

© 2015 The McGraw-Hill Companies, Inc. **CONDITIONS / VOORWAARDES**

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.

1. Die Elenaar / Vinder gee hiermee afstand van eienaarskap 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. 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.

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 sleg, 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 goedgekeurde mediese metodes.

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

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

4 The Society will not home any animal unsterilised.

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			

Euthanase Bottle No: _____

Quantity used: _____

Name: _____ Signature: _____ Date: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) MR. D. CLAASSEN

Residential Address: 28 ISHACK ROAD GRASSY PARK

Tel No (H): _____ Tel No (W): _____ Cell No: 072 187 1162

Postal Address: AS ABOVE

Email Address: _____

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

ID / Passport / Pension No: 551125 5184 088

Vehicle Reg. No: 0 CA 3908

Signature [Signature] Witness for Society [Signature]

Microchip / Collar and ID tag given	Yes	Microchip or ID tag details	Date: 4/09/26
	No		

MEDICAL RECORD	
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