

KENNEL **ANIMAL NO.** **HOLD?** **TAG NO.** **TAG TYPE** **ACTIVITY NO.**
Q33B **A576290** **Y - RESCUE** **4B05047E0B** **A10-028381**



<u>SEX</u>	<u>AGE</u>	<u>ANIMAL SIZE</u>	<u>COLOR</u>	<u>BREED</u>
Neutered	ADULT	MED	BLACK	CHINESE SHARPEI
<u>STATUS</u>	<u>BY</u>	<u>INTAKE DATE</u>	<u>DUE OUT</u>	
UNAVAIL	MS6290	1/3/11 @ 2:10 pm	01/03/2011	
<u>INTAKE TYPE</u>	<u>COLLAR TYPE/COLOR</u>			
TRANSFER	PROTECT CU	NONE	/	
<u>CROSSING/COMMENTS</u>	<u>JURISDICTION</u>	<u>TOTAL</u>		
7115 DECASTRO RD	WINTER HAVEN	1		
<u>MARKINGS/ BITE INFO</u>				

HC5926

OWNER P231828 FL SHAR PEI RESCUE Address 5514 99TH TER GAINESVILLE, FL 32653	Outcome: By: Phone (352) 332-3732 Second Phone # _____ , FL
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COMMENTS

VACCINATION- DA2PPV
 VACCINATION- BORDETELLA (CANINE ADENOVIRUS TYPE 2- PARAINFLUENZA-BOTDETELLA BRONCHISEPTICA)
 DEWORMING- PYRANTEL
 DEFLEA- FRONTLINE SPRAY

K11-000081

YOUR PET 'S MEDICAL HISTORY

A576290 DOG BLACK N CHINESE SHARPEI

1/10/2011

12/2/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
Vaccination- DA2PPv					Treated by: SP7060
Vaccination- Bordetella (Canine Adenovirus Type 2- Parainfluenza-Botdetella Bronchiseptica)					
Deworming- Pyrantel					
Deflea- Frontline Spray					

12/10/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
runny nose					Treated by: 6124
2 500mg cephalaxin daily					

12/11/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
runny nose					Treated by: 7168
2 500mg cephalaxin daily					

12/12/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
runny nose					Treated by: ER5877
2 500mg cephalaxin daily					

12/14/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
runny nose					Treated by: 6124
2 500mg cephalaxin daily					

12/15/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
KENNEL COUGH					
CEPHALEXIN 500MG MORNING & NIGHT					Treated by: 5866

12/16/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
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YOUR PET 'S MEDICAL HISTORY

A576290 DOG BLACK N CHINESE SHARPEI

1/10/2011

12/2/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
Vaccination- DA2PPv					Treated by: SP7060
Vaccination- Bordetella (Canine Adenovirus Type 2- Parainfluenza-Botdetella Bronchiseptica)					
Deworming- Pyrantel					
Deflea- Frontline Spray					

12/10/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
runny nose					Treated by: 6124
2 500mg cephalaxin daily					

12/11/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
runny nose					Treated by: 7168
2 500mg cephalaxin daily					

12/12/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
runny nose					Treated by: ER5877
2 500mg cephalaxin daily					

12/14/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
runny nose					Treated by: 6124
2 500mg cephalaxin daily					

12/15/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
KENNEL COUGH					
CEPHALEXIN 500MG MORNING & NIGHT					Treated by: 5866

12/16/2010 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
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KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 5866

KENNEL COUGH

GAVE DEXAMETHASONE (4MG) 2.0cc I.M.

Treated by: DR. ERTEL

12/17/2010 No weight recorded for this treatment

QTY	Cycle	#Days	Medication	Dose
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KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 5866

12/18/2010 No weight recorded for this treatment

QTY	Cycle	#Days	Medication	Dose
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KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 6634

12/19/2010 No weight recorded for this treatment

QTY	Cycle	#Days	Medication	Dose
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KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 6634

12/20/2010 No weight recorded for this treatment

QTY	Cycle	#Days	Medication	Dose
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KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 5866

12/21/2010 No weight recorded for this treatment

QTY	Cycle	#Days	Medication	Dose
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KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 5866

12/22/2010 No weight recorded for this treatment

QTY	Cycle	#Days	Medication	Dose
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KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 5866

12/23/2010 No weight recorded for this treatment

QTY	Cycle	#Days	Medication	Dose
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KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 5866

12/24/2010 No weight recorded for this treatment

QTY Cycle #Days Medication Dose

KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 6634

12/25/2010 No weight recorded for this treatment

QTY Cycle #Days Medication Dose

KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: ER5877

12/26/2010 No weight recorded for this treatment

QTY Cycle #Days Medication Dose

KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 7168

12/27/2010 No weight recorded for this treatment

QTY Cycle #Days Medication Dose

KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 7168

12/28/2010 No weight recorded for this treatment

QTY Cycle #Days Medication Dose

KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 5866

12/29/2010 No weight recorded for this treatment

QTY Cycle #Days Medication Dose

KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT

Treated by: 5866

12/30/2010 No weight recorded for this treatment

QTY Cycle #Days Medication Dose

KENNEL COUGH

CEPHALEXIN 500MG MORNING & NIGHT
LAST DAY FOR MEDICATION

Treated by: 5866

1/10/2011

No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
Dog/puppy neuter				Treated by: ERTTEL	
Anesthesia - Ket/Val IV, Isoflurane/O2 maint.					
Sx. - Routine castration, absorbable subcuticular closure.					
Ketophen					
Penicillin					
Microchip					
Rabies (3 months or older) 11104					
heartworm test snap negative					

The above treatments have been performed at the Polk County Sheriff's Office Animal Control Shelter

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED PLEASE
CALL US AT (863) 499-2600

MEDHIST2.RPT



ANIMAL LICENSE CERTIFICATE
Polk County Animal Control
7115 DeCastro Rd.
Winter Haven, FL 33880
(863) 499-2600

PCSO ANIMAL CONTROL
7115 DE CASTRO RD
WINTER HAVEN, FL 33880

P003182
(863) 499-2600

This is to certify that the person listed above has furnished Polk County Animal Control with proof the animal described below has been vaccinated against rabies in accordance with the Polk County Animal Control and Animal Services Ordinance and Florida Statute 828.30, and has purchased the required county license tag.

12/2/2008 ID# A576290 Neutered Male DOG BLACK, CHINESE SHARPEI Animal Name:

License number	License Type	Date Issued	License Expiration Date	Receipt Number	Price
L11-128746	LIC ADP DOG A	1/10/2011	<u>1/10/2012</u>		0.00

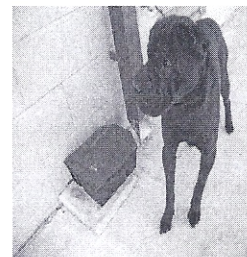
Vet ID	Vaccination Date	Vaccine Expires	Vaccine	Serial Number	Certificate Number
G007660	1/10/2011	1/10/2012	MER	11104	

Date of Birth	Current Age
12/2/2008	2Y

Tag Status: **CURRENT**

DR ERTEL / POLK COUNTY SHERIFF'S OFFICE

ID Number: G007660
7115 DE CASTRO RD
WINTER HAVEN, FL 33880
(863) 499-2600





ENTER MICROCHIP ID OR BLANK STICKER HERE

IMPOA

4B05047E0B

expedited

HomeAgain® pet safety and wellness network.



HomeAgain®

ALWAYS LOOKING OUT FOR YOUR PET

PET/PRIMARY CONTACT INFORMATION

Pet Information

Pet name _____

Dog ☐ Cat ☐ Other _____

Pet date of birth ____ - ____ - ____

Primary contact

First name _____ Last name _____

Address _____ Apt. _____

City _____ State _____ ZIP _____

E-mail _____

Phone 1 (____) _____ - _____ Ext. _____ Phone 2 (____) _____ - _____ Ext. _____

I understand I will receive service-related communications. However, I may choose not to receive other HomeAgain communications.

Please do not send me: (check all that apply)

☐ PetRescuer email alerts when a pet is lost in my neighborhood☐ Email special offers☐ Email newsletters with articles on pet protection and safety

Alternate contact

First name _____ Last name _____

Phone 1 (____) _____ - _____ Ext. _____ Phone 2 (____) _____ - _____ Ext. _____

DO NOT SEND CASH. DEBIT CARDS ARE NOT ACCEPTED.

PAYMENT OPTIONS

HomeAgain® membership services are \$16.99 per year.*

VISA ☐ M/C ☐ AMEX ☐ DISCOVER ☐ Account # _____ - _____ - _____ Expiration date ____ mm ____ yy

Complete if address is different than above.

Billing address _____ Apt. _____

City _____ State _____ ZIP _____

☐ Check enclosed for annual membership fee
Make check payable to HomeAgain® and mail to: HomeAgain®, P.O. Box 28153, Miami, FL 33102-8153Enrollment paid by clinic ☐ Promotion code (if applicable) _____

Signature _____ Print name _____ Date _____

You understand that once charged, membership fees are non-refundable.

* Membership fees are subject to change.

IMPORTANT Please return this form to the HomeAgain Pet Recovery Service or we will not be able to identify your pet if lost.To enroll, mail this form to HomeAgain, P.O. Box 28153, Miami, FL 33102-8153, visit www.homeagain.com or call 1-888-HOMEAGAIN (1-888-466-3242).

PET NAME _____

MICROCHIP ID OR GT# _____

IMPORTANT: Enter the correct microchip number for proper and expedited enrollment in the HomeAgain® pet safety and wellness network.

HomeAgain® offers
high quality collar tags
engraved with
your pet's name and
microchip ID number.

View additional styles
and order
at HomeAgain.com.

See other side for
ordering information.

Stamped Round

(1 1/8" – up to 12 characters for name)

I - Blue/Yellow - \$14

J - Pink - \$14



Stamped House

(1 1/8" – up to 10 characters for name)

K - Nickel - \$14

L - Pink - \$14

M - Yellow w/Diamond Rhinestones - \$23

