	"EMMA	1" M/C 990	000000153	8485 1 0481	
Issued to: (Name):	Bartona	200	STATES.	DOB:O3	
Address:	Owner Person 1478 MIRAT	in charge	Person appearing	ng to be in charge (circle one)	
On: (Date):	16TH DECE	MBER		Time: _/300 Helam	100)
•	n the property situated				_
My inspection indicat	ed: Disease and	<i>progr</i> essive	2 limb 1	ameness	
instructions, within the To take dog fai 20/12/19, in also for Emi	ne time specified for eating the specified for eating the specific me to be fully	ach action: (continued of nominates) A vis ciller Examines	ue on a supplementar I Vetesinavi II painseli I fos hea	comply with the following by sheet if necessary) The service pronder by ef medication but the status including and limbs lameness.	
· To follow ver	ternasian advice	e in relation	ball is	sues iclentified. I Veternay notes and NZ and Stratt. Davige sec	_
WITHIN 5 WOL	lung days of ve	ternary VIS	it		
inspection to vi	isit and inspect	dog within		ebue) a suddle time for	
	ntary sheets used (if any				-
	de to: MIKE, LOULAN	1		of MP/ISPCM/NZ Police*	
Office Telephone No:	092567300 (x7x)	8567) Mobi	le Telephone No	0123676301	-
	stney Road,	Mengele T.B.C. W		<i>f</i> - 1	-
A re-inspection will be r	made on or after (date):	MANA BELOW	Date instru	ction issued: 19/12/19	_ 1
Failure		ispector's instri of the Animal V		tes an offence under 99	
Signature of Inspecto	r: MIKE LOUL	ANTINE	M	Ref No: 302004	
	Inspector under the	Animal Welfare	Act 1999		
*delete as required (white copy for owner/person	in charge, yellow copy for ins	pector file, blue copy r	remains in book)		



SPCA Auckland Responsibilities

OWNER TO COMPLETE (Please	e use BLOCK	LETTERS)			
NAME					
FULL ADDRESS					
HOME TELEPHONE NUMBER		WORK TELEP	HONE NUMB	ER	
MOBILE TELEPHONE NUMBER		E-MAIL ADDI	RESS		
DATE OF BIRTH		ID TYPE and NUMBER			
ANIMAL'S NAME		SPECIES (E.g. Cat/Dog/Bird			
BREED		(Please tick)	MALE 🗆	FEMALE	
BREED			lease circle)		
COLOUR		AGE:	icase circle)	1237110	
WHAT AREA DID YOUR ANIMAL GO MISSING FROM (eg Street & Suburb)?					
PLEASE NOTE ANY IDENTIFICATION N	MARKS (eg scar	s, tattoos, colo	our markings	etc)?	
I, the undersigned have viewed t	the animal na	amed above	and verify	this is my missing animal. I	
understand that SPCA Auckland				animal is required to be	
registered under the Dog Control	Act 1996 sect	ion 42 (4) (b).		
Signature of Owner / Claimant:			Date:		
RECLAIM SURVEY: How did you find	out your anim	al was at the	Auckland SPC	۱?	
Pets on the net web site: YES / NO	Did you	call us:	YES / NO		
Did we call you: YES / NO How did	we find you (d	ircie one): mio	cro cnip regis	tration tag Council n/a.	
SPCA AUCKLAND TO COMPLET					
Drivers Licence/Passport Copy YES/NO	Current Regis	stration sighte	d YES / NO	Reclaim fee amount:	
Village Number:	Council Tag N	lumber:		Amount Paid:	
Microchip Number:	Council conta	acted:	YES / NO	Council Reference number	
990000001538485					
STAFF NAME AND SIGNATURE:					

·/-	ALEX"	M/C 93	400009011	07213	н U4	82
Issued to: (Name):	Phone Sa	Q.F.	DO	DB:	ra per lando	24.4
Address:	Owner 1478	Person in cha			in charge (circle	one)
On: (Date):		embel	,	1 -1 ,	ne: 1:00	m(pn)*
I inspected animals	on the property					
My inspection indicate Such Chanic Such Chanic Such Chanic Such Change Such Ch	un Disea	se; easly	athritis	of the elle	ow; mild	hip_
dyplacia	, ear injec	1 10/13			10 km	
In order to prevent o instructions, within t	r mitigate anim	al suffering, yo	u are hereby requ	ired to comply w	vith the following	3
Totale "a		4			200	by
FRI 3/1/2020	o for "ale	x" to be	fully esa	mined fol	health St	atus
encluding.	the items	11steel a	have from i	t's previou	s inspection	m .
· To follow Vete	Incion ou	lvice in re	lation to a	ll mues	identifica	(-
· a agreed on 1	6/12/19 with	SPCA to 1.	wide all	seternarian	notes and "	ukuchons
for this dog to		150	A.NZ and SAI	rah Davyes	PCA.NZ WITH	nn 5 work
days of voterin	My VISIT.	he is occasi	ace who con	t a dodo a s	ruste Wa d.	6100
· as also agre inspector visit to	complet to	a docust	The E instrum	diun of w	observier V	1070 41
The timekam	del to vi	set must h	re within 30	days of	ho veternary	WUT.
J	V		AIL	cought of h	e colorioty	VICT I
Number of supplemental Enquiries may be made	7.			o£ AADI/R	PCA NZ POIICE*	
Office Telephone No:	187					
	Vestary /	· ·	Monger.			
	J		L WITH OWNER		7	ý.
A re-inspection will be	made on or after	(date):	to Boudays Da	te instruction issu	ued: /9/12	119
Failure	e to comply wi	th an Inspect	or's instruction (constitutes an	offence under	
			Animal Welfare	/	2	_
Signature of Inspector			,		No: 302005	
	Inspector u	nder the Anima	Welfare Act 199	99		
*delete as required (white copy for owner/perso	n in charge, yellow c	opy for inspector file	e, blue copy remains in	book)		



SPCA Auckland Responsibilities

OWNER T		
NAME		
FULL ADDRESS		
	Rocal, Mangatangi	
1710 1111001001	Moet, The hope for the	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMB	ER
MOBILE TELEPHONE NUMBER	E-MAIL ADDRESS	Man Libra
DATE OF BIRTH	ID TYPE and NUMBER	grant com
DATE OF BIRTH	TO TIPE and NOWIBER	
ANIMAL'S NAME	SPECIES (E.g. Cat/Dog/Bird	
ALEIL		
BREED COMPANY Character	(Please tick) MALE	FEMALE 🗹
german snepne	DESEXED? (please circle)	YES /NO
COLOUR	AGE:	
BREED German Shaphe. COLOUR Black/tan		
WHAT AREA DID YOUR ANIMAL GO M		
DI FACE NIOTE ANIV IDENTIFICATION A	ADVS (an area to the area and are analysis as	-4-12
PLEASE NOTE ANY IDENTIFICATION IVI	ARKS (eg scars, tattoos, colour markings	etc):
I the undersigned have viewed th	ne animal named above and verify	this is my missing animal I
	will advise my local council if the	
registered under the Dog Control A		. ummu is required to be
		1.1.1.0
Signature of Owner / Claimant:		Date:/6/12/19
RECLAIM SURVEY: How did you find a	out your animal was at the Auckland SPC	
The state of the s	out your annual was at the Auckland St C.	Α:
Pets on the net web site: YES / NO	Did you call us: YES / NO	
Did we call you: YES / NO How did w	ve find you (circle one): micro chip regis	stration tag Council n/a.
The tree can your very tree more and the	te ma yea (an are evie). There evin region	oracion tag ocumen injur
SPCA AUCKLAND TO COMPLET		
Drivers Licence/Passport Copy YES/NO	Current Registration sighted YES / NO	Reclaim fee amount:
Village Number:	Council Tag Number:	Amount Paid:
Microchip Number: 93400096107213	Council contacted: YES / NO	Council Reference number
STACE NAME AND SIGNATURE.		

H UVS

"Fenta" M/C 900008800414558
Issued to: (Name):
Address: 1478 Milanda Road, Mangadangi
On: (Date): 16 12 Person in charge Person appearing to the charge Company
I inspected animals on the property situated at (address): 50 Westney Rocal, Mangare
My inspection indicated: Scree Chronic Eas diseane; shun disease
In order to prevent or mitigate animal suffering, you are hereby required to comply with the following instructions, within the time specified for each action: (continue on a supplementary sheet if necessary)
"Totale "Fenta" & you nominated veternation service provides by Fix i 3/1/2020
for "Fenta" to be fully examined for health status including the items
listed above from its perious injections.
· 70 foilor veternation advice in relation to all visues identified.
as agreed won spect on 16/12/19 you are provide all vetelinary notes and instructions for this dog to mixe. Lour Andringe spea. NZ & SARAH DAVIESPEA. Within 5 working days of Feste's veternary visit. Frusted as agreed you will alrange with the spea contacts a suitable time
and instructions for this dog to mike would singe spea NZ & SARAH DAVIESPOR.
within 5 walking days of reste's velephary visit.
· rushes as agreed you with alronge with the spea contacts a sustable Time
for inspection within 5 noviding days of the volumenan viset for them to attend an inspection of "Fertha" within 30 days of the volumery visit
Number of supplementary sheets used (if any)
Enquiries may be made to: MIKE- LOUGHTING OF MPH/SPCB/NZ Police*
Office Telephone No: 09 2567300 (GYTNOS67) Mobile Telephone No: 022 5676301
Address: 50 Westney Roed. Mangere
A re-inspection will be made on or after (date): Blostogg Date instruction issued: 19/12/19
Failure to comply with an Inspector's instruction constitutes an offence under
s130(2) of the Animal Welfare Act 1999
Signature of Inspector: MIKE VOULANTING M Ref No: 302 470
Inspector under the Animal Welfare Act 1999
*delete as required (white copy for owner/person in charge, yellow copy for inspector file, blue copy remains in book)



SPCA Auckland Responsibilities

FULL ADDRESS				
HOME TELEPHONE NUMBER	WORK TELEPHONE NUN	1BER		
MOBILE TELEPHONE NUMBER	E-MAIL ADDRESS			
DATE OF BIRTH	ID TYPE and NUMBER	ID TYPE and NUMBER		
ANIMAL'S NAME	SPECIES (E.g. Cat/Dog/B	ird		
BREED	(Please tick) MALE [FEMALE []		
J. C.	DESEXED? (please circle			
COLOUR	AGE:	•		
WHAT AREA DID YOUR ANIMAL GO	MISSING FROM (eg Street & Suburb)?			
PLEASE NOTE ANY IDENTIFICATION N	MARKS (eg scars, tattoos, colour marking	s etc)?		
, the undersigned have viewed t	the animal named above and verify will advise my local council if t	y this is my missing animal.		
, the undersigned have viewed to understand that SPCA Auckland egistered under the Dog Control	the animal named above and verify will advise my local council if t	y this is my missing animal. ne animal is required to b		
, the undersigned have viewed to understand that SPCA Auckland egistered under the Dog Control signature of Owner / Claimant:	the animal named above and verification will advise my local council if the Act 1996 section 42 (4) (b).	y this is my missing animal. ne animal is required to bDate:		
, the undersigned have viewed to understand that SPCA Auckland egistered under the Dog Control Signature of Owner / Claimant:	the animal named above and verification will advise my local council if the Act 1996 section 42 (4) (b).	y this is my missing animal. ne animal is required to b Date:		
the undersigned have viewed to inderstand that SPCA Auckland egistered under the Dog Control signature of Owner / Claimant:	the animal named above and verification will advise my local council if the Act 1996 section 42 (4) (b).	y this is my missing animal. ne animal is required to be Date: CA?		
the undersigned have viewed to inderstand that SPCA Auckland egistered under the Dog Control ignature of Owner / Claimant:	the animal named above and verification will advise my local council if the Act 1996 section 42 (4) (b). I out your animal was at the Auckland SP Did you call us: YES / N	y this is my missing animal. ne animal is required to be Date: CA?		
the undersigned have viewed to understand that SPCA Auckland egistered under the Dog Control signature of Owner / Claimant:	the animal named above and verification will advise my local council if the Act 1996 section 42 (4) (b). I out your animal was at the Auckland SP Did you call us: YES / N	this is my missing animal. ne animal is required to b Date: CA? CA? Gistration tag Council n/a.		
the undersigned have viewed to inderstand that SPCA Auckland egistered under the Dog Control signature of Owner / Claimant:	the animal named above and verification will advise my local council if the Act 1996 section 42 (4) (b). I out your animal was at the Auckland SP Did you call us: YES / Nowe find you (circle one): micro chip reposition.	this is my missing animal. ne animal is required to b Date: CA? O gistration tag Council n/a.		

Pursuant to section 130(1)(b) - Animal Welfare Act 1999

H

Issued to: (Name):
Owner Person in charge Person appearing to be in charge (circle one) Address: 1478 Millanda Road. Mongalay I
On: (Date): 16 /12/19 Time: 1.00 ampri
I inspected animals on the property situated at (address): 50 Westney Novel, Mongele
My inspection indicated:) mild femosou head flattening; mildly dysplastic right hip
In order to prevent or mitigate animal suffering, you are hereby required to comply with the following instructions, within the time specified for each action: (continue on a supplementary sheet if necessary) To take "Xera" to your normated Vefernary service poncled within and before Fai 3/1/2020 for "Xera" to be fully examined for health status industries them I steed above (*) from previous inspections
. To follow veternary advice in relation to all nones identified by you v
as egreed on 16/12/19 with SPCA you are to provide ALL vetermary notes one instructions for "Xera" to MIKE. LOWANTING @SPCA. and SARAH DAVY @SPCA. NZ WIT
5 wolking days of "Xera's veterinary visit.
· further as agreed with you will allonge a time with the spa control
for inspection within I willing dup of the veterinary visit for on
Number of supplementary sheets used (if any) NIL
Enquiries may be made to: MIKE LOULANTING of AMPROPRIATION OF AMPROPRIATIO
Office Telephone No: 01 1567300 (Exth 867) Mobile Telephone No: 022 567630 1
Address: 50 Westhay Road, Mangere
A re-inspection will be made on or after (date): Date instruction issued: 19/12/19
Failure to comply with an Inspector's instruction constitutes an offence under
Signature of Inspector: 130(2) of the Animal Welfare Act 1999 Ref No: 301800
Inspector under the Animal Welfare Act 1999
*delete as required (white copy for owner/person in charge, yellow copy for inspector file, blue copy remains in book)



SPCA Auckland Responsibilities

FULL ADDRESS				
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER			
MOBILE TELEPHONE NUMBER	E-MAIL ADDRESS			
DATE OF BIRTH	ID TYPE and NUMBER	ID TYPE and NUMBER		
ANIMAL'S NAME	SPECIES (E.g. Cat/Dog/Bird			
BREED	(Please tick) MALE FE	(Please tick) MALE FEMALE		
	DESEXED? (please circle) YE	S / NO		
COLOUR	AGE:			
WHAT AREA DID YOUR ANIMAL GO	AISSING FROM (eg Street & Suburb)?			
PLEASE NOTE ANY IDENTIFICATION N	MARKS (eg scars, tattoos, colour markings etc)?			
, the undersigned have viewed t understand that SPCA Auckland egistered under the Dog Control	he animal named above and verify this will advise my local council if the an Act 1996 section 42 (4) (b).	is my missing anima imal is required to		
, the undersigned have viewed to understand that SPCA Auckland registered under the Dog Control Signature of Owner / Claimant:	he animal named above and verify this will advise my local council if the an Act 1996 section 42 (4) (b).	is my missing anima		
the undersigned have viewed to understand that SPCA Auckland registered under the Dog Control Signature of Owner / Claimant:	he animal named above and verify this will advise my local council if the an Act 1996 section 42 (4) (b).	is my missing animalimal is required to Date: 14/12/19		
the undersigned have viewed to understand that SPCA Auckland registered under the Dog Control of Signature of Owner / Claimant:	he animal named above and verify this will advise my local council if the an Act 1996 section 42 (4) (b). Out your animal was at the Auckland SPCA? Did you call us: YES / NO	is my missing animalimal is required to Date: 14/12/19		
the undersigned have viewed to understand that SPCA Auckland registered under the Dog Control of Signature of Owner / Claimant:	he animal named above and verify this will advise my local council if the an Act 1996 section 42 (4) (b). Out your animal was at the Auckland SPCA? Did you call us: YES / NO we find you (circle one): micro chip registrati	is my missing animalimal is required to Date: 14/12/19		
the undersigned have viewed to understand that SPCA Auckland registered under the Dog Control signature of Owner / Claimant:	he animal named above and verify this will advise my local council if the an Act 1996 section 42 (4) (b). Out your animal was at the Auckland SPCA? Did you call us: YES / NO we find you (circle one): micro chip registrati	is my missing animalimal is required to Date: 14/12/19 Ion tag Council n/a.		

"Hobby" M/C 900008800414712	н 0485
	DOB: be in charge, (circle one)
On: (Date): 16/12/19	Time: /·OD ampn
I inspected animals on the property situated at (address): 50 Westney Rocel. Mengere	
My inspection indicated: Chronic Eal disease, hip and Elbow cond	reins
In order to prevent or mitigate animal suffering, you are hereby required to compinstructions, within the time specified for each action: (continue on a supplementary sheet To take "Hobby" to your normated Vefelinary serves for itoby" to be fully enamined for health status in lisked above (*) from its persons in prections.	et if necessary)
· To follow veter naran advice in relation to all inves i	J
as agreed with pathes on 16/12/19 you are to provide at	aloh Davies pod NZ
when I working days of "Hobby's" volumeran visit.	
of lobby wanin 5 days of "Hobbys" veternary visit and	trad inspection visit
Is to take place when 30 days of the same vete	Divary VISH.
Number of supplementary sheets used (if any)	DIKDONNIZ DAVIA
Office Telephone No: 19 256 300 (com \$67) Mobile Telephone No: 1	PISPCANZ Police*
Address: 50 westness Roll Mengue	
TBC with /By	
A re-inspection will be made on or after (date): Dunce Date instruction	issued: 19/12/19
Failure to comply with an Inspector's instruction constitutes	an offence under
s130(2) of the Animal Welfare Act 1999	9 0 -
Signature of Inspector: MILE LOUISING	Ref No: 302006
Inspector under the Animal Welfare Act 1999	
*delete as required (white copy for owner/person in charge, yellow copy for inspector file, blue copy remains in book)	



SPCA Auckland Responsibilities

DUNCE TO COMPLETE IPHAS	use Brakes (STI)			
NAME				
FULL ADDRESS	X			
HOME TELEPHONE NUMBER	WOR	TELEPHONE NUME	BER	
MOBILE TELEPHONE NUMBER		L ADDRESS		
DATE OF BIRTH		ID TYPE and NUMBER		
ANIMAL'S NAME	SDECI	ES (E.g. Cat/Dog/Bird	4	
HOBBY	SPECI	ES (E.g. Cat/Dog/Birt	.	
BREED	(Pleas	e tick) MALE	FEMALE	
	DESEX	(ED? (please circle)	YES / NO	
COLOUR	AGE:			
WHAT AREA DID YOUR ANIMAL GO	//ISSING FROM (eg Str	eet & Suburb)?		
PLEASE NOTE ANY IDENTIFICATION N	MARKS (eg scars, tatto	os, colour markings	etc)?	
I, the undersigned have viewed to understand that SPCA Auckland registered under the Dog Control Signature of Owner / Claimant:	will advise my lo Act 1996 section 42	cal council if the		
RECLAIM SURVEY: How did you find	out your animal was	at the Auckland SPC	A.?	
Pets on the net web site: YES / NO	Did you call us:	YES / NO)	
Did we call you: YES / NO How did	we find you (circle or	e): micro chip regi	stration tag Council n/a.	
SPEA ALICHEANN TO COMPLE		T-SUNDING.		
Drivers Licence/Passport Copy YES/NO	Current Registration	sighted YES / NO	Reclaim fee amount:	
Village Number: 302006	Council Tag Number	:	Amount Paid:	
Microchip Number: 9600 (188004) 4712	Council contacted:	YES / NO	Council Reference number	
STATE NAME AND SIGNATURE.				