

## ADMISSION, ASSESSMENT AND HISTORY RECORD

AECM12264



|                           |                      |                      |                     |                            |                        |                                                    |
|---------------------------|----------------------|----------------------|---------------------|----------------------------|------------------------|----------------------------------------------------|
| KENNEL No. <u>Alimony</u> |                      |                      |                     | ADMISSION No. <u>14274</u> |                        |                                                    |
| <del>Stray</del>          | <del>Surrender</del> | <del>Abandoned</del> | <del>Returned</del> | <del>Impounded</del>       | <del>Confiscated</del> | Request for euthanasia <u>                    </u> |
| Date in                   | <u>14/06/22</u>      |                      | Time in             | <u>07h35</u>               | Date for release       | <u>15/06/22</u>                                    |

|                                    |                                                                        |                         |                      |                                                                        |                           |                             |
|------------------------------------|------------------------------------------------------------------------|-------------------------|----------------------|------------------------------------------------------------------------|---------------------------|-----------------------------|
| IDENTIFICATION & LOST AND FOUND    |                                                                        |                         | Lost & Found checked | <input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Lost & Found Date checked | <u>                    </u> |
| Microchip / Collar or ID tag found | <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No | Date scanned or checked | <u>14/06/22</u>      | Microchip or ID Tag number                                             | <u>N/A.</u>               |                             |

|                       |                             |                    |                         |                       |                 |                 |
|-----------------------|-----------------------------|--------------------|-------------------------|-----------------------|-----------------|-----------------|
| DESCRIPTION & HISTORY | <u>Dog</u>                  | Cat                | Other species (Specify) |                       |                 |                 |
|                       | Breed                       | <u>Pitbull</u>     |                         | Colour and Markings   | <u>Black</u>    |                 |
|                       | Condition                   | <u>Good</u>        |                         | Sex                   | <u>Female</u>   | Age             |
|                       | Temperament                 | <u>Good</u>        |                         | Sterilisation details | <u>No</u>       | Name            |
|                       | Coat                        | <u>Short</u>       | Tail                    | <u>Long</u>           | Teeth Condition | <u>Fair</u>     |
|                       |                             |                    |                         | Ears                  | <u>Down</u>     | Size            |
|                       | Area found / collected from | <u>Voortrekker</u> |                         |                       | Date            | <u>14/06/22</u> |
|                       | Reason for surrender        | <u>Alimony</u>     |                         |                       |                 |                 |

|                            |                          |                                            |  |                                          |                                                        |
|----------------------------|--------------------------|--------------------------------------------|--|------------------------------------------|--------------------------------------------------------|
| ASSESSMENT                 |                          | Surrendered by <u>                    </u> |  | Name <u>Maggda Anderson</u>              |                                                        |
| GOOD WITH: Yes/No          |                          | Found by <u>                    </u>       |  |                                          |                                                        |
| Children                   | <input type="checkbox"/> | Residential Address                        |  | <u>7 Park View. Voortrekker.</u>         |                                                        |
| Cats                       | <input type="checkbox"/> |                                            |  |                                          |                                                        |
| Other Dogs                 | <input type="checkbox"/> |                                            |  |                                          |                                                        |
| Livestock/other            | <input type="checkbox"/> |                                            |  |                                          |                                                        |
| DO THEY: Yes/No            |                          | Postal Address                             |  | <u>Brakpan</u>                           |                                                        |
| Jump Fences                | <input type="checkbox"/> |                                            |  |                                          |                                                        |
| Run Away                   | <input type="checkbox"/> | Tel (H) <u>                    </u>        |  | Tel (W) <u>                    </u>      | Cell <u>0724539018</u>                                 |
| COMMENTS:                  |                          | Email <u>                    </u>          |  |                                          |                                                        |
| <u>N/A</u>                 |                          | Donation R <u>800</u>                      |  | Cash <input checked="" type="checkbox"/> | EFT <input type="checkbox"/> (Receipt No.) <u>4869</u> |
| PLEASE INSIST ON A RECEIPT |                          |                                            |  |                                          |                                                        |

Confiscated: OB No:                      Case No:                      Inspector:                     

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATEMENT OF SURRENDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>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.</p> | <p>Hiermee verklaar ek dat ek 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.</p> |
| Signature <u>M. Anderson</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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



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: ANDERSON Initials: MLC

Title (Mr/Mrs/Miss): MEY First Names: MAGDA

Identity Number: 651109 0050 089 Marital Status: MARRIED

Physical Address as per Proof of Residence: 7 PARK VIEW  
VOORTREKKER Postal Code: \_\_\_\_\_

PO Box: \_\_\_\_\_ Place: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Cell): 072 153 9018 (W) \_\_\_\_\_ (H) \_\_\_\_\_

Employers Name: \_\_\_\_\_

Owner's Occupation: \_\_\_\_\_ Salary: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ 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: \_\_\_\_\_ Place: BRAKPAN Signature: M. Anderson

### FOR OFFICE USE

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_

Admission Form Number: \_\_\_\_\_ Form Received By: \_\_\_\_\_

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGETREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het of indien besonderhede van u huidige adres, by straatnaam en/of -nommer ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. 651109 0050 08 9



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME  
**ANDERSON**

VOORNAME/FORENAMES  
**MAGDALENA JOHANNA CATRIENA**

GEBOORTEDISTRIK OF LAND/  
DISTRICT OR COUNTRY OF BIRTH

**SUID-AFRIKA**

GEBOORTEDATUM/  
DATE OF BIRTH

**1965-11-09**

DATUM UITGEREIK  
DATE ISSUED

**2006-09-07**

UITGEREIK OP GESAG VAN DIE  
DIREKTEUR-GENERAAL:  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL:  
HOME AFFAIRS

