ADOPTION CHECKLIST

ADMISSION NO: MBY 10103

CONTRACT NO: MA 0295.

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Came in already done
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000645836

Adoptee INFO:

Name & Surname: Ann-Mari Jurd-Schnugh

Contact INFO: 072 492 5578

30/04/26.

Completed by: _____ Date: 30/04/26

Manager: _____ Date: 30/4/26

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of inspection	Date of inspection

This checklist must be completed and attached to the front of every adoption that has been processes.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof of residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Zandria Kriel.

HOME ADDRESS: 11 Flamink Singel, Outeniqua Strand

Groot Brak ID NO.: 8606180144087

POSTAL ADDRESS: –

TEL NO (H): – (B): 082 789 8271

CELL NO: 072 606 3550 FAX NO: –

E-MAIL: krielra@telkomsa.net

Address where animal will be kept: 11 Flamink Singel, Outeniqua Strand

Reason for wanting an animal: love, Comforting, Caring, best friend

Occupation: Beauty Therapist

Do you own or rent your property: own Do you have consent from owner / Body Corporate? Yes

Are you a student with consent to keep pets? YES/~~NO~~

Reason for wanting an animal: love, Comforting, Caring, best friend.

Is the animal for yourself? ~~YES~~/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/~~NO~~

What breed of dog or cat are you interested in? Small breed dog for House

Can you afford private veterinary fees? Yes Who is your vet? Vetcare Animal Clinic

How many animals live on your property DOGS _____ CATS _____ OTHER 2 Parrots

What are the sexes of your animals? DOGS: Male – Female – CATS : Male – Female –

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned over the past 3 years? DOGS None CATS None OTHER None

Which animals do you still have, and what happened to the others? 1 Parrot

Is your property fenced and has a proper gate? Yes Will you chain/cage an animal? No

Full description of the fencing and gate: Back Yard 2 Gates Height: 2m

What shelter is provided : OUTDOORS – KENNEL – OTHER Indoor

Have you previously had pets from an SPCA? No Are there children under the 10 years in your household? No

Pre Home Inspection Fee: _____ Receipt No.: _____

Declaration: The above information is true and correct

I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT Kriel **Date of application** 24/4/2026

→ Will be kept mostly in the house and will take him personally for walks everyday

GARDEN ROUTE SPCA
MBY 10103

Cape of Good Hope

ADMISSION No | GARDEN ROUTE SPCA - ...

PRE AND POST HOME INSPECTION FORM

PASSED: (YES) / NO DATE UNDERTAKEN: 16-04-2026 TIME: 10:34

NAME OF APPLICANT: Ann-Mari Jurd-Schnugh
ADDRESS: 4 Bothwell Pass Close
Tokai Cape Town
HOME TEL No: CELL No: 0724925578
ANIMAL(S) ADOPTING: Dog
SEX: Male/Female AGE: Young

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence: Brick walls,Vibracrete and Wooden Fencing		Height of fence: Approximately 1,8 m high	
Any sign of Kennel/Shelter?	YES (O)/ NO ☐	Any sign of Chain/Runner?	YES ☐ / NO (O)
Is the front yard separated from the back?	YES (O)/ NO ☐	If yes, what partitioning? House and	Security gates.
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO (O)	Specify:	
Does applicant live at the address?	YES (O)/ NO ☐	How many animals are on the property? 2	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED	Dachshund	Dachshund			
SEX	Male	Female			
AGE	Adult	Adult			
STERILISED	Yes	Yes			

OTHER INFORMATION / COMMENTS
Property is completely enclosed and very well secured; Applicant is renting and has consent from the landlord. Current dogs are in good condition and are well taken care of and sleep indoors. No reservations at all.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☑ **SMALL DOGS**
- ☑ **MEDIUM DOGS**
- ☐ **LARGE DOGS**
- ☐ **CATS**
- ☐ **EQUINE**
- ☐ **OTHER (specify)** _____

INSPECTED BY: Mark Levendal **SPCA:** CAPE OF GOOD HOPE **SIGNATURE:** _____

Signed at:
2026-04-16 10:41:39

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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1

I.D.No. 800406 0117 08 6

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
JURD

VOORNAME/FORENAMES
ANN-MARI

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBOORTEDATUM/
DATE OF BIRTH
1980-04-06

DATUM UITGEREIK
DATE ISSUED
2004-02-12

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

Butch.

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof for residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/~~Mrs~~/Ms (including initials): Ann - Mari Jurd-Schnugh

HOME ADDRESS: 4 Bothwell Close, Tokai, 7966, Cape Town

ID NO.: 8004060 1170 86

POSTAL ADDRESS: 23 Lenie Street, Kirstenhof, 7945

TEL NO (H): – (B): –

CELL NO: 072 492 5578 FAX NO: –

EMAIL: ajurd@hotmail.com

Address where animal will be kept: 4 Bothwell Close, Tokai, 7966, Cape Town

Occupation: Bookkeeper

Do you own or rent your property: Rent Do you have consent from owner / Body Corporate? Yes

Are you a student with consent to keep pets: YES/~~NO~~

Reason for wanting animal: To help Butch have a comfortable retirement - not in a kennel and to shower him with lots of love, walkies, cuddles, nice warm food and a nice warm bed.

Is the animal for yourself? ~~YES~~/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Billiary YES/~~NO~~

What breed of dog or cat are you interested in? Chihuahua

Can you afford private fees? Yes Who is your vet? Noordhoek Vet

How many animals live on the property? DOGS? 2 CATS? _____ OTHERS _____

What are the sexes of your animals? DOGS: Male 1 Female 1 CATS: Male _____ Female _____

Are all your animals sterilised? Give details Yes

How many dogs and cats have you owned in the last 3 years? DOGS? 3 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? 1 passed away

Is your property fenced and has a proper gate? Yes Will you chain/ an animal? Not at all!

Full description of the fencing and gate: Enclosed garden Height: 2 M

What shelter is provided: OUTDOORS – KENNEL – OTHER Indoors

Have you previously had pets from an SPCA? NO Are there children under 10 in your household? NO

Pre Home Inspection Fee: R100 Receipt No: 9970

Declaration: The above information is true and correct
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT _____ **Date of application** 14/04/2026

FNB Verified Statement 15/04/2026

Reference Number: SMTPM0CAE3F8

To verify this statement, please keep the above reference number and the client's ID number/business account number on hand. Visit www.fnb.co.za, select Contact us > Tools on the menu, followed by Verify Statement and follow the on-screen instructions. The reference number is valid for a minimum of 3 months.

15 APR 2026

Statements
250-655

P O Box 1834
Sun Valley 7975
Street Address Long Beach
Shop G73 Longbeach Mall Shopping Centre
Universal Branch Code 250655
fnb.co.za
Lost Cards 087-575-9406
Account Enquiries 087-575-9404
Fraud 087-575-9444
(087) 577-7000

BBST143 029486
MRS ANN-MARI JURD-SCHNUGH
23 LENTE ST
KIRSTENHOF
7945

Customer VAT Registration Number Not Provided
Bank VAT Registration Number 4210102051

FNB Fusion Premier Account : 62476942117

Tax Invoice/Statement Number : 143
Statement Period : 28 February 2026 to 30 March 2026
Statement Date : 30 March 2026

Statement Balances

Op[redacted]	4[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
Clo[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
# Inclusive of VAT @ 15.00%	4[redacted]				
Tot[redacted]	4[redacted]				

Tra[redacted]

Dat	D[redacted]	[redacted]nt	[redacted]ce	[redacted]ued [redacted]ank [redacted]ges
28 F[redacted]	Service Fees #Int Pymt Fee-59.99 Apple	[redacted]50	[redacted]7Cr	
02 N[redacted]	Service Fees #Int Pymt Fee-69.99 Apple	[redacted]75	[redacted]2Cr	
02 N[redacted]	Service Fees #Eft Charge-FNB To Other	[redacted]00	[redacted]2Cr	
02 N[redacted]	[redacted]	[redacted]00	[redacted]2Cr	[redacted]3.30
02 N[redacted]	[redacted]	[redacted]00	[redacted]2Cr	
02 N[redacted]	[redacted]	[redacted]Cr	[redacted]2Cr	
02 N[redacted]	[redacted]	[redacted]00	[redacted]2Cr	
02 N[redacted]	[redacted]	[redacted]99	[redacted]3Cr	
03 M[redacted]	[redacted]	[redacted]87	[redacted]5Cr	
03 M[redacted]	[redacted]	[redacted]52	[redacted]4Cr	
03 M[redacted]	[redacted]	[redacted]99	[redacted]5Cr	
03 M[redacted]	[redacted]	[redacted]89	[redacted].54	
04 M[redacted]	[redacted]	[redacted]94	[redacted].48	
04 M[redacted]	431835 2566 02 Mar	[redacted]94	[redacted].42	
04 M[redacted]	[redacted]	[redacted]00Cr	[redacted]3Cr	
04 M[redacted]	[redacted]	[redacted]67	[redacted]1Cr	
04 M[redacted]	[redacted] Mar	[redacted]	[redacted]1Cr	
05 M[redacted]	431835******2566	[redacted]Cr	[redacted]5Cr	
05 M[redacted]	[redacted]	[redacted]Cr	[redacted]5Cr	
05 M[redacted]	[redacted]	[redacted]Cr	[redacted]5Cr	
05 M[redacted]	[redacted]	[redacted]Cr	[redacted]5Cr	
05 M[redacted]	[redacted]	[redacted]00Cr	[redacted]5Cr	
05 M[redacted]	[redacted]	[redacted]00	[redacted]5Cr	
05 M[redacted]	[redacted]	[redacted]32	[redacted]3Cr	
06 Mar	POS Purchase Pp *Yaga	221.19	4,059.34Cr	

XS2FNO:62476942117

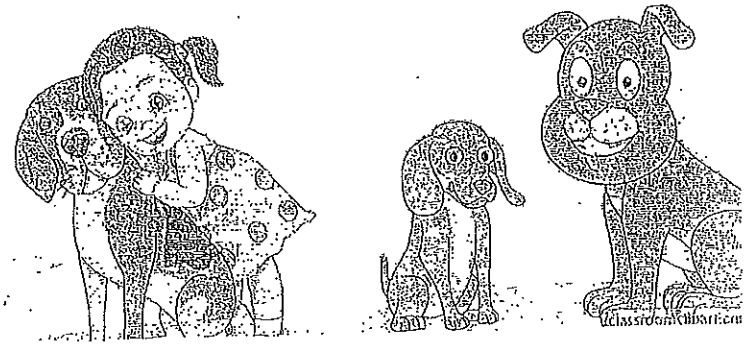
Delivery Method F1 R04
NS/30/WV/DDA Q2
2234

66050

Branch Number	Account Number	Date	DDA Q2/94/OR/KM/KM/PA/P6/A6/QF/Y	FN
2234	62476942117	2026/03/30	FNB FUSION PREMIER ACCOUNT	

THANK YOU FOR ADOPTING ME!

I am in a new environment with different smells, people and four legged friends all around me. I have just travelled in a car to my new home. It was so cool! I need you to understand that it will take time for me to settle into the new environment and get used to my new fur friends at my new home. I may be a bit nervous or edgy, as I may have been treated badly in the past. The society could only give you information that they were aware of. I ask that you be patient with me and teach me right from wrong. Ask a dog/cat behaviourist with regards to any concerns you may have regarding my temperament or behaviour. Please provide me with the proper training/puppy classes to ensure that I am always on my best behaviour. If I am a puppy, and chew up your shoes, know that I most probably did not have toys at my previous home and my gums may be itching. If I bully the other dog at home or chase the cat, know that I never had friends and this is truly an exciting experience for me. The integration process of being in a new environment, around new people as well as the other pets at home can take up to 2-3 months. Allow me a fair chance to adjust in my new home and always keep my best interest at heart.
THANK YOU for changing my life by adopting me.



I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
24/03/26	Triworm	O	
24/04/26	Triworm	P	

Quantel

Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER, HEALTHIER DOGS

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE 23-04-2026

DOCTOR'S NAME Dr. AS. Muller

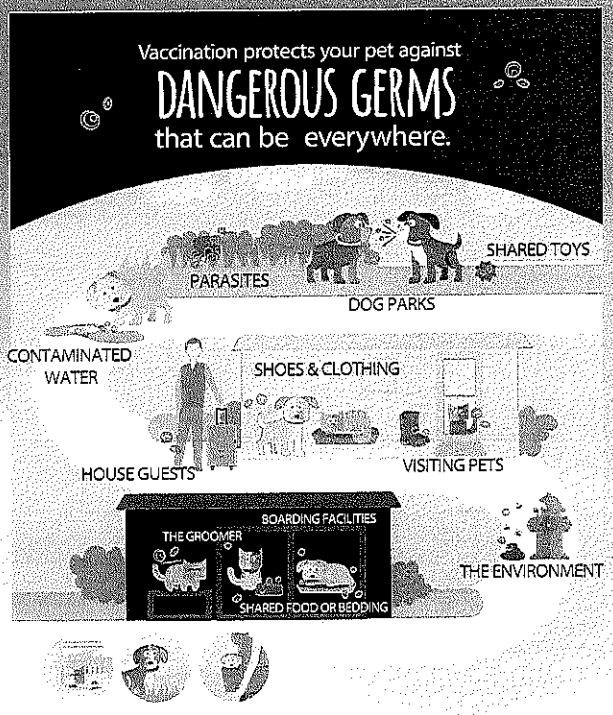
Garden Route SPCA
P.O. Box 258

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-211200001

VACCINE RECORD CARD



PET'S NAME

MY VET

GARDEN ROUTE SPCA

Bill Jeffery Avenue
KwanonQaba
Mosselbay 6506

PO Box 258
George
6530

Cell : 071 658 4832/Office : 044 693 0824

Emergency No : 072 287 1761

Consulting Hours

Mon - Fri : 09:00 - 16:00
Saturday : 09:00 - 11:00

ADMISSION, ASSESSMENT AND HISTORY RECORD

DBV SPCA

Garden Route

KENNEL No.				ADMISSION No.		
Stray ✓	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	18/03/26		Time in	18:25	Date for release	

IDENTIFICATION & LOST AND FOUND						
Microchip/Collar or ID tag found	Yes / ~~No~~	Date scanned or checked		Lost & Found checked	~~Yes~~ / No	Lost & Found Date checked: 18/03/26
				Microchip or ID Tag number		982 003 000 485 814

Dog ✓	Cat	Other species (Specify)			
Breed	Chihuahua		Colour and Markings	Black / White	
Condition	Fair		Sex	♂	Age: Adult
Temperament	Fair		Sterilisation details	done	Name
Coat: Good	Tail: long	Teeth Condition	Ears	up	Size: medium
Area found / collected from	Albertinia N2				Date: 18/03/26
Reason for surrender	Stray				

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

~~Surrendered by~~ / Found by	X	Name	R.A Courtney		
Residential Address	Did not want to give.				
Postal Address					
Tel (H)	Tel (W)		Cell	0682758389	
Email					
Donation R	Cash	Card	EFT	(Receipt No.)	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: _____ Case No: _____ Inspector: _____

STATEMENT OF SURRENDER

I hereby certify that ~~I DO NOT~~ **I DO NOT** own the animal/s described above, that **IT IS** / ~~IT IS NOT~~ a stray and ~~I DO NOT~~ **I DO** 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 of age. **Also see "Conditions on reverse side.**

Hiermee verklaar ek dat ek dier/e 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 uitdrukiik ooreengekom dat nog die DBV nog sy amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of Applicant	Details of third Applicant

Returned ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ _____ On Date: 18/03/26

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details
   - Full Name: TIMOTHY SCHNUGH
   - Contact Number: 083 671 4953
   - Email Address: TSCHNUGH@GMAIL.COM

2. Additional Family Member/Friend Details
   - Full Name: MARITA JUBS
   - Contact Number: 074 746 1195
   - Email Address: MARITAJUBS@GMAIL.COM

3. Previous SPCA Adoption
   - Have you previously adopted SPCA? (Yes/No)
   - If yes, when? _____
   - Where? _____
   - What animal did you adopt? _____

1. **Adoption Contract Acknowledgment**

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: _____

Date: 30.04.2026

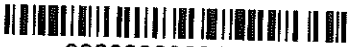
Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER



992003000645836

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 072 492 5578

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * ajurd@hotmail.com

If possible, please provide a personal email, not a company email.

Title * MRS Initials * A.M. Surname * Jurd-Schnugh

Street 4 Bothwell Close City

Suburb Tokai Area Code Cape Town

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * 30 - 04 - 2026

Date of Implant * 28 - 04 - 2026

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name Date of birth

Species * CANINE Breed * CHIHUAHUA

Colour BLACK Markings

Gender (Male) Female Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise herein consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

REGISTRATION PROCESS – Please use one of the following option to register on the backhome database

1. On-line	Log onto www.backhome.co.za. Complete the registration process.
2. By fax	Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364
3. By e-mail	Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
4. By App	Download the Virbac Backhome Africa App