

Hillsborough County Animal Services

440 Falkenburg Road Tampa, FL 33619

(813) 744-5660

**MEDICAL HISTORY REPORT**Animal ID#

A1298697

Name

No Name

Kennel No.

258

Breed

Chinese Sharpei

Color

White & Buff

Sex

S

Age

2 Yrs. & 0 Mo.

Microchip

956000002352128

Treatment Record

As of: 11/19/2010 2:34 pm

09-November-20'**Condition: Normal****Temp: 0.0****Weight: 0.00**Visit Type / ReasonTreatmentsMedications**Treated by: 221**

Intake Scn

Comments

* Weight estimate: 40 - 50 lbs

Age estimate: 2 - 4 years old

Vaccines administered: da2ppv SQ

Dewormer(s) administered: strongid by mouth

Visitation allowed: yes

Observations: entropion- right eye

09-November-20'**Condition: Eye****Temp: 0.0****Weight: 0.00**Visit Type / ReasonTreatmentsMedications**Treated by: 221**

Treatment Vis

1 DROP of NEOBAC, 1x per day for 21 day(s)

0 of MON-CHK, 1x per day for 21 day(s)

Comments

* 11/9/10 adult canine; observed curling inward of the eyelid of the right eye characteristic of entropion, applied

lubricant

continue eye lube daily, monitor

19-November-20'**Condition: Other****Temp: 0.0****Weight: 0.00**Visit Type / ReasonTreatmentsMedications**Treated by:**

Spay/Neuter

BZ213

Comments:

* Dog spay - 2yrs old Wt-40#
Anesthesia- 0.5mls. Telazol IV; Isoflurane/O2 maint.
Injections- 2.5mls. Pen G SQ 1.0mls. Buprenorphine SQ
SX Routine OVH, Absorbable subcuticular closure. Nexaband skin closure.
Rabies (Rabdomun 3)
AKC microchip # 956000002352128
Comments- 500mls Normosol given SQ
Dr.-Zingalie213 Tech-Cs214

Post-Sterilization Instructions

1. Your pet should be examined by a Veterinarian within 72 hours of adoption.
2. The surgical incision will heal in approximately two weeks. The incision must be kept clean and dry during this time (no bathing or contact with soil) and vigorous exercise should be avoided.
3. The surgical site has been closed with a combination of absorbable suture and surgical adhesive, therefore your pet will not require suture removal.
4. You should check the surgical site daily. Some pets react to the suture material which causes a nonpainful lump to develop at the surgical site. However, any heat, pain or redness at the surgical site should be immediately examined by your veterinarian. Animal Services does not provide post operative veterinary care.

24-November-20

Visit Type / Reason

Adoption Scrn

Condition: Heartworms

Treatments

Temp: 0.0

Medications

Weight: 0.00

Treated by:

224/221

Comments

* 11/17/10 heartworm positive, no microchip found, applied frontline plus


NEW TAG #		FEE \$5 \$20 \$25 \$40		OTHER DONATION		LICENSE TAG EXPIRES ANNUALLY			
TAG ISSUE DATE		TAG EXPIRATION DATE		VACCINATION DATE		VACCINATION EXPIRES		LAST YEAR'S TAG NUMBER	
				11-19-10		11-19-11			
LAST NAME				FIRST NAME		M.I.		VACCINE MANUFACTURER AND BRAND NAME	
								RABDOMUN	
ADDRESS #		DIR.		STREET NAME		STREET TYPE		APT/LOT #	
CITY		STATE		ZIP CODE		PHONE #		SECOND PHONE #	
EMAIL ADDRESS						VACCINE SERIAL # / LOT #			
						S949001B			
						VACCINE TYPE		DOSE	
						<input type="checkbox"/> 1 YR <input checked="" type="checkbox"/> 3 YR		<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> BOOSTER	
ANIMAL NAME						SPECIES <input checked="" type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> FERRET <input type="checkbox"/> OTHER		SEX <input checked="" type="checkbox"/> SPAYED/NEUTERED <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
AGE OR DOB		COLOR(S)		BREED(S)		SIZE		WEIGHT	
2 YRS		WHT-BUFF		Chinese Sharpei		20-50 LBS (MED)		47#	
MICROCHIP #				TATTOO #		DANGEROUS DOG <input type="checkbox"/>		CLINIC CODE	
956000002352128						POLICE / GUIDE DOG <input type="checkbox"/>		PHONE NUMBER	
PLEASE MARK AND RETURN TO ANIMAL SERVICES IF THIS ANIMAL IS						LICENSE #		VETERINARIAN'S SIGNATURE	
<input type="checkbox"/> DECEASED <input type="checkbox"/> NO LONGER LIVING IN HILLSBOROUGH COUNTY <input type="checkbox"/> NO LONGER OWNED						3247			

HILLSBOROUGH COUNTY ANIMAL SERVICES P.O. BOX 89159, TAMPA, FL 33689-0402 / 440 FALKENBURG RD. PHONE: (813) 744-5660

LICENSE & RABIES VACCINATION REGISTRATION CERTIFICATE
ANIMAL SERVICES/HILLSBOROUGH COUNTY COPY

1298697

Keep this for your records.

Microchip # _____
 956000002352128

**For immediate enrollment go to
www.akccar.org**

You will receive a confirmation of your pet's enrollment with an AKC CAR collar tag showing your pet's microchip ID number. Please allow up to 4 weeks for delivery of the collar tag.

AKC Companion Animal Recovery

8051 Arco Corporate Drive, Suite 200

Raleigh, NC 27617

800-252-7894

Fax 919-233-1290



**AMERICAN
KENNEL CLUB™**

COMPANION ANIMAL RECOVERY

The Pet Poison Helpline™ is a third party and AKC Companion Animal Recovery is not responsible for its services or programs. Prices and products subject to change and can be modified or discontinued at any time.

Hillsborough County Animal Services

P.O. Box 89159 Tampa, FL 33689-9998
(813)744-5660

THIS SPACE FOR ESCROW REFUND DEPOSIT ONLY

TC	IC	SO/CL	SUBS	AMT
210	ANR00111	2207	001	
VENDOR	REF	DOC	VFES	
*REFUND		A1298697 P0362867		SHARPEI RESCUE
AUTH BY		DATE		

Receipt Number: **R10-402556**

Receipt Date: **Saturday, November 20, 2010**

Person Information: **FLORIDA SHARPEI RESCUE**
5514 NW 99TH TER
GAINESVILLE, FL 32653

PID: **P0362867**

Received From: **FLORIDA SHARPEI RESCUE**

Check No:

Phone: **(727) 570-2260**

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
ADOPTION RES	A1298697		\$10.00	1	\$10.00

Total Fees Due: **\$10.00**

Payments:	Cash:	\$10.00
	Check:	\$0.00
	Credit Card:	\$0.00

Total Payments Received: **\$10.00**

Thank You!

Change:	\$0.00
Balance Due:	\$0.00

Animal Information:

A1298697 A1298697 - 2 YEARS OF AGE, SPAYED, CHINESE SHARPEI, WHITE AND BUFF DOG

Kennel Information:

Animal ID:	Kennel Tag	Activity No:	Intake:	Outcome:	In Type:	Out Type:
A1298697		A10-359620	11/09/10	11/20/10	STRAY	ADOPTION

258

Front Counter Hours

Tues - Fri 10:00AM - 7:00PM Sat 9:00AM - 4:00PM Shelter CLOSED Sunday, Monday, and Holidays

Adoptions Close 30 min prior to the closing of the facility.

Animal Surrender (Side Gate) Owned Tues, Wed, & Fri 1:00PM - 5:00PM Strays Tues - Fri 10:00AM - 5:00PM Sat 10:00AM - 3:00PM

Clerk: AdmLopeA

SHELTER

Transaction Date: 11/20/10

Print Date: 11/20/10 f:\ware\chameleon\crystal\receipt.rpt

ADOPTION CONTRACT
HILLSBOROUGH COUNTY ANIMAL SERVICES
440 FALKENBURG ROAD
TAMPA, FL 33619
(813) 744-5660

This contract is made on 11/19/2010 between Hillsborough County Animal Services and *Florida Sharpei rescue* the adopter. By signing below *Florida Sharpei rescue* acknowledges receipt from Hillsborough County Animal Services, a dog, described as a *white spayed chinese sharpei*. In addition, I acknowledge that I am 18 years or older and agree to be bound by and to comply with the following terms and conditions:

1. I will provide proper and sufficient *food, water, shelter and kind treatment* for the animal at all times.
2. I will have this animal examined by a veterinarian in next 72 hours. Thereafter, I will have it *examined at least once annually* by a veterinarian, and immunized as recommended, at my expense.
3. *I understand that the animal I am adopting has already been sterilized.*
4. I will not *abandon this* animal.
5. I will seek appropriate veterinary care and/or treatment in the event this animal becomes sick or injured at *my own expense*.
6. I will not permit the animal to *run at large* or to *become a public nuisance*, will *keep means of identification* on the animal at all times, and will *immediately retrieve* the animal from any public or private shelter when notified that the animal is being held at any such location. In the event the animal *becomes lost*, I will make every reasonable effort and attempt to relocate and claim the animal.
7. I will at *no time assert any claim*, charge or demand of any kind or nature against Hillsborough County Animal Services for any charges which may have been incurred by me, including veterinarian fees, in connection with the animal. **Hillsborough County Animal Services does not refund adoption or license fees.**
8. I understand that the information provided to me about the dog I am adopting may have been received by Hillsborough County Animal Services *from third parties* and that Hillsborough County Animal Services does not warrant the accuracy or correctness of such information.
9. I understand that animals can be unpredictable and the Hillsborough County Animal Services cannot anticipate or insure against *unexpected conduct* of animals adopted from Hillsborough County Animal Services. I acknowledge that Hillsborough County Animal Services had not made through its agents, volunteers, or employees, any *warranties* regarding the future condition, temperament, or conduct of the animal. I hereby accept the animal as is, assume all risks and responsibilities associated with ownership of the animal, including bites, and I hereby fully and completely release, indemnify, and *hold harmless*, Hillsborough County Animal Services, its directors, officers, volunteers, agents, servants, and employees from any claim, cause of action or liability of any sort or nature, whether known or unknown, directly arising out of or in connection with the adoption, care, or ownership, maintenance, retention, temperament, conduct or condition of the animal.

This contract may be *specifically enforceable* by Hillsborough County Animal Services through judicial proceedings, including the right of the Hillsborough County Animal Services to recover the animal due to any breach of any terms of this contract. I hereby agree that in the event I breach this contract and Hillsborough County Animal Services files suit to enforce this contract or to defend any claim under this contract, that, I will pay any court costs and attorneys' fees incurred by Hillsborough County Animal Services in connection herewith.

FLORIDA SHARPEI RESCUE
5514 NW 99TH TER
GAINESVILLE FL 32653
(727) 570-2260

11/19/201

HCAS Representative

P0362867

A1298697

INVOICE

Animal Hospital of Regency Park

7741 Congress St.
New Port Richey, FL 34653
727-848-6247

"The Best in Quality Care and Customer Service"

FOR: Shar-pei Rescue

New Port Richey, FL 34653
(727)

Printed: 12-03-10 at 14:02
Date: 12-03-10
Account: 13000
Invoice: 230125

Date	For	Qty	Description	Net Price
Services by Michael S. Canfield, D.V.M.				
12-02-10	Dazze	1	RESCUE Entropion Bilateral	250.00
12-02-10		1	SAMPLE Rimadyl 75 mg Chewable #64852	0.00
Services by				
12-03-10			Visa payment	-275.00
Old balance	Charges	Payments		New balance
25.00	250.00	275.00		0.00

Patient	Total charges
Dazze	250.00

Reminders for: Dazze (Weight: 47.5 lbs - 2y)	Last done
11/11 Rabies Vaccine	11-19-10
11/11 DA2PPV CVK LCI-GP Annual	11-09-10
12/09 Sero Occult HeartWorm Test	
01/09 Bordatella Intranasal #1	

Dazze's weight history

12-02-10	47.50
12-01-10	47.50

r accepts checks as a form
edit cards, cash, and Care

ANIMAL HOSPITAL REGENCY
7741 CONGRESS ST
NEW PORT RICHEY, FL 34653
727-848-6247

Merchant ID: 000000265650

Ref #: 0009

Phone Order

XXXXXXXXXX7816

VISA

Entry Method: Manual

Total:

\$

275.00

12-03-10

14:06:07

Inv #: 0000009

Appr Code: 406834

Approved: Online

Batch#: 000023

CVV2 Code: MATCH M

PO #: 230125

Customer Copy

THANK YOU!

PLEASE COME AGAIN!