

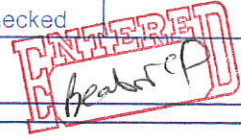
ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No.			ADMISSION 100120			
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	21/07/2023		Time in		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	Dog ☒ Cat ☐ Other species (Specify)	
	Breed <u>Pitbull</u> Colour and Markings <u>white</u>	
	Condition <u>Poor</u> Sex <u>male</u> Age <u>adult</u>	
	Temperament <u>Friendly</u> Sterilisation details <u>no</u> Name <u>picabo</u>	
	Coat <u>short</u> Tail <u>long</u> Teeth Condition <u>Fur</u> Ears <u>down</u> Size <u>medium</u>	
	Area found/ collected from <u>Ocean view</u> Date <u>21/07/2023</u>	
	Reason for surrender	

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

Surrendered by ☒	Name <u>MAOMI FRANKIE</u>
Found by	
Residential Address	<u>108 AGIES AG</u>
Postal Address	<u>SW</u>
Tel (H)	Tel (W)
Email	Cell <u>083 649 1958</u>
Donation R	Cash Card Eft Receipt No.

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: [Signature]

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 if age. Also see 'Conditions' on reversed side.

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.

Signature [Signature]

Witness for Society [Signature]

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

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date: _____

CN 31552

PN 51807

CONDITIONS / ORWAARDES

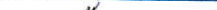
9. Die Eenaar: Winder gee hiermee afstand van eenaarskap van die dierse beskryf op die omgekeerde aan die DB/ om meer te handel volgens hulle diskresie op die begrip dat die Veranriging sal poeg om dit te plaas in 'n nuwe huis of indien nie in staat om dit te doen, effek van sy synchroes vermatiging.

2. 'indien, in die mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van' Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier wat aangebied word vir teelting wat so siek, ernstig beseer of in so 'n fisiese toestand is dat dit moet vir menslikaas redes vernietig word, die Vereniging die reg het om so 'n vernietiging te bewerkstellig deur geokeugerde menslikaas metodes.

3. Enige koste aan gegaan hierop is verschuldig en betaalbaar op aanvraag.

4. Die Vereniging sal nie 'n dier plaas wat nie gesteriliseer is nie

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Quantity used: _____ 24

Name: _____ Signature: _____ Date: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

Tel No (H): _____ Tel No (W): _____ Cell No: _____

Postal Address: _____

Email Address: _____

Donation / Charge for animal: _____ Cash/Cheque/ Card (Receipt No.) _____

ID / Passport / Pension No: _____

Vehicle Reg. No: _____

Signature _____ Witness for Society _____

Microchip / Collar	Yes	Microchip or	Date:
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Date: _____

MEDICAL RECORD

[illegible]