ (W) _____ (H) 011 742 2253

Employer's Name: Pensioners

Owner's Occupation: _____ Salary: _____

Spouse's Occupation: _____ Salary: _____

Number of Dependents: 1 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: 08.04.2022 Place: Brakpan Signature: E. Bardenhorst

FOR OFFICE USE

Receipt Number: _____ Date: _____

Admission Form Number: _____ Form Received By: _____

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
BADENHORST

Names:
ELIZABETH GERTRUIDA

Sex:
F

Nationality:
RSA

Identity Number:
5609260198083

Date of Birth:
26 SEP 1956

Country of Birth:
RSA

Status:
CITIZEN



Signature:
Eg Badenhorst



STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. 13503DATE: 08/04/2022

between

BRALPAN

SPCA

and

Name Bets BadenhorstAddress 4 younger st Mamebron BrakpanTelephone Numbers (H) 011 742 2252 (B) 082 097 1866 (Lizette)

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

Animal's Name Mia Sex F Age 4 1/2 yearsDescription Yorkie (golden) - Grey & brownOn (due date) 11/04/2022 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: G BadenhorstFor SPCA: Brakpan SPCA

CONFIRMATION OF STERILISATION:

Vet: NORTHMEAD VET CLINICSigned: M. J. J.Date: 11/04/2022