

ADMISSION, ASSESSMENT AND HISTORY RECORD

Cape of Good Hope



KENNEL No.				ADMISSION A 08103	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated
Date in	10/10/23		Time in	12:30	Date for release

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	12 OCT 2023
Microchip / Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	12 OCT 2023	Microchip or ID tag number	N/A	FINAL CHECK

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify) 52, B			
	Breed	X Breed		Colour and Markings	Brown	
	Condition	Eye discharge		Sex	M	Age Adult
	Temperament	Fair		Sterilisation details	Yes	Name
	Coat	matted	Tail	Long	Teeth Condition	Fair
	Area found/ collected from	Bellville			Date	10/10/23
	Reason for surrender Confiscated					

ASSESSMENT		Surrendered by		Name		Unknown
Found by		Residential Address		42 Van der Stel Street		
DO THEY:		Postal Address		Sunkist		
Children		Tel (H)		Tel (W)		Cell
Cats		Email		DISCHARGE		
Other Dogs		Donation R		Cash	Card	Eft
Livestock/ other		Receipt No.		JOTFORM		
DO THEY: Yes No		PLEASE INSIST ON A RECEIPT				
Jump Fences		Confiscated: OB No: 639/10/23 Case No: 149245 Inspector: Lee Pring				
Run Away		STATEMENT OF SURRENDER				
COMMENTS		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.				

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Signature	Witness for Society Lee

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

Claimed ☐ Adopted ☐ Euthanased ☒ Died ☐ Other ☐ On Date: 18-10-23

CONDITIONS / VOORWAARDES

1. The Owner/ Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If, in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder gee hiermee afstand van eienskap van die dier/e beskryf op die omgekeerde aan die DBV om meer te handel volgens hulle diskresie op die begrip dat die Vereniging sal poog om dit te plaas in 'n nuwe huis of, indien nie in staat om dit te doen, effek van sy pynloos vernietiging.

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 toelating wat so siek, ernstig beseer of in so 'n fisiese toestand is dat dit moet vir menslike redes vernietig word, die Vereniging die reg het om so 'n vernietiging te bewerkstellig deur goeiekeurde menslike metodes.

3. Enige koste aan gegaan hierop is verskuldig 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	18/10/23
Reason for Euthanasia N/S		

Euthanase Bottle No: 682 Quantity used: 40ml
 Name: DZILON Signature: [Signature] Date: 18.10.23

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) 16/10/23 @ 14:30 Spoke to Lee & Roslin
 Residential Address: the dog was not claimed yet. They confirm that the vet must decide.
 Tel No (H): _____ Tel No (W): _____ Cell No: _____
 Postal Address: _____
 Email Address: _____
 Donation / Charge for animal: _____
 ID / Passport / Pension No: _____
 Vehicle Reg. No: _____
 Signature: _____

PTS checklist

☒ Collar matches form

☒ Vet's signature

☒ Petrol Master's Signature

☒ Reason for PTS

☒ Lost & Found checked

☒ Cash/Cheque/ Card (Receipt No.)

☒ Scanned for microchip

☒ Species

☒ Breed

☒ Colour

☒ Sex

☒ Admission form completed in full?

Witness for Society
AWA Initial/Sign: [Signature] Date: _____

Microchip / Collar and ID tag given	Yes	No	Microchip or ID tag details
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MEDICAL RECORD

18 OCT 2023

-OWNER HAS NOT COME FORWARD TO CLAIM.

Date	Remarks	Treatment	Cost
11/10/23	Looks old, mild ocular discharge seen		
	Runny nose seen this am		
	H-BAR, laboured breathing present		
	CD test ⊕ normal + Serum ⊖ve		
	Poss. x-ray tomorrow.		
	Stiff limbs - struggling to rise and is overweight.		
	Int'lacorn 10am		

HOSPITAL TREATMENT SHEET					
Owner Name and Surname		Animal name	Confiscated	Sex	M / F
Contact number		Breed	XBRD	Sterilised	Y / N
Reason for treatment		Description	Brown black	Weight	kg
		Admission Nr	08103	Page Nr	

CLINICAL EXAMINATION ON ADMISSION			
Temp: Poor / Nil	Habitus:	Mucous Membranes:	Appetite: Good /
Vaccinated: Y / N	Vomiting: Y / N	Diarrhoea: Y / N / Bloody / Watery	Drinking: Y / N
Urinating: Y / N	Sterilised: Y / N	Last heat:	Skin:
Sneezing: Y / N	Coughing: Y / N	Eyes: Clear / Crusty / Watery	Ears: Clean / Dirty
Oral Cavity: Normal / Abnormal		Cardio-Vascular System: Normal / Abnormal	
Respiration: Normal / Abnormal	Genital: Normal / Abnormal	Locomotion/Musculoskeletal: Normal / Abnormal	

Diagnosis:

TREATMENT RECORD							
DATE	T	A	U	F	H	TREATMENT	PERSON
12/10/23		S	✓	✓	3+	H-DAR, STIFF on hind legs + Seems struggling to get up. POSS will need x-rays. appetite good Kraus VIX - HIPS + Abdomen + Spine Paracetamol 500mg tablet 10:22 Inflamapin eplepin 300 1.1.1 10:22 spondylitis @ lumbosacral junctions hyp dysplasia sore all along the spine	

LEGEND: T = Temperature, A = Appetite (1-5), U = Urine (yes/no), F = Faeces (yes/no), H (Habitus) = Behaviour

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TREATMENT RECORD

DATE	T	A	U	F	H	TREATMENT	PERSON
13/10/23		5	✓	0	3+	Limadyl 1.1mg/kg O/D for 30 days.	
						Epileptin 300mg tab BID for 30 days.	
						RTK with	
						Follow up tomorrow/over weekend and if he responds well to meds	
						our RTK	
						<i>Chronic</i>	
						Over weight, struggling to get up, laboured breathing present, seems like in lot of pain. Eating fine	
						Limadyl 10 am	
						Epileptin 10 am	
14/10/23		5	✓	0	3+	Still struggling to get up, laboured breathing present. appetite good	
						Limadyl 10 am 2/30	RTK
						Epileptin 10 am 2/30	
15/10/23		5	✓	✓	4	Seems doing better but still struggling to get up. appetite good. Passed normal stools. laboured breathing still present	ICL
						Limadyl 10 am	
						Epileptin 10 am	

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TREATMENT RECORD

DATE	T	A	U	F	H	TREATMENT	PERSON
12/10/23						mm pink hydra fine being well stool normal overweight dog Rimadyl ☒ 10mg Epleptin ☒ 10:00AM jw See prev. note → refer to head inspector. - Needs to be on a weight loss diet, joint support, and have heart examined in 2 weeks' time again (hr rapid but no murmur). jm	
18/10/23		3	v	v	S	mm pink hydra fine being well stool normal, overweight dog. Rimadyl ☐ epleptin ☐ ☐	
						Please ask head inspector to see case	
18 OCT 2023						OWNER HAS NOT COME FORWARD TO CLINIC. CAN PROCEED WITH PTS for Recommend for ethics is severe actin of spine is in heart failure is will need chronic med	

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