ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA

KENNEL No.	Alimony			ADMISSION No.	13910	
~~Stray~~	~~Surrender~~	~~Abandoned~~	~~Returned~~	~~Impounded~~	~~Confiscated~~	~~Request for euthanasia~~
Date in	17/05/22		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	17/05/22	Microchip or ID Tag umber	N/A

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	Alsatian x		Colour and Markings	Black & White	
Condition	Good		Sex	Female	Age 1½ years
Temperament	Good		Sterilisation details	No	Name Faith
Coat Short	Tail Long	Teeth Condition Good	Ears	Up	Size Large
Area found / collected from	Brakpan North				Date 17/05/22
~~Reason for surrender~~	Alimony				

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

~~Surrendered by~~ / ~~Found by~~		Name	Louisa Botgieter.
Residential Address	12 Van Schaak St Brakpan North		
Postal Address	—		
Tel (H)	—	Tel (W) —	Cell 083 437 6686
Email	—		
Donation R	800	~~Cash~~ / Card / EFT	(Receipt No.) 9687

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 / N IE 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 ☐ _____ On Date: _____

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 RDWEG, 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: POTGIETER Initials: L M

Title (Mr/Mrs/Miss): MRS First Names: LAUSA

Identity Number: 440511 0025084 Marital Status: DIVORCED

Physical Address as per Proof of Residence: 12 VAN SCHOOR ST

BENONI NORTH Postal Code: 1541

PO Box: Place: Postal Code:

Phone Number: (Cell): 083 437 6684 (W) (H)

Employers Name: PENSION

Owner's Occupation: Salary:

Spouse's Occupation: N/A Salary:

Number of Dependants: Number of Pets:

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: 16 May 2022 Place: Brakpan Signature:

FOR OFFICE USE

Receipt Number: Date:

Admission Form Number: Form Received By:

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

1

I.D. No. 440511 0025 084

S.A.CITIZEN

SURNAME
POTGIETER

FORENAMES
LOUISA MARIA

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1944-05-11

DATE ISSUED
2013-05-22

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

SHERWOOD PICK N PAY

PENSIONERS CARD

NAME: L. POTGIETER

ID No: 4405110025084

SIGNATURE: Potgieter

CUST.No: 4706 (Official use)

Brakpan

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Dierebeskermings-vereniging

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Brakpan
1540
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011 743 1076
083 696 9052

STERILISATION CONTRACT

ADOPTION ☐ ALIMONY ☒ OUTREACH ☐ MEDICAL ☐ CLAIMED ☐

DATE: 16 May 2022 ADMISSION NUMBER: 13910

NAME & SURNAME: Louisa Potgieter

ADDRESS: 12 Van Schoor Benaulan North

CELL NUMBER: 083 437 6684 E-MAIL ADDRESS: _____

PET INSURANCE: YES / ~~NO~~

DOG ☒ CAT ☐ BREED: _____ AGE: 1½ years GENDER: Female

NAME OF ANIMAL: FAITH DESCRIPTION: Black with white FULLY VACCINATED: (YES) / NO

Is your dog/cat pregnant? YES / ~~NO~~ Is your dog/cat on heat? YES / ~~NO~~ (SPAY) / NEUTER

Does your dog/cat have vaginal discharge? YES / ~~NO~~ STERILISATION DATE: 17/05/22.

HISTORY

Any prior procedure using anesthetic? If so, please give date and nature of procedure:

Any medical conditions (e.g. diabetes, epilepsy or problems with anesthetic)?

Any current medication? N/A Microchip: N/A

TERMS & CONDITIONS OF STERILISATION

1. If the adopted animal is not sterilised on the due date mentioned above, the SPCA reserves the right to enter the above property and confiscate the animal. No money will be refunded.
2. The adopted animal cannot be passed on to a new owner. Please see clause 2 of the adoption contract.
3. The SPCA and its Veterinarian will not be held liable for any loss, theft, sickness, injury or death of any animal admitted for sterilisation. All reasonable precaution will be taken whilst the animal is in the SPCA's care. The SPCA does not have overnight staff to monitor animals after surgery.
4. It is understood that the signature on this document is that of the legal owner of the animal. Should it not be that of the legal owner, you are advised that you will have no legal recourse to take any action against the SPCA.
5. Failure to collect and pay the outstanding monies within (7) days of the animal's sterilization date shall result in the SPCA considering the animal to have been abandoned and they shall do with the animal as they deem fit. No further correspondence shall be entered into.
6. I understand that any procedure involving anesthetic does carry certain risks for the animal involved even though all reasonable precaution will be taken whilst the animal is in the care of the SPCA. I further understand that the SPCA Clinic is not equipped to deal with emergencies to the same extent as most private veterinary practices.
7. **Should your dog/cat be found to be pregnant/on heat/pyometra during sterilisation, a MINIMUM of R300-00 surcharge will apply.**
8. It is not a requirement that the BRAKPAN SPCA signs this contract for it to be effective and it will come into effect on the owner's/adopters signature.

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

Signature of Owner/Adopter: [signature]

Brakpan

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OFFICE USE ONLY:

WITNESS FOR SOCIETY: ~~Hunter~~ VET PRACTICE: Northmead

DATE: 17/05/22

VET USE ONLY:

VET NAME: DR MACDONALD VET PRACTICE: NORTHMEAD VET CLINIC

VET SIGNATURE: M. MacDonald DATE: 17 MAY 2022.

Mark Below Relevant

SPAYED / NEUTERED

Mark Below If Relevant

ON HEAT / PREGNANT / OTHER COMPLICATIONS(Describe under Notes)

NOTES: