

Transfer Out Contract - Nov 12 2010

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Gainesville, Florida 32605 USA

Lee County Humane Society
1140 Ware Drive
Auburn, Alabama 36832 USA
kim@leecountyhumane.org
www.leecountyhumane.org

Person ID: P09669738 Agency: Florida Sharpei Rescue
Tel: 352-332-3732

Animal Information

Animal ID:	A11764907	Name:	Ben	Breeds:	Chinese Shar-Pei/Mix	Gender/	Male
ARN:		Types:	Dog	Colors:	Tan	Altered:	Yes
DOB:	2/27/2010	Current Age:	0 y 8 m 15 d	Pattern:		Size:	Medium

The Lee County Humane Society (LCHS) cannot guarantee the health or character of any animal adopted from the shelter. We suggest you take it to your veterinarian for a complete check-up as soon as possible. Initial: _____

I hereby adopt this animal in its present condition and agree to care for it in a humane manner, providing food, water shelter and proper veterinary care at all times. I promise not to use this animal for vivisection or in any inhumane way. If such time arises that I am no longer able to care for this animal I agree to return it to the LCHS. Initial: _____

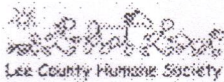
I promise not to allow this animal to breed. I agree to have the animal surgically altered in accordance with the LCHS spay/neuter policy which states that it is mandatory for all animals adopted or placed through the LCHS to be surgically altered within 30 days of transfer or by six months of age. Initial: _____

I am willing to undergo any further investigation of the animal's welfare, including but not limited to routine follow-up calls and will cooperate fully with any officer of the LCHS. I understand and agree that the transfer of this animal is conditional upon my compliance with these statements. I understand that the LCHS may reacquire this animal on demand and that I may face possible legal action should I not comply with this agreement. Initial: _____

Signature: _____ Date: _____
Employee: _____

Medical History Report

Animal



Printed: 11/12/2010 03:24PM

Animal Details

A11764907 Ben Chinese Shar-Pei/Mix, Tan, Medium,
 Dog 0 y 8 m 15 d , DOB: 2/27/2010, Currently Altered: Yes
 Male Declawed: None
 6-12 months Bitten: N/A

Animal Point In Time

Date	Size	Animal Condition	Medical Status	Temp. Status	Bitten	S/N	Temp
Source	BCS	Asilomar	Age Group	Weight	Danger	Pulse	Resp.
11/12/2010 03:17PM	Medium	Normal			N/A	Y	
Transfer Out		Healthy	6-12 months		N		
11/07/2010 05:25PM	Medium	Normal			N/A	Y	
EXAM			6-12 months		N		
11/03/2010 06:11PM	Medium	Normal			N/A	Y	
Spay/Neuter			6-12 months		N		
11/01/2010 07:00PM	Medium	Normal			N/A	N	
EXAM			6-12 months		N		
10/27/2010 04:22PM	Medium	Normal			N/A	N	
Stray			6-12 months		N		

Exam

ExamID: E10141341		Exam Date: 11/7/2010 5:25:00 PM		Exam Type: Rounds	
Performed By: off site veterinarian		Entered By: karen			
Weight:	BCS:	Medical Status:	Temperament Condition:		
Body Temperature:	Pulse:	Respiration:			
Vaccine					
Vaccine	Manufacture	Lot Number	Expiration /Re-Vac Dates	Pet ID Number /Type	Route /Body Part
DA2PPV			11/21/2010 03:17PM		Subcutaneous
Test					
Test	Result		Result Date	Re-Test	Re-Test Date
HW Antigen	Negative		11/6/2010	No	

ExamID: E10103931		Exam Date: 11/1/2010 7:00:00 PM		Exam Type: Rounds	
Performed By: Natalie Craven		Entered By: Natalie			
Weight:	BCS:	Medical Status:	Temperament Condition:		
Body Temperature:	Pulse:	Respiration:			
Condition	Review Date				
Normal					
Vaccine					
Vaccine	Manufacture	Lot Number	Expiration /Re-Vac Dates	Pet ID Number /Type	Route /Body Part
Bordetella	Schering-Plough		11/01/2011 07:01PM		Intranasal
Medication					

Medication	Dose	Frequency	Duration	Review Date	Route	Lot # /Body Part
Frontline Plus	0	0	0 Days	12/01/2010 07:00PM		
Pyrantel pamoate	3.00 cc	0	0 Days		Oral	

Altered

<u>Voucher Num</u>	<u>Issue Date</u>	<u>Expire Date</u>	<u>Redeemed Date</u>
<u>Waiver Reason</u>	<u>Due Date</u>		
<u>Surgery Type</u>	<u>Weight</u>	<u>Scheduled Date Time</u> 11/3/2010 6:11:00 PM	<u>Completed Date Time</u> 11/3/2010 6:11:00 PM
<u>Surgery Notes</u>			

RABIES VACCINATION CERTIFICATE
NASPHV FORM 51 (Revised 2007)

RABIES TAG NUMBER
102192

MICROCHIP NUMBER

Owner's Name & Address

Print Clearly

LAST
Paws

FIRST
For

M.I.

TELEPHONE
(334)502-7900

NO STREET
1747 Ogletree Rd

CITY
Auburn

STATE
AL

ZIP
36830

SPECIES
Dog ☒
Cat ☐
Other ☐
(Specify)

SEX
Male ☒
Female ☐
Neuter ☒

AGE
Months ☐
7 Years ☒

SIZE
Under 20 lbs ☒
20 - 50 lbs ☐
Over 50 lbs ☐

PREDOMINANT BREED
Shar Pei

PREDOMINANT
COLORS/MARKINGS

NAME
#66 Ben

Animal Control License ☐ 1 Yr ☐ 3 Yr ☐ Other

DATE VACCINATED
11/09/2010

PRODUCT NAME

Veterinarian: Glen Puckett, DVM
License No: 5909

NEXT VACCINATION
DUE BY:
11/09/2011

MANUFACTURER
(First 3 Letters)

M e r

☒ 1 yr USDA Licensed Vaccine
☐ 3 yr USDA Licensed Vaccine
☐ 4 yr USDA Licensed Vaccine

☐ Initial dose ☐ Booster dose

11096B

Vacc. Serial (Lot) No.

Veterinarian's
Signature

Address Moores Mill Animal Hospital
2120 Moores Mill Rd
Auburn, AL 36830