

## Rescue Check list

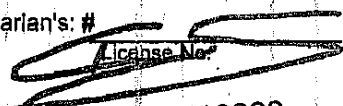
Animal ID: 124 7813Date: 4/20/10**Clinic:**

	Needed	Done		Needed	Done
Fecal:	<u>✓</u>	<u>      </u>	Fel Leuk	<u>      </u>	<u>      </u>
DHPP	<u>      </u>	<u>      </u>	FVRCP	<u>      </u>	<u>      </u>
Bordetella	<u>      </u>	<u>      </u>	Meds	<u>✓</u>	<u>      </u>
Strongid	<u>      </u>	<u>      </u>	Rabies	<u>✓</u>	<u>      </u>
Microchip	<u>✓</u>	<u>      </u>	Heartworm	<u>✓</u>	<u>      </u>

**Coordinator:**

Payment:	<u>      </u>	<u>      </u>	Foster Waiver	<u>      </u>	<u>      </u>
Receipt	<u>      </u>	<u>      </u>	Med Record	<u>      </u>	<u>      </u>
S/N Agreement	<u>      </u>	<u>      </u>	Outcome	<u>      </u>	<u>      </u>
Med Release	<u>      </u>	<u>      </u>			

**Miami Dade Animal Services Department**  
**7401 NW 74th Street**  
**Medley, FL 33166**

<b>RABIES VACCINATION CERTIFICATE</b>								
NASPHV Form 51					RABIES TAG NUMBER			
Owner's Name & Address		Print - use ball point pen or type						
LAST RESCUE		FIRST SHAR PEI		M.I. TELEPHONE (954) 258-1110				
NO. 9600 NW 25 ST	STREET	CITY SUNRISE	STATE FL	ZIP 33332				
SPECIES: DOG	SEX: FEMALE	AGE: 3 Mo to 12 Mo <input type="checkbox"/> 12 Mo or older <input checked="" type="checkbox"/>	SIZE: Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input checked="" type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	PREDOMINANT BREED CHINESE SHARPEI NAME:	COLORS: BROWN			
DATE VACCINATED: Apr 27, 2010		PRODUCER: <table border="1"><tr><td>P</td><td>F</td><td>I</td></tr></table> (First 3 letters) <input checked="" type="checkbox"/> 1 yr. Vacc. <input type="checkbox"/> 3 yr. Vacc. S839989A Vacc. Serial (lot) Number		P	F	I	Veterinarian's: #  License No. <u>ANIMAL SERVICES 0328</u> Signature <u>Tania Carresco, DVM</u> Address: Miami Dade Animal Services 7401 NW 74th Street Medley, FL 33166	
P	F	I						
VACCINATION EXPIRES: Apr 27, 2011								

\*A1247813\*

Kennel No: WW35

other\_id

Animal ID: **A1247813**  
Age /Sex: 3 YRS FEMALE  
Breed: CHINESE SHARPEI  
Color: BROWN  
Intake Date: 04/20/2010  
Intake Type: STRAY  
Due Out Date: 04/26/2010  
Hold/Adopted? NO  
Tag U10-153732  
Microchip



FEMALE DOG

Additional Information:  
(Markings/Identifiers)

**- DO NOT WRITE BELOW THIS LINE - FOR ASD VETERINARIAN SECTION ONLY -**

**[ ] Health Problem [ ] Under Treatment [ ] Do Not Adopt!**

Condition on Intake **NORMAL**

Temperament Evaluation

Date: \_\_\_\_\_

Friendly: \_\_\_\_\_

Fearful/Shy: \_\_\_\_\_

Grows: \_\_\_\_\_

Barker: \_\_\_\_\_

Other: \_\_\_\_\_

Vaccination

Date

☐ DHLPP☐ RABIES☐ FVCRPC☐ Bordetella☐ Deworming☐ Spayed/Neutered☐ Other Information

By: \_\_\_\_\_

**A1247813'S MEDICAL HISTORY**

A1247813 0.00LBS DOG BROWN F CHINESE SHARPEI

04/27/10

**4/20/2010**

TECH EXAM NORMAL 0.00LBS Treated by: AY

DHPP  
BORDETELLA

DVM EXAM ILLNESS OCULAR DZ 0.00LBS Treated by: DRTC

L lower and upper entropion.Recommend further medical evaluations and medical release.

VETROP

**4/24/2010**

TECH EXAM ILLNESS KEN COUGH 46.20LBS Treated by: JS

Coughing &amp; nasal discharge

DOG AGGRESSIVE

**4/25/2010**

DVM EXAM ILLNESS KEN COUGH 46.20LBS Treated by: DRKB

Coughing &amp; nasal discharge

CEPH500

**4/27/2010**

A1247813 0.00LBS DOG BROWN F CHINESE SHARPEI

04/27/10

4/27/2010

TECH EXAM

INJURED

PARASITES

0.00LBS

Treated by: JS

Avid # 050043120

\*Medication dispensed

RABIES ADOPT

HEARTWORM SNP NEGATIVE

FECAL FL HOOKS &amp; ROUNDS

DEWORM

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS  
RECEIVED PLEASE CALL MIAMI-DADE ANIMAL SERVICE DEPARTMENT AT (305) 884-1101.

**Miami-Dade County**  
**Animal Services Department**  
 7401 NW 74 ST, Miami, FL 33166  
 (305) 884-1101 (305) 805-1593 FAX  
 www.miamidade.gov/animals

**Receipt Number: R10-445323****Receipt Date: Tuesday, April 27, 2010**

Person Information: SHAR PEI RESCUE  
 9600 NW 25 ST  
 SUNRISE, FL 33332

PID: P0790627

Received From: SHAR PEI RESCUE

Check No: VISA1575

Phone: (954) 258-1110

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
MICROCHIP	A1247813	050043120	\$ .00	1	\$ .00
TECH EXAM	A1247813	T10-885452	.00	1	.00
BORDETELLA	A1247813	T10-885453	.00	1	.00
DHPP VACCINE	A1247813	T10-885454	.00	1	.00
DVM EXAM	A1247813	T10-885996	.00	1	.00
VETROPOLYCIN OPHTHAL	A1247813	T10-885998	.00	1	.00
TECH EXAM	A1247813	T10-888165	.00	1	.00
DVM EXAM	A1247813	T10-888698	.00	1	.00
CEPHALEXIN 500 MG	A1247813	T10-888699	.00	1	.00
TECH EXAM	A1247813	T10-890039	.00	1	.00
DEWORM	A1247813	T10-890042	.00	1	.00
FECAL FLOAT	A1247813	T10-890043	.00	1	.00
HEARTWORM SNAP TEST	A1247813	T10-890044	.00	1	.00
RABIES VACCINATION	A1247813	T10-890045	.00	1	.00
ADOPTION FEES	A1247813	LOU	25.00	1	25.00

Total Fees Due: **\$25.00**

**Payments:** Cash: \$0.00  
 Check: \$0.00  
 Credit Card: \$25.00

**Total Payments Received: \$25.00****Thank You!**

Change: \$0.00  
 Balance Due: \$0.00

**Animal Information:**

A1247813 A1247813 - 3 YEARS OF AGE, FEMALE, CHINESE SHARPEI, BROWN DOG

**Treatment Information:**

Type:	Animal#	Description:	Medication:	Cost:	Treat #	Date:
	A1247813				T10-885452	04/20/10
BORDETELLA	A1247813				T10-885453	04/20/10
DHPP	A1247813				T10-885454	04/20/10

**Shelter Hours**

Monday - Friday 8:00AM - 7:00PM Saturday and Sunday 8:00AM - 5:00PM

Adoption Hours: Monday - Friday 10:00AM to 6:30PM Saturday and Sunday 10:00AM - 4:00PM

Rabies Clinic Hours: Monday - Friday 10:30AM to 6:00PM Saturday and Sunday 10:30AM - 4:00PM

Clerk: JOEVERA COUNTER

Transaction Date: 04/27/10

Print Date: 04/27/10 tware\chameleon\crystal\receipt.rpt

	A1247813	L lower and upper entropion.Recommend further medical evaluations and medical release.		T10-885996	04/20/10
	A1247813		VETROP	T10-885998	04/20/10
	A1247813	Coughing & nasal discharge		T10-888165	04/24/10
	A1247813	DOG AGGRESSIVE Coughing & nasal discharge		T10-888698	04/25/10
	A1247813		CEPH500	T10-888699	04/25/10
	A1247813	Avid # 050043120		T10-890039	04/27/10
		*Medication dispensed			
DEWORM	A1247813			T10-890042	04/27/10
FECAL FL	A1247813			T10-890043	04/27/10
HEARTWORM SNFA	A1247813			T10-890044	04/27/10
RABIES ADOPT	A1247813			T10-890045	04/27/10
TOTAL MEDICAL FEES:				<u>\$0.00</u>	

***License/Rabies Vaccination/Microchip Information:***

Tag Number	Expires	Animal#
050043120	4/27/2011	A1247813

Rabies Vxn Info- Date:4/27/2010 Term: 12 Expires: 4/27/2011 Vxn: PFI  
 Cert#: 050043120 Serial#: S839989A 20-50lbs

**ANIMAL SERVICES****Shelter Hours**

Monday - Friday 8:00AM - 7:00PM Saturday and Sunday 8:00AM - 5:00PM

Adoption Hours: Monday - Friday 10:00AM to 6:30PM Saturday and Sunday 10:00AM - 4:00PM

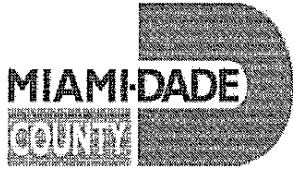
Rabies Clinic Hours: Monday - Friday 10:30AM to 6:00PM Saturday and Sunday 10:30AM - 4:00PM

Clerk: JOEVERA

COUNTER

Transaction Date: 04/27/10

Print Date: 04/27/10 tware\chameleon\crystal\receipt.rpt



## Miami Dade Animal Services Spay/Neuter Release

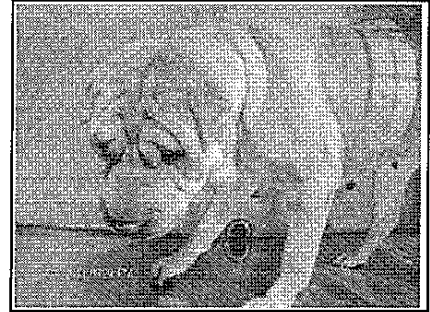
7401 NW 74th St  
Miami, FL 33166  
305-884-1102 x229

KC

**Today's Date:** 4/27/2010

**Animal ID:** A1247813

**Name:** RESCUE, SHAR PEI  
**Address:** 9600 NW 25 ST Apt:  
SUNRISE, FL 33332  
**Phone:** (954) 2581110



**Animal information:**

**Name:**  
**Breed:** chinese sharpei  
**Color:** brown **Sex:** female **Age:** 3 Yrs

Tag Number:

Microchip No: 050043120

As per Florida State Statute 823.15 and Miami Dade County Code, Chapter V, Section 5-5, you are required to have your new pet sterilized within 30 days of adoption. The surgery is included in your adoption fee if the surgery is done at Animal Services. Failure to do so will result in a \$500 citation and the forfeiture of the \$50 deposit.

Proof of compliance must be submitted within 30 days from the date on this agreement if the surgery is done at a private veterinarian. Mail proof to: Attn: Spay/Neuter Compliance, Animal Services, 7401 NW 74th Street, Miami, FL 33166 or fax to 305-805-1619. Extensions will be granted with medical documentation from your pet's veterinarian.

I certify that I have read and understand the terms of this Spay/Neuter Agreement. I acknowledge that failure to comply with these terms shall be considered a breach of contract and will result in civil penalties as set forth in Chapter V Article 5-5.

Signature  
P0790627

Date

### Veterinarian's Certificate

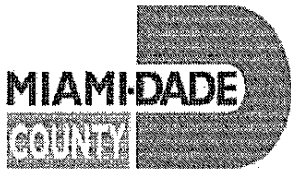
I hereby certify that I spayed/neutered the dog/cat described above on \_\_\_\_\_

Veterinary Hospital (Stamp) \_\_\_\_\_ Phone \_\_\_\_\_

Veterinarian (print) \_\_\_\_\_ License# \_\_\_\_\_

Veterinarian (signature) \_\_\_\_\_





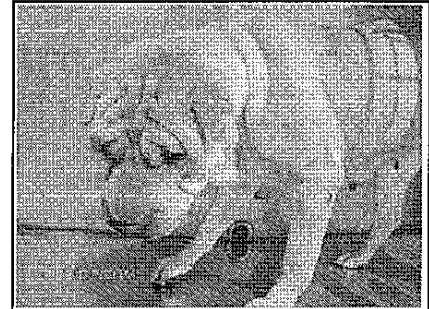
## Miami Dade Animal Services Medical Release

7401 NW 74th St  
Miami, FL 33166  
Tel (305) 884-1101  
www.miamidade.gov/animals

Today's Date: 4/27/2010

Animal ID: A1247813

Name: SHAR PEI RESCUE  
Address: 9600 NW 25 ST  
SUNRISE, FL 33332  
Phone: (954) 2581110



### Animal information:

Name:  
Breed: Chinese Sharpei  
Color: brown Sex: female Age: 3 years and 0 month

Tag Number:

Microchip No: 050043120

### MEDICAL/BEHAVIORAL DISCLOSURE

The pet listed above was examined by Miami Dade Animal Services Veterinary Staff and determined to have the following medical and/or behavioral conditions:

4/20/2010  
OCULAR DZ

4/24/2010  
KEN COUGH

4/25/2010  
KEN COUGH

4/27/2010  
PARASITES

\*\*\* Please refer to Medical History Report for additional information. \*\*\*

*I have received full disclosure of the medical condition(s) detected upon evaluation of the pet I am adopting, and understand that other medical conditions may exist but may not have been detected. I further understand that the treatment of the above mentioned condition(s) is my financial and legal responsibility, and this pet's prognosis is dependent on my pursuance of advanced medical and/or behavioral therapy. I consent to seek veterinary care for the disclosed condition within 7 days of the adoption, and will submit proof of such care upon request. I release the Miami Dade Animal Services Department of all responsibility/liability.*

### Medication received

Signature  
P0790627

Date

Witness

Date

Heroes Spay and Neuter Clinic, Inc.  
5040 NE 13th Ave  
Ft. Lauderdale, FL 33334  
(954)202-4354

Account: 1203  
Invoice: 2773  
Date: 02/06/2011  
Time: 3:22 PM  
Page: 1

Shar Pei Rescue LOUISE HUDEK 5514 N.W. 99TH TERRACE 32653	BONNY N 8 PUPS CANINE Shar Pei Tag: None	Age: 3 Sex: FS  Weight: 61.50	
Phone: (954)798-6552 (352)332-3732	Doctor: Frances R. Vaujin, DVM		

Service/Item	Qty		Price	Amount
Triple Antibiotic eye solution	1.00	D		25.00
Entropion Surgery	1.00	D	150.00	150.00
Discount				-52.50
Tax				0.00
Net Invoice				122.50
Previous Balance				0.00
Payment				122.50
Card 122.50 (VISA)				
Balance Due				0.00

Reminders: June 20, 2011 Fecal  
Aug. 14, 2011

Heroes Spay and Neuter  
Clinic, Inc.  
5040 NE 13th Ave  
Ft. Lauderdale, FL 33334  
(954)202-4354

02/06/2011 3:22 PM

Account # 1203  
Shar Pei Rescue LOUISE HUDEK

Amount \$122.50

Card #: XXXXXXXXXXXXXXX6105  
Card Type: VISA  
Receipt ID: 5292  
Approval: 057107  
Op ID: CN1

X

I AGREE TO PAY THE ABOVE TOTAL  
AMOUNT ACCORDING TO THE CARD  
ISSUER AGREEMENT

Thank You

[D] 30% Discount Applied  
Please tell your friends about Heroes' great service and value. Thank You!