

AWS 130 INSTRUCTION TO PREVENT OR MITIGATE SUFFERING

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

"EMMA" M/C 990000001538485

H 0481

Issued to: (Name): Emma DOB: 0 3
Owner Person in charge Person appearing to be in charge (circle one)
Address: 1478 MIRANDA ROAD, MANGATANGI
On: (Date): 16TH DECEMBER Time: 1300 hrs am

I inspected animals on the property situated at (address):
50 WESTNEY ROAD, MANGERE

My inspection indicated:
SKIN Disease and progressive limb lameness

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 dog "EMMA" to your nominated veterinarian service provider by Fri 20/12/19, in part to review it's current pain relief medication but also for Emma to be fully examined for health status including identified issues including skin disease and limb lameness.
- To follow veterinarian advice in relation to all issues identified.
- As agreed on 16/12/19 with the SPCA - To provide all veterinary notes and instructions for this dog to MIKE LOULANTING@SPCA.NZ and SARAH.DAVEY@SPCA.NZ within 5 working days of veterinary visit.
- As also agreed on 16/12/19 to arrange with SPCA (as above) a suitable time for an inspection to visit and inspect dog within 5 working days of visit to vet. (within 30 days)

Number of supplementary sheets used (if any) NIL

Enquiries may be made to: MIKE LOULANTING of MP/SPCA/NZ Police*

Office Telephone No: 09 256 7300 (ext 8567) Mobile Telephone No: 022 5676 301

Address: 50 Westney Road, Mangere

T.B.C. with owner

A re-inspection will be made on or after (date): 19/12/19 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 LOULANTING Ref No: 302004

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)

ANIMAL RECLAIM FORM

SPCA Auckland Responsibilities

All Information below must be supplied by the Owner or Owner's Representative. Every endeavour must be made by SPCA Auckland to establish a bona fide claim before any action is taken to release an animal. If there is any doubt, the claim is to be referred to the Senior Manager. **A Driver's Licence or Passport must be produced by the Owner for verification of Name and Address.**

OWNER TO COMPLETE (Please use BLOCK LETTERS)

NAME

FULL ADDRESS

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

E-MAIL ADDRESS

DATE OF BIRTH

ID TYPE and NUMBER

ANIMAL'S NAME

EMMA

SPECIES (E.g. Cat/Dog/Bird)

BREED

(Please tick) MALE ☐ FEMALE ☐

DESEXED? (please circle) YES / NO

COLOUR

AGE:

WHAT AREA DID YOUR ANIMAL GO MISSING FROM (eg Street & Suburb)?

PLEASE NOTE ANY IDENTIFICATION MARKS (eg scars, tattoos, colour markings etc)?

I, the undersigned have viewed the animal named above and verify this is my missing animal. I understand that SPCA Auckland will advise my local council if the animal is required to be registered under the Dog Control Act 1996 section 42 (4) (b).

Signature of Owner / Claimant: _____ Date: _____

RECLAIM SURVEY: How did you find out your animal was at the Auckland SPCA?

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 one): micro chip registration tag Council n/a.

SPCA AUCKLAND TO COMPLETE

Drivers Licence/Passport Copy YES/NO

Current Registration sighted YES / NO

Reclaim fee amount:

Village Number:

302004

Council Tag Number:

Amount Paid:

Microchip Number:

990000001538485

Council contacted:

YES / NO

Council Reference number

STAFF NAME AND SIGNATURE: _____

AWS 130 INSTRUCTION TO PREVENT OR MITIGATE SUFFERING

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

"ALEX" M/C 934000090107213

H 0482

Issued to: (Name):

DOB:

Owner

Person in charge

Person appearing to be in charge (circle one)

Address: 1478 MIRANDA ROAD, MANGATANGI

On: (Date): 16 December 2019

Time: 1:00

am/pm

I inspected animals on the property situated at (address):

50 Westney Road, Mangere

My inspection indicated:

* Chronic Skin Disease; early arthritis of the elbow; mild hip dysplasia; ear infections

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 "Alex" to your nominated veterinarian service provider by Fri 3/1/2020 for "Alex" to be fully examined for health status including the items listed above from it's previous inspection.
- To follow veterinarian advice in relation to all issues identified.
- As agreed on 16/12/19 with SPCA to provide all veterinarian notes and instructions for this dog to MIKE LOULANTING@SPCA.NZ and Sarah.Davy@SPCA.NZ within 5 working days of veterinary visit.
- As also agreed on 16/12/19 to arrange with SPCA contacts a suitable time for an inspector visit to inspect the dog within 5 working days of veterinarian visit. The timeframe for the visit must be within 30 days of the veterinary visit.

Number of supplementary sheets used (if any): NIL

Enquiries may be made to: MIKE LOULANTING

of MPI/SPCA/NZ Police*

Office Telephone No: 09 256 7300 (EXTN 8867) Mobile Telephone No: 022 5676301

Address: 50 Westney Road, Mangere.

TBL WITH OWNER

A re-inspection will be made on or after (date): 19/12/19 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 LOULANTING

Ref No: 302005

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)

ANIMAL RECLAIM FORM

SPCA Auckland Responsibilities

All Information below must be supplied by the Owner or Owner's Representative. Every endeavour must be made by SPCA Auckland to establish a bona fide claim before any action is taken to release an animal. If there is any doubt, the claim is to be referred to the Senior Manager. **A Driver's Licence or Passport must be produced by the Owner for verification of Name and Address.**

OWNER	
NAME	
FULL ADDRESS <i>1478 Miranda Road, Mangatangi</i>	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
MOBILE TELEPHONE NUMBER	E-MAIL ADDRESS <i>info@gmail.com</i>
DATE OF BIRTH	ID TYPE and NUMBER

ANIMAL'S NAME <i>Alex</i>	SPECIES (E.g. Cat/Dog/Bird)
BREED <i>German Shepherd</i>	(Please tick) MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>
COLOUR <i>Black/White</i>	DESEXED? (please circle) YES / <u>NO</u>
WHAT AREA DID YOUR ANIMAL GO MISSING FROM (eg Street & Suburb)?	
PLEASE NOTE ANY IDENTIFICATION MARKS (eg scars, tattoos, colour markings etc)?	

I, the undersigned have viewed the animal named above and verify this is my missing animal. I understand that SPCA Auckland will advise my local council if the animal is required to be registered under the Dog Control Act 1996 section 42 (4) (b).

Signature of Owner / Claimant: _____ Date: *16/12/19*

RECLAIM SURVEY: How did you find out your animal was at the Auckland SPCA?	
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 one): micro chip registration tag Council n/a.	

SPCA AUCKLAND TO COMPLETE		
Drivers Licence/Passport Copy YES/NO	Current Registration sighted YES / NO	Reclaim fee amount:
Village Number: <i>302005</i>	Council Tag Number:	Amount Paid:
Microchip Number: <i>934000096107213</i>	Council contacted: YES / NO	Council Reference number

STAFF NAME AND SIGNATURE: _____

AWS 130 INSTRUCTION TO PREVENT OR MITIGATE SUFFERING

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

"Fenta" M/C 900008800414558

H 0483

Issued to: (Name):

Owner

Address:

1478 Miranda Road, Mangere

On:

(Date):

16/12/19

Person in charge

Person appearing to be in charge

Time: 10:00

Am/pm

I inspected animals on the property situated at (address):

50 Westney Road, Mangere

My inspection indicated:

⊗ Severe Chronic Ear disease; skin 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)

• To take "Fenta" to your nominated veterinary service provider by Fri 31/12/2020 for "Fenta" to be fully examined for health status including the items listed above ⊗ from its previous inspections.

• To follow veterinary advice in relation to all issues identified.

• As agreed with SPCA on 16/12/19 you are to provide all veterinary notes and instructions for this dog to MIKE.LOULASTING@SPCA.NZ & SARAH.DAVID@SPCA.NZ within 5 working days of Fenta's veterinary visit.

• Further as agreed you will arrange with the SPCA contacts a suitable time for an inspection within 5 working days of the veterinary visit for them to attend an inspection of "Fenta" within 30 days of the veterinary visit.

Number of supplementary sheets used (if any) NIL

Enquiries may be made to: MIKE.LOULASTING or MPI/SPCA/NZ Police*

Office Telephone No: 09 2567300 (ext 8867) Mobile Telephone No: 022 5676301

Address: 50 Westney Road, Mangere

TBC WITH OWNER

A re-inspection will be made on or after (date): 18/01/20 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 LOULASTING

Ref No: 302470

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)



ANIMAL RECLAIM FORM

SPCA Auckland Responsibilities

All Information below must be supplied by the Owner or Owner's Representative. Every endeavour must be made by SPCA Auckland to establish a bona fide claim before any action is taken to release an animal. If there is any doubt, the claim is to be referred to the Senior Manager. **A Driver's Licence or Passport must be produced by the Owner for verification of Name and Address.**

OWNER TO COMPLETE (PRINT IN BLOCK LETTERS)	
NAME	
FULL ADDRESS	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
MOBILE TELEPHONE NUMBER	E-MAIL ADDRESS
DATE OF BIRTH	ID TYPE and NUMBER

ANIMAL'S NAME <i>FENTA</i>	SPECIES (E.g. Cat/Dog/Bird)
BREED	(Please tick) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DESEXED? (please circle) YES / NO
COLOUR	AGE:
WHAT AREA DID YOUR ANIMAL GO MISSING FROM (eg Street & Suburb)?	
PLEASE NOTE ANY IDENTIFICATION MARKS (eg scars, tattoos, colour markings etc)?	

I, the undersigned have viewed the animal named above and verify this is my missing animal. I understand that SPCA Auckland will advise my local council if the animal is required to be registered under the Dog Control Act 1996 section 42 (4) (b).

Signature of Owner / Claimant: _____ Date: _____

RECLAIM SURVEY: How did you find out your animal was at the Auckland SPCA?	
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 one): micro chip registration tag Council n/a.	

SPCA AUCKLAND TO COMPLETE		
Drivers Licence/Passport Copy YES/NO	Current Registration sighted YES / NO	Reclaim fee amount:
Village Number: <i>302470</i>	Council Tag Number:	Amount Paid:
Microchip Number: <i>9 00008800414558</i>	Council contacted: YES / NO	Council Reference number

STAFF NAME AND SIGNATURE: _____

AWS 130 INSTRUCTION TO PREVENT OR MITIGATE SUFFERING

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 Miranda Road, Mangatangi

On: (Date): 16/12/19 Time: 1.00 am (pm)*

I inspected animals on the property situated at (address):

50 Westney Road, Mangere

My inspection indicated:

(*) mild femoral 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 "Xena" to your nominated veterinary service provider within and before Fri 31/12/2020 for "Xena" to be fully examined for health status including the items listed above (*) from previous inspections

* To follow veterinary advice in relation to all issues identified by your vet.

* As agreed on 16/12/19 with SPCA you are to provide ALL veterinary notes and instructions for "Xena" to MIKE.LOULASTING@SPCA. and SARAH.DAIVE@SPCA.NZ within 5 working days of "Xena's" veterinary visit.

* Further as agreed with you, you will arrange a time with the SPCA contacts for an inspection within 5 working days of the veterinary visit for an inspection of "Xena" within 30 days of the veterinary visit.

Number of supplementary sheets used (if any) NIL

Enquiries may be made to: MIKE LOULASTING of NPT/SPCA/NZ Police*

Office Telephone No: 09 2567300 (Ext 8867) Mobile Telephone No: 022 5676301

Address: 50 Westney Road, Mangere

A re-inspection will be made on or after (date): TBC with OWNER 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 LOULASTING 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)

ANIMAL RECLAIM FORM

SPCA Auckland Responsibilities

All Information below must be supplied by the Owner or Owner's Representative. Every endeavour must be made by SPCA Auckland to establish a bona fide claim before any action is taken to release an animal. If there is any doubt, the claim is to be referred to the Senior Manager. **A Driver's Licence or Passport must be produced by the Owner for verification of Name and Address.**

OWNER TO COMPLETE (PLEASE USE BLOCK LETTERS)	
NAME	
FULL ADDRESS	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
MOBILE TELEPHONE NUMBER	E-MAIL ADDRESS
DATE OF BIRTH	ID TYPE and NUMBER

ANIMAL'S NAME <i>Xena</i>	SPECIES (E.g. Cat/Dog/Bird)
BREED	(Please tick) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DESEXED? (please circle) YES / NO
COLOUR	AGE:
WHAT AREA DID YOUR ANIMAL GO MISSING FROM (eg Street & Suburb)?	
PLEASE NOTE ANY IDENTIFICATION MARKS (eg scars, tattoos, colour markings etc)?	

I, the undersigned have viewed the animal named above and verify this is my missing animal. I understand that SPCA Auckland will advise my local council if the animal is required to be registered under the Dog Control Act 1996 section 42 (4) (b).

Signature of Owner / Claimant: *X* Date: *16/12/19*

RECLAIM SURVEY: How did you find out your animal was at the Auckland SPCA?	
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 one): micro chip registration tag Council n/a.	

SPCA AUCKLAND TO COMPLETE		
Drivers Licence/Passport Copy YES/NO	Current Registration sighted YES / NO	Reclaim fee amount:
Village Number: <i>301800</i>	Council Tag Number:	Amount Paid:
Microchip Number: <i>900108001577500</i>	Council contacted: YES / NO	Council Reference number

STAFF NAME AND SIGNATURE: _____

AWS 130 INSTRUCTION TO PREVENT OR MITIGATE SUFFERING

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

H 0485

"Hobby" M/C 900008800414712

Issued to: (Name):

~~Owner~~ ~~Person in charge~~ ~~Person appearing to be in charge~~

DOB:

Address:

1478 Miranda Road, Mangere

On:

(Date):

16/12/19

Time:

1.00 am/pm*

I inspected animals on the property situated at (address):

50 Westney Road, Mangere

My inspection indicated:

* Chronic Ear disease; hip and Elbow concerns

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 "Hobby" to your nominated Veterinary service provider by Fri 31/20 for "Hobby" to be fully examined for health status including the items listed above (*) from its previous inspections.

* To follow veterinary advice in relation to all issues identified.

As agreed with parties on 16/12/19 you are to provide all veterinary notes and instructions for "Hobby" to MIKE LAMONTAG@SPCA.NZ and Sarah-Davies@SPCA.NZ within 5 working days of "Hobby's" veterinary visit.

Further as agreed above, you will arrange for an inspection (using contacts above) of "Hobby" within 5 days of "Hobby's" veterinary visit and that inspection visit is to take place within 30 days of the same veterinary visit.

Number of supplementary sheets used (if any)

NIL

Enquiries may be made to:

MIKE LAMONTAG

of MPI/SPCA/NZ Police*

Office Telephone No:

09 256 2300

(ext 567)

Mobile Telephone No:

022 5276301

Address:

50 Westney Road, Mangere

TBC with/by

A re-inspection will be made on or after (date):

owner

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 LAMONTAG

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)



ANIMAL RECLAIM FORM

SPCA Auckland Responsibilities

All Information below must be supplied by the Owner or Owner's Representative. Every endeavour must be made by SPCA Auckland to establish a bona fide claim before any action is taken to release an animal. If there is any doubt, the claim is to be referred to the Senior Manager. **A Driver's Licence or Passport must be produced by the Owner for verification of Name and Address.**

OWNER TO COMPLETE (Please use BLOCK LETTERS)	
NAME	
FULL ADDRESS	
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
MOBILE TELEPHONE NUMBER	E-MAIL ADDRESS
DATE OF BIRTH	ID TYPE and NUMBER

ANIMAL'S NAME <i>HOBBY</i>	SPECIES (E.g. Cat/Dog/Bird)
BREED	(Please tick) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> DESEXED? (please circle) YES / NO
COLOUR	AGE:
WHAT AREA DID YOUR ANIMAL GO MISSING FROM (eg Street & Suburb)?	
PLEASE NOTE ANY IDENTIFICATION MARKS (eg scars, tattoos, colour markings etc)?	

I, the undersigned have viewed the animal named above and verify this is my missing animal. I understand that SPCA Auckland will advise my local council if the animal is required to be registered under the Dog Control Act 1996 section 42 (4) (b).

Signature of Owner / Claimant: _____ Date: *16/12/19*

RECLAIM SURVEY: How did you find out your animal was at the Auckland SPCA?	
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 one): micro chip registration tag Council n/a.	

SPCA AUCKLAND TO COMPLETE		
Drivers Licence/Passport Copy YES/NO	Current Registration sighted YES / NO	Reclaim fee amount:
Village Number: <i>302006</i>	Council Tag Number:	Amount Paid:
Microchip Number: <i>96000880044712</i>	Council contacted: YES / NO	Council Reference number

STAFF NAME AND SIGNATURE: _____