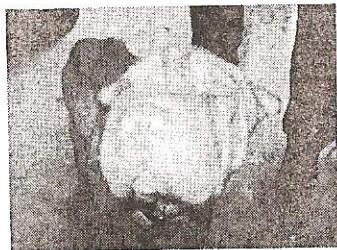


Adoption Kennel Card

ShelterCare

24PetWatch

Tel.: 352-726-7660 | Fax: 352-726-4120

This pet is eligible for 30 days of pre-paid health insurance when adopted from our organization. For more information, please visit www.sheltercare.com or call 1-866-375-PETS.

Our organization offers 24PetWatch microchips, which include free registration into the 24PetWatch pet recovery service. For more information call 1-866-597-2424.



DA 26

Animal ID: A08047929

08016084

Stage:

Review Date:

Location: / 242

Description:Dog
Male

Chinese Shar-Pei / , Tan / ,
 , DOB: , Previously Altered: No, Currently Altered: No
 Declawed: None
 Collars: / , Bitten: No Bite History, Distinguishing Marks: None

Profile Info:

Housetrained:
Lived with Kids:
Lived with Pets:
Veterinarian
Allergies
Medication

Environment:
Attitude:
Attitude:

Buddy:Adoption Notes:

HSCC

Vaccination Certificate

Tel: 352-726-7660 | Fax: 352-726-4120



Citrus County Animal Services

4030 S Airport Road
INVERNESS Florida 34450 USA
adoptions@bocc.citrus.fl.us
http://citruscritters.com

Tel:

Animal Information

| | | | | | | |
|------------|-------------|-----------|------------------|------------------|------------------|-------|
| Name: | Animal ID: | A08016084 | Primary Breed: | Chinese Shar-Pei | Primary Color: | Brown |
| Types: Dog | Gender: | Male | Secondary Breed: | | Secondary Color: | |
| DOB: | Current Age | | Size: | Small | Pre-Altered: | No |

Vaccination Certificate

| Vaccine Name | Length | Re-vac Date | Manufacturer | Lot # | Expiration | Admin Type | Admin Date | Pet ID Number | Pet ID Type |
|--------------------------------|---------|-------------|-----------------|---------|-------------|------------|-------------|---------------|-------------|
| Bordetella Intra Nasal, Canine | 1 years | Jul 13 2010 | | | | Exam | Jul 13 2009 | | |
| Da2PPV Canine | 1 years | Jul 13 2010 | | | | Exam | Jul 13 2009 | | |
| Rabies | 1 years | Jul 20 2010 | PFIZER (killed) | 1837265 | Feb 26 2010 | Exam | Jul 20 2009 | | |

Give a try #2011#10241 7/20/09



Citrus County Animal Services
4030 S Airport Road ,
INVERNESS, Florida, 34450, USA
adoptions@bocc.citrus.fl.us
http://citruscritters.com

Cash Drawer Cash Drawer 4

Pat Rupp

Person ID: P04569208

751 S Smith Avenue

Tel: 352-341-2222

INVERNESS, FL, 34453 ,

ReceiptID: 2196175

Create Date: 07/21/2009 11:25:00 AM

Created By: louise

Print Date: 07/21/2009 11:22:59 AM

Animals

| ID | Name | Species | Primary Breed | Gender | Color | ID Number | Issuer |
|---------|------|---------|------------------|--------|-------|------------|------------|
| 8016084 | | Dog | Chinese Shar-Pei | M | Brown | 0A11326B3E | 24PetWatch |

Items

| Item | AnimalID | UnitPrice | Units | Discount | Tax | SubTotal |
|--------------------------------------|----------|-----------|-------|-----------------|--------------------------------------|----------|
| Bordetella Intra Nasal, Canine | 8016084 | \$5.00 | 1 | 0.00% \$0.00 | 0.000% \$0.00 0.000% \$0.00 | \$5.00 |
| Da2PPV Canine | 8016084 | \$8.00 | 1 | 0.00% \$0.00 | 0.000% \$0.00 0.000% \$0.00 | \$8.00 |
| Rabies | 8016084 | \$5.00 | 1 | 0.00% \$0.00 | 0.000% \$0.00 0.000% \$0.00 | \$5.00 |
| Microchip Fee | 8016084 | \$6.00 | 1 | 0.00% \$0.00 | 0.000% \$0.00 0.000% \$0.00 | \$6.00 |
| Heartworm Test Adoption | 8016084 | \$5.50 | 1 | 0.00% \$0.00 | 0.000% \$0.00 0.000% \$0.00 | \$5.50 |

negative

Reference:

Total: \$29.50

Cash \$29.50

Total Paid: \$29.50

Check \$0.00

Change Given: \$0.00

Debit \$0.00

Previous Balance: \$29.50

Credit Card \$0.00

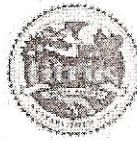
Balance: \$29.50

Gift Card Paid \$0.00

Animal View Report

Animal

Animal: A08016084



Printed: 07/21/2009 09:13AM

Animal Details

A08016084

Dog
Male
Young Adult (6mth -
2yr)

Chinese Shar-Pei, Brown, Small, 0
Previously Altered: No, Currently Altered: No
Declawed: None
Bitten: No Bite History

Intake

7/8/2009 5:11:00 PM Seized

Jurisdiction: **Lecanto**, Condition: **Healthy**, Intake By: **terry**

Stray

Location seized: **4300 Leeann**

Emancipation Date 07/13/2009 05:11PM

P05898071

Terry Funderburk, (352) 390-7213, 4030 S Airport Road, INVERNESS, FL 34450

***Citrus County Animal Services, (352) 726-7660**

(anonymous)

Stage

| <u>Stage</u> | <u>From (Date/Time)</u> | <u>Review Date</u> | <u>By</u> | <u>Asilomar</u> |
|-------------------|-------------------------|--------------------|------------------|-----------------|
| Available | 7/14/2009 8:43:21 AM | | Teala Soltis | |
| New Arrival Stray | 7/8/2009 5:11:00 PM | 07/13/2009 05:11PM | Terry Funderburk | |

Location

| <u>Location</u> | <u>SubLocation</u> | <u>From (Date/Time)</u> | <u>By</u> |
|-----------------|--------------------|-------------------------|------------------|
| Lowers | DA26 | 7/12/2009 2:19:01 PM | Richard Baker |
| Managers Office | PLAYPEN 1 | 7/8/2009 5:11:00 PM | Terry Funderburk |

Microchip

| <u>Microchip Number</u> | <u>Microchip Provider</u> | <u>Microchip Issue Date</u> |
|-------------------------|---------------------------|-----------------------------|
| 0A11326B3E | 24PetWatch | 7/20/2009 12:00:00 AM |

Exam

| | | | | | | |
|-------------------|---------------------------------|-------------------|---------------------------------|-----------------------|-------|-------|
| ExamID: E06468336 | Exam Date: 7/21/2009 9:11:00 AM | Entered By: julie | Performed By: Julie Rosenberger | | | |
| Weight: 0 | Body Temperature: 0 | Medical Status: | Temperament Condition: | | | |
| Medication | | | | | | |
| Medication | Dose | Frequency | Duration | Review Date | Route | Lot # |
| Capstar | 1.00 tablet | 0 | 0 Days | 07/22/2009 09:11AM | Oral | |
| Pyrantel Pamoate | 7.00 cc | 0 | 0 Days | | Oral | |

| | | | |
|-------------------|---------------------------------|-------------------|---------------------------------|
| ExamID: E06468831 | Exam Date: 7/20/2009 5:08:00 PM | Entered By: julie | Performed By: Julie Rosenberger |
| Weight: 0 | Body Temperature: 0 | Medical Status: | Temperament Condition: |

Vaccine

| <u>Vaccine</u> | <u>Manufacture</u> | <u>Lot Number</u> | <u>Expiration /Re-Vac Dates</u> | <u>Pet ID Number /Type</u> | <u>Route /Body Part</u> |
|----------------|--------------------|-------------------|---------------------------------|----------------------------|-------------------------|
|----------------|--------------------|-------------------|---------------------------------|----------------------------|-------------------------|

| | | | | |
|------------------------|-----------------|-------------|-----------------------|----------------------|
| Rabies | PFIZER (killed) | 1837265 | 2/26/2010 12:00:00 AM | Subcutaneous |
| | | | 07/20/2010 05:08PM | Rear right leg / paw |
| Test | | | | |
| Test | Result | Result Date | Re-Test | Re-Test Date |
| Heartworm Test, Canine | Negative | 7/20/2009 | No | |

| | | | |
|-------------------|---------------------------------|-------------------|--------------------------|
| ExamID: E06443322 | Exam Date: 7/16/2009 1:58:00 PM | Entered By: julie | Performed By: Miki Warax |
| Weight: 0 | Body Temperature: 0 | Medical Status: | Temperament Condition: |
| | | Treatment | Review Date |
| | | Ear Flush | |

| | | | | |
|--------------------|----------|-------------|---------|--------------|
| Test | | | | |
| Test | Result | Result Date | Re-Test | Re-Test Date |
| Skin Scraping Exam | Negative | 7/16/2009 | No | |

"Exam Notes"

gave medicated bath. Skin scrape negative. Excoriations on outside right ear and in wrinkles on head. Advise: Cephalexin 500mg PO BID and Ear Ointment SID; medicated bath and ear flush.

| | | | |
|-------------------|----------------------------------|-----------------|-------------------------|
| ExamID: E06420871 | Exam Date: 7/13/2009 10:21:00 AM | Entered By: eva | Performed By: Eva Clark |
| Weight: 0 | Body Temperature: 0 | Medical Status: | Temperament Condition: |

Vaccine

| Vaccine | Manufacture | Lot Number | Expiration /Re-Vac Dates | Pet ID Number /Type | Route /Body Part |
|--------------------------------|-------------|------------|--------------------------|---------------------|------------------|
| Bordetella Intra Nasal, Canine | | | 07/13/2010 10:21AM | | |
| Da2PPV Canine | | | 07/13/2010 10:21AM | | |

Medication

| Medication | Dose | Frequency | Duration | Review Date | Route | Lot # |
|------------------|---------|-----------|----------|--------------------|-------|-------|
| Penicillin G, B | 1.50 cc | 0 | 0 Days | | | |
| Capstar | 0 | 0 | 0 Days | 07/14/2009 10:21AM | | |
| Pyrantel Pamoate | 5.00 cc | 0 | 0 Days | | | |

Profile

| | | | |
|---------------------|--------------------|-----------------------|---------------------------|
| Adoption Price | HouseTrained | Reason Not Trained | Environment |
| \$0.00 | | | |
| Lived with Children | Number of Children | Ages of Children | Attitude Towards Children |
| | 0 | | |
| Lived with Pets | Pet Types | Attitude Towards Pets | Buddy |
| Veterinarian | Allergies | Medication | |



Allflex USA, Inc.
PO Box 512266
Dallas/Ft. Worth Airport
Texas 75261-2266
Tel. 972 456-3686
FAX 972 456-3882

Allflex P/N 860007-001

(12mm x 2.1mm)

**Sterile Injector Needle (Luer Lock)
with FDX-A (FECAVA) Transponder**



0A11326B3E



0A11326B3E



0A11326B3E



0A11326B3E



0A11326B3E



0A11326B3E



ROOM FOR ONE MORE ADOPTION CONTRACT

ROOM FOR ONE MORE PET RESCUE AGREES TO DO THE FOLLOWING:

1. Give the **ADOPTER** title to, possession and control of the dog as described below for as long as the **ADOPTER** complies with the terms of this contract.
2. Provide **ADOPTER** with any and all veterinary records available for dog. *All dogs are spay/neutered prior to adoption or an appointment has been scheduled if the dog is not yet old enough for spay/neuter.
3. **RESCUER** acknowledges receipt from **ADOPTER** of a donation to aid with reimbursement of veterinary and/or any other expenses incurred to consider dog for adoption. If requested, **RESCUER** will refund any adoption donation made if the dog covered under this contract is returned within 7 calendar days from the date of contract. The **ADOPTER** shall forfeit any donation made if requested after 7 days.

IN RETURN, THE **ADOPTER** AGREES TO THE FOLLOWING:

4. If the dog proves to be in poor health such that major treatment is necessary, the **ADOPTER** may return the dog within 7 days if the date of this contract. **ADOPTER** must provide written confirmation to **RESCUER** from a veterinarian of the dog's health and the necessity for major treatment.
- *5. Keep the dog as a pet and companion and not abandon, trade, give away, or sell it, nor is the dog to be used or sold for commercial use or research purposes. If the **ADOPTER** no longer desires or is unable to keep the dog within the terms of this contract, the dog must be returned to the **RESCUER**. It is **NEVER** to be turned over to an animal shelter or passed to another owner.
- *6. Provide adequate, high-quality food, water, shelter, exercise, and medical care at all times and care for the dog in a devoted and humane manner for the remainder of its natural life.
- *7. Have the dog examined by a licensed veterinarian within one month of adoption and at least once a year thereafter, maintain appropriate vaccinations and other preventive health and dental care, including but not limited to year-round heartworm and flea prevention, and provide copies of the dog's care records to the **RESCUER** upon request.
- *8. Provide a humane collar or harness for the dog to wear at all times and to keep on this collar, at minimum, the rabies tag.
- *9. During the dog's lifetime, **RESCUER** may visit the premises where the dog is kept and reclaim the dog if, in the judgement of the **RESCUER**, the dog is not being adequately cared for or **ADOPTER** has not complied with any provision of this contract.
- *10. **ADOPTER** agrees to pay all cost necessary to enforce this agreement including reasonable attorneys' fees, costs of litigation, dog recovery fees, and all medical bills to restore dog's health back to adoptable status.
11. The **ADOPTER** authorizes any animal care or control agency to release the dog to a **RESCUER** representative, hereby designated as Agent for the **ADOPTER**, if the dog is found running at large or is brought into a sheltering facility for any reason.
12. **ADOPTER** acknowledges the dog is adopted "as is" and that no implied or expressed warranties have been made by **RESCUER** in reference to health, training and /or temperament of the dog. **RESCUER** shall not be held responsible for any veterinary expenses after adoption of the dog or held liable for any misrepresentations unknown to this **RESCUER**.
13. **ADOPTER** understands that should the dog cause personal injury or property damage after the adoption, the **RESCUER** shall in no way be liable in whole or part for that damage and hereby assumes and agrees to hold **RESCUER** harmless from any and all liability for the dog, or any injury or damage that may be caused by it. **ADOPTER** hereby waives all claims, losses, or damages which may arise after the adoption of this dog, caused by any act of omission by **RESCUER** which results in personal injury or property damage to any person by this dog, and the **ADOPTER** agrees not to bring any legal action seeking any remedy against **RESCUER** in connection with this agreement or in connection with personal injuries or property damage claimed to result from any act or omission by **RESCUER** whether by **ADOPTER** or any third party.

DOG'S NAME Shaw Pei

ID: 08016084

Susan A. Miller
ADOPTER'S SIGNATURE

7/21/09
Date:

Pat Bupp
RFOM RESCUE REPRESENTATIVE'S SIGNATURE

*Not applicable to Transfers to rescues