24PetWatch™

MICROCHIP IDENTIFICATION
IDENTIFICACIÓN DEL MICROCHIP

Tel: 1-866-597-2424
Fax: 1-866-738-2327
Web: www.24petwatch.com

MICROCHIP IDENTIFICATION NUMBER
Affix 24PetWatch bar code label here

NÚMERO DE IDENTIFICACIÓN DEL MICROCHIP
Ponga aquí el código de barras de 24PetWatch

1 OWNER / DUEÑO (PLEASE PRINT / CON LETRA DE IMPRENTA)

First Name: / Nombre: | Last Name: / Apellido:

Address: / Dirección: | Unit: / Dpto: | City: / Ciudad: | State: / Estado: | ZipCode: / Zip:

Email: / Correo electrónico:

Home Phone: / Teléfono de domicilio: ( ) | Buniness Phone: / Teléfono comercial: ( ) | Mobile Phone: / Móvil: ( )

I.D. NO.
982 000149992651
24PetWatch.com
1-866-597-2424

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2 PET(S

Pet's Name: / Nombre de l... | ❑ Male / Macho ❑ Female / Hembra | Spayed / Neutered: / Esterilizado / Neutralizado: ❑ Yes / Sí ❑ No / No

Birthdate: / Fecha de na... | Dominant Breed: / Raza predominante:

What veteri... / Que clínica ... | Last Rabies Vaccination: (mm/dd/yyyy) / Vacuna de rabia: (Mes/Día/Año) / /

3 EMERGENCY CONTACT / CONTACTO EN CASO DE EMERGENCIA

First Name: / Nombre: | Last Name: / Apellido:

Home Phone: / Teléfono de domicilio: ( ) | Mobile Phone: / Móvil: ( ) | Other: / Autre: ( )

4 MICROCHIP PROVIDED BY / EL MICROCHIP FUE SUMINISTRADO POR

Name of Shelter / Veterinary Clinic: / Nombre del albergue o clínica veterinaria : Suncoast Humane Society | Birthdate: (MM/DD/YYYY) / Fecha de adopción: (Mes/Día/Año) / /

Address: / Dirección: | Unit: / Dpto: | City: / Ciudad: | State: / Estado: | ZipCode: / Zip:

Buniness Phone: / Teléfono comercial: ( ) 6781 San Casa Drive · Englewood, FL 34224

941-474-7884

I declare that the particulars stated in this application are true and no material fact has been withheld. I understand that misrepresentation or non-disclosure will void the contract. Should your address/contact information change, please update your 24PetWatch registration immediately at **www.24petwatch.com** or call **1-866-597-2424**. We will contact you periodically to ensure your information remains accurate.

- ❑ Yes, I consent to the release of my name and telephone number to anyone that finds my pet.
- ❑ No, I prefer that communication only be through 24PetWatch.
- ❑ I understand that I may be contacted by a QuickCare Pet Insurance Program Representative.

We respect your privacy. If you do not wish to be contacted regarding Pethealth Inc.'s wholly owned subsidiaries' products and services, please call 1-866-597-2424 or send an e-m... info@24petwatch.com

Declaro que los detalles indicados en esta aplicación son verdad y ningún material ha sido retenido. Si cambia su dirección/información de contacto, por favor actualice su inscripci... con 24PetWatch inmediatamente en www.24petwatch.com o llame al 1-866-597-2424.Nos pondremos en contacto con usted periódicamente para asegurarnos de que su informaci... siga siendo exacta.

- ❑ Sí, autorizo que le den mi nombre y número telefónico a quien encuentre mi mascota.
- ❑ No, prefiero que la comunicación sólo sea a través de 24PetWatch.
- ❑ Entiendo que un representante del programa de seguros para mascotas QuickCare se puede comunicar conmigo.

Respetamos su privacidad. Si no desea ser contactado con respecto a los productos y servicios de los subsidiarios de entera propiedad de Pethealth Inc. por favor llame al 1-866-597-2424 o envie un e-mail a info@24petwatch.com

Owner's Signature / Firma del dueño | Date

Mail to / Mandar por correo a: **24PetWatch Microchip Identification, PO Box 2150, Buffalo, NY 14240-2150**
in the postage paid envelope provided / en el sobre que se proporciona con franqueo ya pagado

PROCEDURE	DATE	RESULT	INIT
Weight	12-31-11	34	
Weight			
Ear Check/Clean	1-5-12		
Nail Check/Cut	1-5-12		
Microchip Implant	1-5-12		

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VACCINATION	DATE		INIT
Rabies	11/6/11		
DA2PPV-Vaccination	1-5-12		
DA2PPV-Booster			
Bordetella	12/23/11		ML
Bordetella			

MEDICATION	DATE	MED / LABEL	INIT
Worming	1-5-12	Panacur / Pyrantel	
Worming		Panacur / Pyrantel	
Live Fleas		Capstar	
Heartworm Prev.	1-5-12	Tri-Heart Plus / Ivermectin	
Heartworm Prev.		Tri-Heart Plus / Ivermectin	
Flea/Tick Prev.	1-5-12	Vectra 3D	
Flea/Tick Prev.		Advantix / Frontline / Promeris	
Tick Collar			

TEST	DATE	RESULT	INIT
HW Occult	12-31-11	Neg / Pos	
Parvo		Neg / Pos	
Fecal	1-3-12	Neg / Pos	
Fecal		Neg / Pos	

CANINE INTAKE

TIME: 11:00am DATE: 12/23/11

COUNTY: C REL #: 2234

COLOR: Black

SEX: M MN F FS NAME: CoCo

BREED: Shar Pei EST. AGE: 2y

EST. DOB

OGU/STRAY

AWL OR SCAS NOTIFIED ☐

WHERE: Annapolis Ln R.W

SPECIAL MARKINGS:

SCANNED: none

BATHED:

INTAKE PROCESSED BY: CC

Suncoast Humane Society

6781 San Casa Dr
Englewood FL 34224
941-474-7884
Fax 941-475-3877

Shelter Transfer Program (Transfer out of SHS)

The Suncoast Humane Society partners with animal service facilities and domestic animal rescue groups. Suncoast Humane Society will accept approved pets from these facilities and transfer pets from our facility to these facilities, for the sole purpose of placement into permanent homes.

Organization Name: FL Shar-pei Rescue

Contact Name: Paula Cullison (local) volunteer; Barb Abel

Address: 1937 Neptune Dr.
Englewood, FL.

Phone: 941-474-0304 Fax: 941-474-0304

List of pets for transfer and brief description:
"Coco" approximate 2 year old Chocolate Spayed Female Shar Pei
Release # 20112234 Microchip # 982000149992651

All pets being transferred from Suncoast Humane Society will be fully vaccinated and de-wormed unless discussed otherwise and approved by the Director of Operations and/or Executive Director. All pets will be spayed and neutered unless discussed otherwise and approved by the Director of Operations and/or Executive Director. All pets will be micro chipped unless discussed otherwise and approved by the Director of Operations and/or Executive Director, proof of all of the above will be provided at tim of transfer. The receiving facility will provide adequate veterinary care in the event of illness or humane euthanasia (as defined by the American Veterinary Medical Association) if deemed necessary due to illness or injury

All pets must be provided with adequate shelter, food, and water

Signature Paula B. Cullison Date 1-6-2012
(Other organization representative)

Signature Marla Ruppert Date 1-6-12
(Suncoast Humane Society representative)

Canine Information:

Release #: 2234

Dog's Name: _____ Breed: ~~Show~~ Sharpei Color: Black

Sex: F Spayed/Neutered: ☐ Yes ☐ No Age:____ Years / Months / Weeks

Why are you giving up this dog? Stray

How long has this dog lived with you? _____ Where did you acquire this dog? Annapolis Ln RW

This dog is: ☐ Housebroken ☐ Paper Trained ☐ Not Housebroken ☐ Crate Trained
☐ Occasionally has accidents If so, explain: _____

When he/she is left alone, where is he/she kept, and for how long? _____

Who has this dog lived with? ☐ Men ☐ Women ☐ Children (specify ages) _____

How would you describe the dog's behavior around children? ☐ Friendly ☐ Playful ☐ Tolerant ☐ Afraid ☐ Snappy
☐ Too much for small children ☐ Never been with children

How would you describe the dog's behavior with strangers? ☐ Friendly ☐ Playful ☐ Tolerant ☐ Afraid ☐ Snappy

Does the dog know how to? ☐ Sit ☐ Stay ☐ Come ☐ Lie Down ☐ Walk on a leash ☐Other_____

Does the dog enjoy water? ☐ Yes ☐ No

Riding in the car? ☐ Yes ☐ No

Does the dog have thunderstorm anxiety? ☐ Yes ☐ No

What other animals has this dog lived with? ☐ Dogs (male/ female) ☐ Cats (male/female) ☐ Other _____

Does he/she enjoy living with the above animals? ☐ Yes ☐ No If no, please explain: _____

Does the dog have any previous injuries or health problems? If so, explain: _____

Is the dog current on vaccinations? ☐ Yes ☐ No Name of your vet or clinic: _____

Out: Has the dog ever bitten anyone? ☐Yes ☐ No If yes, has it been within the last 10 days? ☐Yes ☐No ☐Don't Know

Additional Comments: _____

_____

In:

Release Information:

☐ **Owner Surrender**: I swear and certify that I am the owner (or duly authorized agent) of the dog(s) described above, and I unconditionally surrender my animal to Suncoast Humane Society.

☐ **Owner Requested Euthanasia** - Reason: ☐ Medical ☐ Temperament

Humane Society

6781 San Casa Drive, Englewood FL 34224

Phone: (941) 474-7884 Fax: (941) 475-3877 Email: information@humane.org • www.humane.org

Medical History

Release No: CC-2011-2234

Type: Dog **Color:** black

Breed: Shar-Pei **Sex:** F **Age:** 2 YRS AS OF 12/23/2011

Name: COCO **Spayed/Neutered:** YES

Date	Treatment	Test Results	Drug	Notes
12/23/2011	BORDETELLA VACCINE		BRONCHISHIELD III	
12/31/2011	HEARTWORM TEST	N		
12/31/2011	WEIGHT			34 lbs
1/3/2012	FECAL EXAM	N		
1/5/2012	FLEA AND TICK PREVENTION		VECTRA 3D	
1/5/2012	HEARTWORM PREVENTION		IVERMECTIN	
1/5/2012	WORMING		PYRANTEL	
1/5/2012	DA2PPV Vaccination		DURAMUNE	
1/5/2012	MICROCHIP IMPLANTED		24 PET WATCH	982 000149992651
1/5/2012	NAILS CHECKED			
1/5/2012	EAR CHECK			
1/6/2012	RABIES VACCINATION		RABVAC 1	

DA2PPV is a vaccine against Distemper, Hepatitis, Parainfluenza, and Parvo.

Fecal exam refers to checking stool samples for internal parasites.

Florida law requires that all dogs and cats be vaccinated against Rabies. A county tag should be purchased when the vaccination is given. This tag must be worn by the animal at all times.

The information provided above is the medical history provided by the previous owner or by members of our staff. There may have been other medications administered but not recorded. Your vet is the best source of information about medications or treatments that your pet might need.