



RESCUE ORGANIZATION ADOPTION CONTRACT
POLK COUNTY SHERIFF'S OFFICE
ANIMAL CONTROL
7115 De CASTRO RD.
WINTER HAVEN, FL. 33880
Phone: (863) 499-2600 Fax: (863) 298-6540

This contract is made on 1/5/2013 between Polk County Animal Control and **Florida chinese Rescue** the adopter. By signing below **Florida chinese Rescue** acknowledges receipt from *Polk County Animal Control*, ID # A681007, a dog, described as a *brown female chinese sharpei*. **Kennel #N108. The age of this animal is listed as 5 years, 0.00 months.**

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. I will not abandon the animal.
2. I will have the animal *immunized and examined annually* by a veterinarian at my expense. Further, I will cause the animal to wear a valid Polk County rabies tag at all times in accordance with the Polk County Ordinance **10-001**.
3. 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.
4. If I return the animal to *Polk County Animal Control* for any reason, I will at *no time assert any claim*, charge or demand of any kind or nature against *Polk County Animal Control* for any charges which may have been incurred by me, including veterinarian fees, in connection with the animal.
5. I understand that animals can be unpredictable and the *Polk County Animal Control* cannot anticipate or insure against *unexpected conduct* of animals adopted from Polk County Animal Control. I acknowledge that Polk County Animal Control 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 Polk County Sheriff, Polk County Board of County Commissioners, Animal Control*, 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.
6. Pursuant to F.S. 823.15, I will have the animal surgically sterilized by a licensed veterinarian of my choosing and at my expense. I will submit written proof of the surgery to *Polk County Animal Control* within 30 days of signing this contract which will be on _____. Failure to comply with this contract, either in part or whole, may result in penalties defined in F.S. s.775.08(3), as well as the rescue organization losing its privilege to adopt animals from this shelter.

The sum of \$ 25.00 will be due before the animal is released to me. Upon receipt of sterilization proof, Polk County Animal Control will process my request for a portion of the adoption fee to be refunded.

Sequel M. Truitt
FLORIDA CHINESE RESCUE
5514 99TH TER
GAINESVILLE FL 32653
(352) 332-3732 P231828
Registered Rescue Representative

1/5/2013

Vanessa Cannon
Clerk

Tag Issue

Receipt# _____

The statement below to be completed by the veterinarian performing the surgery as required by Florida Statute 823.15.

I certify that I have performed a surgical sterilization (spay/neuter) on the animal described above. Date of surgery: _____

Veterinarian signature: _____

Veterinarian ID #: _____

Address: _____

Phone #: _____



Polk County Sheriff's Office, Animal Control

7115 de Castro Road, Winter Haven, Fl. 33880

(863) 499-2600 (863) 499-2603 FAX

Receipt Number: **R13-000190**

Receipt Date: **Saturday, January 05, 2013**

Person Information: **FLORIDA CHINESE SHAR PEI RESCUE**
5514 99TH TER
GAINESVILLE, FL 32653

PID: **P231828**

Received From: **JAUQUELIN TRAUTWEIN**

Check No: **1298**

Phone: **(352) 332-3732**

Item:	Animal ID:	Reference :	Price:	Each:	Amount:
RES DOG ADPT	A681007		\$20.00	1	\$20.00
ADP MIC CHIP	A681007		5.00	1	5.00

Total Fees Due: **\$25.00**

Payments:	Cash:	\$0.00
	Check:	\$25.00
	Credit Card:	\$0.00

Total Payments Received: **\$25.00**

Thank You!

Change:	\$0.00
Balance Due:	\$0.00

Animal Information:

A681007 A681007 - 5YFEMALE, CHINESE SHARPEI, BROWN DOG

Shelter Hours

Monday - Saturday 10:00AM - 4:00PM*

Shelter is CLOSED Sundays and Holidays

Clerk: VC6287 SHELTER

PCSO Form 1720 (09/06/05)
1/5/2013 2:44:08PM

Print Date: 01/05/13

2:44:10 PM



ANIMAL LICENSE CERTIFICATE
Polk County Animal Control
7115 DeCastro Rd.
Winter Haven, FL 33880
(863) 499-2600

FLORIDA CHINESE SHAR PEI RESCUE
5514 NW 99TH TER
GAINESVILLE, FL 32653

P231828
(352) 332-3732

This is to certify that the person listed above has furnished Polk County Animal Control with proof the animal described below has been vaccinated against rabies in accordance with the Polk County Animal Control and Animal Services Ordinance and Florida Statute 828.30, and has purchased the required county license tag.

12/31/2007 ID# A681007 Female DOG BROWN, CHINESE SHARPEI Animal Name:

License number	License Type	Date Issued	License Expiration Date	Receipt Number	Price
L13-152746	LIC ADP DOG A	1/11/2013	<u>1/11/2014</u>	0.00	

Vet ID	Vaccination Date	Vaccine Expires	Vaccine	Serial Number	Certificate Number
G007660	1/11/2013	1/11/2014	MAH	S176537	

Date of Birth	Current Age
12/31/2007	5Y

Tag Status: **CURRENT**

DR ERTEL / POLK COUNTY SHERIFF'S OFFICE

ID Number: G007660
7115 DE CASTRO RD
WINTER HAVEN, FL 33880
(863) 499-2600



YOUR PET 'S MEDICAL HISTORY

A681007 DOG BROWN F CHINESE SHARPEI

1/11/2013

12/31/2012 No weight recorded for this treatment

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
Vaccination- DA2PPv(Canine Distemper Adenovirus type 2- parainfluenza- Parvovirus vaccine)				Treated by: JJ7022	
Vaccination- Bordetella (Canine Adenovirus Type 2- Parainfluenza-Bordetella Bronchiseptica)					
Deworming- Pyrantel					
Deflea- Spray					

1/11/2013 44.00LBS

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
heartworm snap test negative				Treated by: JJ7022	
microchip 985121008182344					
rabies 1 yr					
no spay at this time					

The above treatments have been performed at the Polk County Sheriff's Office Animal Control Shelter

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED PLEASE
CALL US AT (863) 499-2600

MEDHIST2.RPT



HomeAgain®
A lost pet's best chance



Form 12

(863) 499-2600
0010214362

985 121 008 182 344



PET/PRIMARY CONTACT INFORMATION

Pet Information

Pet name Dog ☐ Cat ☐ Other

Primary contact

First name Last name

Address Apt.

City State ZIP

E-mail

Phone 1 () - Ext. Phone 2 () - Ext.

I understand I will receive pet recovery, service-related communications. Please also send me: (check all that apply)

☐ Lost Pet Alert emails when a pet is lost in my area

☐ Email newsletters with information about pet protection and safety

Alternate contact

First name Last name

Phone 1 () - Ext. Phone 2 () - Ext.

DO NOT SEND CASH. DEBIT CARDS ARE NOT ACCEPTED.

PAYMENT OPTIONS

HomeAgain® membership services are \$17.99 per year.*

VISA ☐ M/C ☐ AMEX ☐ DISCOVER ☐ Account # - - - Expiration date mm - yy

Complete if address is different than above.

Billing address Apt.

City State ZIP

☐ Check enclosed for annual membership fee

Make check payable to HomeAgain® and mail to: HomeAgain®, P.O. Box 28153, Miami, FL 33102-8153

Enrollment paid by clinic ☐

Promotion code (if applicable)

Signature Print name Date

You understand that once charged, membership fees are non-refundable.

* Membership fees are subject to change.

IMPORTANT Please return this form to the HomeAgain® Pet Recovery Service or we will not be able to identify your pet if lost.

To enroll, mail this form to **HomeAgain, P.O. Box 28153, Miami, FL 33102-8153**, visit www.homeagain.com or call **1-888-HOMEAGAIN (1-888-466-3242)**.

**Make it even easier to identify your pet.
Save your lost pet a trip to the shelter to be scanned for a chip!**

HomeAgain® offers high quality collar tags engraved with your pet's name and microchip ID number.

Additional styles available at HomeAgain.com.

See back to order by mail.

Round Tags

1 1/8" - up to 12 characters for name

N - Blue and Yellow Round: \$14

O - Pink Round: \$14



House Tags

1 1/8" - up to 10 characters for name

P - Nickel-Plated House: \$14

Q - Pink House: \$14

R - Snoopy on House: \$19





Sunset Point Animal Hospital

2572 Sunset Point Road
Clearwater, FL 33765

Tel: 727-797-1166

Florida Shar-Pei Rescue
5514 NW 99th Terr
Gainesville, FL 32653

Acct no.: 8714

Kevin Conrad, DVM

Bill for Services	
DATE 01/12/13	INV. NUM 298315

Qty	Date	Patient	Description	Price	Ext	Tx
43	1/11/2013	Kirra	Weight (Lbs IN QTY)		\$0.00	
1	1/11/2013	Kirra	Rescue-Exam	\$25.00	\$25.00	
1	1/11/2013	Kirra	Vaginal Cytology	\$45.00	\$45.00	
1	1/12/2013	Kirra	Ovariohysterectomy Pkg-Canine	\$0.00	\$0.00	
1	1/12/2013	Kirra	Inhalant - Routine	\$90.00	\$90.00	
1	1/12/2013	Kirra	Anesthesia Add	\$40.00	\$40.00	
0.8	1/12/2013	Kirra	-Rimadyl inj		\$30.00	
1	1/12/2013	Kirra	Ekg/Oxygen Monitor	\$28.00	\$28.00	
1	1/12/2013	Kirra	Ovariohysterectomy-Canine 26-50lb	\$175.00	\$175.00	
1	1/12/2013	Kirra	-toenail trim	\$0.00	\$0.00	
1	1/12/2013	Kirra	-Clean/flush ears	\$0.00	\$0.00	
1	1/12/2013	Kirra	Discount-Canine ovariohysterectomy	(\$113.00)	(\$113.00)	
1	1/12/2013	Kirra	Ovariohysterectomy Pkg-Canine	\$0.00	\$0.00	
1	1/12/2013	Kirra	Discount-Rescue Group	(\$32.00)	(\$32.00)	

Subtotal \$288.00

Tax \$0.00

Bill total \$288.00

Prev balance \$0.00

Payment (\$288.00)

NEW BALANCE \$0.00

Pmnt 1: CC Amt: (\$288.00)
Note:

Pmnt 2: Amt: \$0.00
Note:

It has been our pleasure to serve you and your pet today. We appreciate you choosing us for your pet's health care and we look forward to seeing you again. Please call us if you have any questions or concerns. Our office hours are M,T,Th,F 8-am-5pm, Wed 7am-7pm, and Sat 8am-noon. Visit us on facebook or at www.Sunsetpointanimalhospital.com to view our new hours or services. Please Note :Because of your pet's general anesthesia today, he/she should be kept quiet, comfortable, and indoors. This evening's meal should be 1/3-1/2 the normal amount unless instructed otherwise. Start with small amounts of water first, and after 2 hours of just water, you may offer the first meal. Some pets may have an upset stomach this first night at home. There may be some degree of sedation or restlessness tonight, the pupils may appear different, but they should resolve by tomorrow morning. Please Note :A spay (ovariohysterectomy) involves the removal of both ovaries and the entire uterus. Your pet will no longer experience heat cycles nor will she be able to become pregnant. Please check the incision site daily

for problems. Your pet may require a special E-collar to prevent licking at the incision. We generally advise no strenuous activity for 1-2 weeks.

Pending Reminders:

Kirra: 12/31/2013: Dhlpp-Cv Vaccine

Kirra: 12/31/2013: Bordetella Vaccine

Kirra: 1/11/2014: Rabies Vaccine

Patient History Report: Kirra - 1/12/2013

Clinic:

Sunset Point Animal Hospital
2572 Sunset Point Road
Clearwater, FL 33765

727-797-1166

Client:

Florida Shar-Pei Rescue
5514 NW 99th Terr
Gainesville, FL 32653

Tel: 727-329-8062

Wk: 352-333-2987

ID: 8714, File #: 3765

Patient: Kirra

ID: 18946

Tag: Chip: 985121008182344

Species: Canine, Shar Pei

Sex: female/spayed

Age: 5 yrs & 1 mo, DOB: 12/3/2007

Weight: 43.0 Lbs

Color: Brown

Last visit: 1/12/2013

Referred By:

Tel: / Fax:

Medical Record Entries:

1/12/2013

Write In RX - cefalexin 500mg #20

sig: one cap po bid

refills 1 (Kevin Conrad, DVM)

1/12/2013

Discount-Canine ovariohysterectomy - (Kevin Conrad, DVM)

1/12/2013

-Clean/flush ears - cleaned again with epi otic and applied otomax (Kevin Conrad, DVM)

1/12/2013

-toenail trim - trim and dremmel (Kevin Conrad, DVM)

1/12/2013

Ovariohysterectomy-Canine 26-50lb - Routine celiotomy on ventral midline. Routine ligations of ovarian and uterine pedicles using 2-0 vicryl. Closed in 3 layers, with last layer being subcutaneous, so no suture removal required. (Kevin Conrad, DVM)

1/12/2013

Ekg/Oxygen Monitor - wnl's (Kevin Conrad, DVM)

1/12/2013

-Rimadyl inj - rimadyl 50mg/ml 0.8ml sq (Kevin Conrad, DVM)

1/12/2013

Anesthesia Add - dexdormitor 0.5ml Iv

induction ISO mask

ET: 43Fr, purelube OU (Kevin Conrad, DVM)

1/12/2013

Inhalant - Routine - maintained ISO O2 (Kevin Conrad, DVM)

1/12/2013

Ovariohysterectomy Pkg-Canine - S: patient presented for ovh; npo since last night, NOTE from owner: check back foot, give tapeworm injection

O: BAR

A: early estrus

P: ovh, praziquantel 1.2ml SQ, flocillin 2.0ml SQ, Rimadyl 50mg/ml 0.8ml SQ, clipped back foot R and cleaned with chx/alcohol,

Rx: keflex 500mg: give one capsule orally twice daily #20

DKC//se (Kevin Conrad, DVM)

1/11/2013

Previous History - 12/31/2012: DHPP

Bordetella

1/11/2013: HWT: neg

Rabies (Kevin Conrad, DVM)

1/11/2013 **Vaginal Cytology** - cornified cells, early estrus (Kevin Conrad, DVM)

1/11/2013 **Rescue-Exam** - (Kevin Conrad, DVM)
Subjective/Complaints: patient presented for exam
picked up from Polk County AS on Monday, Foster (Christine) has had her for an hour.
Before coming in today had normal BM
Objective: vaccinated at Polk county AS but not spayed. called animal services and there is no record of why.
Weight-: 43.0#
Temperature: 100.6F F°
Eyes: OU: mild green discharge in corners
Ears-: AU: severe brown exudate; very small narrowed ear canals
Oro-Nasal: teeth have staining from chewing on cage bars
Dermatologic: multiple superficial abrasions, foreign substance on coat ?oil? ,
Lymph Nodes: normal
Heart: HR: 92bpm

Lungs: auscult: clear
Abdomen-: nsf
Neurologic: BAR
Urogenital: female intact; slightly swollen vulva area
Assessment: r/o estrus
r/o pyometra
Plan: Physical exam
vaginal cytology

Dr. Conrad
vta: se

-plan for spay tomorrow

1/11/2013 **Weight (Add Lbs. in Quan)** - (43) (Kevin Conrad, DVM)

Sunset Point Animal Hospital

727-797-1166

Chris Freeman DVM

SPAY/NEUTER RELEASE INSTRUCTIONS

Pet's Name:

Kirra

Date:

1/12/13

- **FOOD & WATER:** Give small amounts of food and water tonight. If vomiting occurs, withhold all food and water until following morning.
- **EXERCISE:** Keep your pet quiet for 24 to 48 hours after surgery.
- **BATHING:** Do not give your pet a bath for at least 10 days following surgery.
- **INCISION:** Monitor incision site for abnormal swelling and/or discharge.
- ☒ **Dissovable sutures** were used on your pet. It will not be necessary for you to return for suture removal.
- ☐ Your pet will need to return in 14 days for suture removal. Please schedule an appointment.

Every pet reacts differently to anesthesia. Recovery time can be from a few hours to 1 to 2 days.

SPECIAL INSTRUCTIONS:

Start antibiotics tomorrow;

VETERINARY CARE CENTER
2572 SUNSET POINT RD
CLEARWATER, FL 33765

01/12/2013 14:24:48
Merchant ID: 000000002002951
Terminal ID: 04248526
313275194881

CREDIT CARD

VISA SALE

CARD # XXXXXXXXXXXX7816
INVOICE 0030
Batch #: 000103
Approval Code: 058987
Entry Method: Manual
Mode: Online
Tax Amount: \$0.00
Avs Code: NYZ

SALE AMOUNT \$288.00

CUSTOMER COPY