Kennel No:
**CD09**

Animal No:
**A243156**

# Seminole County Animal Services

Kennel Card

## *****PLEASE DO NOT REMOVE KENNEL CARD*****

Name: **MIKA**

Color: **BLONDE**

Breed: **CHINESE SHARPEI**

Sex: **SPAYED**

Age: **3M**

Collar Color:

Collar Type:

Tag:
**0A1212536B**

Markings:

Intake Date:
**4/20/2011**

Review Date:
**4/20/2011**

Intake Type:
**OWNER SUR / OTC**

Intake By:
**AM**

Crossing:

## *****PLEASE DO NOT REMOVE KENNEL CARD*****

Comment:

# MIKA'S MEDICAL HISTORY

A243156 DOG BLONDE S CHINESE SHARPEI 0 years 4 months

lbs. 04/22/11

**4/16/2011**

EXAM NORMAL 0.00LBS Treated by:

see attached medical

PYRANTEL

DHPP

BORDATELLA

**4/20/2011**

EXAM-INITIAL NORMAL 0.00LBS Treated by:

see attached medical

2.00 NEO POLY 2.00 TIMES/DAY FOR 14.00 DAYS

QUADRITOP

RABIES DONE AT SPCA

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED PLEASE CALL US AT 407-665-5201

# SPCA OF CENTRAL FLORIDA (HSSC)

2800 County Home Road, Sanford, FL 32772 • TELEPHONE: 323-8685

41699

Mathew

| BREED | SEX | AGE | PET'S NAME | DATE |
|---|---|---|---|---|
| Shar pei | S/F | 3 1/2 mth | Mika | 4/16/11 |

| COLOR | EARS | TAIL | COAT | RECEIVED BY: |
|---|---|---|---|---|
| Tan | 1/2 flop | long | short | |

☐ DOG
☐ CAT
☐ OTHER

REASON FOR RELEASE: Homeless

TOTAL ON FORM (1)

DONATION: $

INITIALS

☐ CASH
☐ CHECK

Serial/Exp. 22030B 15 JAN 12

Rabies Vaccine
Killed Virus
Imrabic 1 TF
MERIAL

☐ HOUSEBROKEN Y/N
☐ GOOD WITH CHILDREN ___ AGE___
☐ GOOD WITH CATS___ DOGS Y
☐ DECLAWED
☐ PET PROFILE COMPLETED

DATE

NO PTS ☐
BY:____
PTS DATE

WEIGHT 15.4
S / N 4-20-11
P / U
STITCHES OUT N/A

## ADOPTION INFORMATION

| FIRST NAME | LAST NAME | TELEPHONE HOME / WORK | DATE |
|---|---|---|---|
| | | | |

| ADDRESS | APT. # | CITY | STATE | ZIP |
|---|---|---|---|---|
| | | | | |

I UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS AND CONDITIONS WHICH ARE STATED ON THE REVERSE SIDE OF THIS FORM

ADOPTION COUNSELOR_____ ADOPTER SIGNATURE_____

ADOPTION DONATION $

☐ CASH ☐ CHECK ☐ DEBIT
☐ M/C ☐ VISA
☐ RTO ☐ PFP ☐ MEMBER
☐ HW PILLS ☐ FLEA PRODUCT

VETERINARY INFORMATION ☐ FVRCP-CP ☐ BORD ☐ DHLP&P ☐ WORMED ☐ DATE: 4/16/11 BY: SB

☐ OCC HW DATE:_____ R:_____ ☐ RABIES VAC DATE: 4/16/11 LOT # 22030B 1/12

☐ HW R/T DATE:_____ R:_____ ☐ FELV-FIV DATE:_____ R:_____

☐ OTHER _____

# PET PROFILE

ID # 4169

***In an effort to help us place your pet in an environment best suited to its needs, please complete this questionnaire as completely and honestly as possible.***

Dog: ✓ Cat: ____ How long have you owned your pet? 3 months

Pet's Name: Mika Breed: ____

Age: 3 1/2 months Sex: ☐ Male ☑ Female Is your pet spayed/neutered? ☐ Yes ☑ No

Why are you giving up your pet? No place to go

When was your pet normally fed? 3 times a day What brand of food? Puppy Chow

Does your pet live primarily: ☑ Inside ***OR*** ☐ Outside ***OR*** ☐ Both

Is there any part of your pet's body that it does not like having touched? No

Does your pet know any tricks or commands? ☐ Yes ☑ No What are they? ____

Does your pet have any special habits or preferences? NO

How would you best describe you pet? (Check all that apply.) ☐ Friendly ☐ Protective
☑ Playful ☐ Calm ☐ Aggressive ☐ Timid ☐ Other: ____

- When is your pet aggressive? ____

Has your pet had any past health problems? NO

Who is your current veterinarian? —

Does your pet dig under or jump fences? ☐ Yes ☑ No How high is the fence? ____

Has your pet bitten anyone? ☐ Yes ☑ No When? ____ Why? ____

Is your pet good with:
(Check all that apply)

| | | | | |
|---|---|---|---|---|
| Men | ☑ Yes | ☐ No | ☐ Never been around | ☐ Don't know |
| Women | ☑ Yes | ☐ No | ☐ Never been around | ☐ Don't know |
| Children | ☑ Yes | ☐ No | ☐ Never been around | ☐ Don't know |
| Dogs | ☑ Yes | ☐ No | ☐ Never been around | ☐ Don't know |
| Cats | ☑ Yes | ☐ No | ☐ Never been around | ☐ Don't know |

If your pet was around children, how old were they? 2 and 5

How would you describe your pet's behavior around children? (Check all that apply.) ☐ Friendly ☐ Protective
☐ Playful ☑ Calm ☐ Active ☐ Timid ☐ Quiet ☐ Other: ____

Other information: ____

**24PetWatch**

PET PROTECTION. ANYWHERE. ANY TIME.

PROTECCIÓN DE MASCOTAS. EN CUALQUIER LUGAR. EN CUALQUIER MOMENTO

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**

171

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

Salutation: * / Saludo: * | First Name: * / Nombre: * | Last Name: * / Apellido: * | Middle Initial: / Inicial del segundo nombre:

Address: * / Dirección: * | Unit: / Dpto: | City: * / Ciudad: * | State: * / Estado: * | ZipCode: * / Código Postal: *

Email: * / Correo electrónico: *

Home Phone: * / Teléfono de domicilio: * ( ) | Business Phone: / Teléfono del Trabajo: ( ) | Cell Phone: / Teléfono Celular: ( )

## 2 EMERGENCY CONTACT / CONTACTO EN CASO DE EMERGENCIA

First Name: / Nombre: | Last Name: / Apellido: | Email: / Correo electrónico:

Home Phone: / Teléfono de domicilio: ( ) | Business Phone: / Teléfono del Trabajo: ( ) | Cell Phone: / Teléfono Celular: ( ) | Other: / Otro: ( )

## 3 PET / MASCOTA

Pet's Name: * / Nombre de la mascota: * 41699

Species: * / Especie: * ❑ Male / Macho * ❑ Female / Hembra *

Spayed / Neutered: / Esterilizado / Castrado: ❑ Yes / Si ❑ No / No

Birthdate: (MM/DD/YYYY) * / Fecha de nacimiento: (Mes/Día/Año) / /

Color Primary: / Color Primario:

Color Secondary: / Color Secundario:

Color Pattern: / Patrón de color:

Primary Breed: * / Raza Primaria: *

Secondary Breed : *
*Do Not Enter 'Cross breed' as a breed. If pet is a 'Cross breed', indicate the Dominant breed. This is essential for proper identification.*

Raza Secundaria: *
*No seleccione la opción de 'raza cruzada o mixta'; si su mascota es una 'raza cruzada', indique la raza predominante al seleccionar la opción de raza. Esto es esencial para asegurar una identificación más confiable.*

What veterinary clinic do/will you use? / Que clínica veterinaria utiliza o utilizará?

Last Rabies Vaccination: (MM/DD/YYYY) / última vacuna de la rabia: (Mes/Día/Año) / /

## 4 MICROCHIP PROVIDED BY / EL MICROCHIP FUE SUMINISTRADO POR

Name of Shelter / Veterinary Clinic: / Nombre del albergue o clínica veterinaria:

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

Business Phone: / Teléfono del Trabajo: ( )

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 **1-866-596-2424**.

☐ In the event of a lost pet, 24PetWatch may release your contact details to the person(s) or organization in possession of your animal.

We respect your privacy. We will contact you periodically to ensure your information remains accurate. If you do not wish to be contacted or receive special offers from 24PetWatch please call 1-866-600-2449 or send an email to unsubscribe@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 inscripción con 24PetWatch inmediatamente en **www.24petwatch.com** o llame al **1-866-597-2424**.

☐ En el evento o caso de que su mascota se extravié, 24PetWatch podrá dar su información de contacto a la persona u organización que tiene su animal.

Nosotros respetamos su privacidad. Nos pondremos en contacto con usted periódicamente para asegurarnos que su información sigue siendo exacta. Si usted no desea ser contactado o recibir ofertas especiales de 24PetWatch, por favor, llamar al 1-866-600-2449 o enviar un correo electrónico a: unsubscribe@24petwatch.com.

* Please fill out all mandatory fields as they are important for lost pet recovery notifications.
* Por Favor llene todos los campos mandatorios; ya que estos son importantes para las notificaciones de recuperación de su mascota.

Owner's Signature / Firma del dueño | Date / Fecha

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

1) WHITECOPY - Return to 24PetWatch / COPIA BLANCA - Para devolverla a 24PetWatch 2)YELLOWCOPY - Retained by Animal Owner / COPIA AMARILLA - Para el propietario de la mascota
3) PINKCOPY - Retained by Dealer / COPIA ROSADA - Para el comerciante

24PW-TFM0410-US

**Shelter Adoptions / Receiving**
2800 County Home Rd
Sanford, Fl 32773
407-323-8685 www.orlandopets.org

CERTIFICATE OF VACCINATION

**Date:** 04/20/2011

| | | | | | |
|---|---|---|---|---|---|
| **Seminole County Animal Services**<br>232 Bush Blvd<br>Sanford FL 32773<br><br>**Acc. No:** 159512<br>**Phone:** (407)323-8685 | | **Patient:** 41699 MIKA<br>**Species:** CANINE<br>**Breed:** Shar Pei<br>**Color:** Tan<br>**Doctor:** Tsuyoshi Watanabe D.V.M. | | **Age:** 17w<br>**Sex:** FS<br>**Tag:**<br>**Weight:** 0 | |

Vaccinated for: Rabies Vaccine 1yr on 04/20/2011 Tag Id#: 3754
Producer:MER Serial No:22030B Imrab 1 TF Exp1/12
Doctor: Tsuyoshi Watanabe D.V.M. License:VM10324

I.D. NO.
0A1212536B
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