ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA

KENNEL No. Alimony				ADMISSION No. 13911		
Stray	Surrender	~~Abandoned~~	Returned	Impounded	Confiscated	Request for euthanasia
Date in 17/05/22			Time in 07h40	Date for release		

IDENTIFICATION & LOST AND FOUND				Lost & Found checked		Yes / No	Lost & Found Date checked
Microchip / Collar or ID tag found		Yes / X No	Date scanned or checked 17/05/22	Microchip or ID Tag umber N/A			

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed DMH			Colour and Markings Black & White	
Condition Good			Sex Female	Age ± 1 year
Temperament Good			Sterilisation details No	Name Pixel
Coat Med	Tail Long	Teeth Condition Good	Ears Up	Size Large
Area found / collected from Brakpan				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: N/A

~~Surrendered by~~ / ~~Found by~~		Name Leoni Ferreira			
Residential Address 110 Stoffberg Ave Brakpan.					
Postal Address —					
Tel (H) —	Tel (W) —	Cell 0769825824			
Email —					
Donation R 100	Cash	~~Card~~	EFT	(Receipt No.) 9690	

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 ☐ _____ 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 RDAWEG, 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: FERREIRA Initials: NL

Title (Mr/Mrs/Miss): MRS First Names: NICOLETTE LEONI

Identity Number: 670501 0057 089 Marital Status: MARRIED

Physical Address as per Proof of Residence: 110 STOFFBERG AVE

BRAKPAN Postal Code: 1541

PO Box: — Place: — Postal Code: —

Phone Number: (Cell): 076 982 5824 (W) — (H) —

Employers Name: —

Owner's Occupation: — Salary:

Spouse's Occupation: MECHANIC 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: 16-5-22 Place: BRAKPAN Signature:

FOR OFFICE USE

Receipt Number: Date:

Admission Form Number: Form Received By:

ORGAN DONOR

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. 670501 0057 089

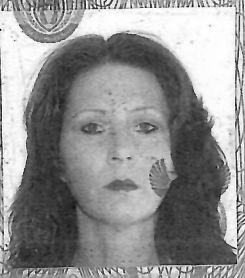
S.A.CITIZEN

SURNAME
FERREIRA

FORENAMES
NICOLETTE LEONI

COUNTRY OF BIRTH
SOUTH AFRICA

DATE OF BIRTH
1967-05-01



DATE ISSUED
2012-04-10

ISSUED BY AUTHORITY OF
THE DIRECTOR-GENERAL
HOME AFFAIRS

Brakpan

Society for the Prevention of Cruelty to Animals
Dierebeskermings-vereniging

DBV SPCA

Incorporated Association not for gain – Ingelyfde Vereniging sonder winsoogmerk
KENNELS/HOKKE: 96 DENNE RD/WEG, WITPOORT, BRAKPAN

Reg. No. 001-910 NPO

✉ 407
Brakpan
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STERILISATION CONTRACT

ADOPTION ☐ ALIMONY ☑ OUTREACH ☐ MEDICAL ☐ CLAIMED ☐

DATE: 16-05-2022. ADMISSION NUMBER: 13911

NAME & SURNAME: NICOLETTE LEONI FERREIRA.

ADDRESS: 110 STOFFBERG AVE
BRAKPAN

CELL NUMBER: 076 980 5824 E-MAIL ADDRESS: Leoni.9mm@outlook.com.

PET INSURANCE: YES / (NO)

DOG ☐ CAT ☒ BREED: DM. AGE: _____ GENDER: F

NAME OF ANIMAL: PIXEL DESCRIPTION: BLACK/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: 17-05-2022.

HISTORY

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

N/A

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

N/A.

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:

Brakpan

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OFFICE USE ONLY:

WITNESS FOR SOCIETY: _____ VET PRACTICE: _____

DATE: _____

VET USE ONLY:

VET NAME: DR MACDONALD VET PRACTICE: NORTHMEAD VET CLINIC

VET SIGNATURE: M.a.Mac DATE: 17 MAY 2022.

Mark Below Relevant

SPAYED / NEUTERED

Mark Below If Relevant

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

NOTES: _____