

PROCEDURE DATE RESULT INIT

Weight 4-12-12 14.2 M

Weight M

Ear Check/Clean 4-19-12 M

Nail Check/Cut 4-19-12 M

Microchip Implant 4-19-12 M



VACCINATION DATE INIT

Rabies 4-19-12 U

DA2PPV-Vaccination 4-19-12 M

DA2PPV-Booster

Bordetella 4-19-12 BG

Bordetella

MEDICATION DATE MED / LABEL INIT

Worming 4-14-12 Panacur / Pyrantel M

Worming Panacur / Pyrantel

Live Fleas Capstar

Heartworm Prev. 4-14-12 Tri-Heart Plus / Ivermectin M

Heartworm Prev. Tri-Heart Plus / Ivermectin

Flea/Tick Prev. 4-14-12 Vectra 3D M

Flea/Tick Prev. Advantix / Frontline / Promeris

Tick Collar

TEST DATE RESULT INIT

HW Occult 4-12-12 Neg / Pos M

Parvo 4-12-12 Neg / Pos M

Fecal 4-11-12 Neg / Pos M

CANINE INTAKE

TIME: 9:45 A DATE: 4-10-12

COUNTY: S REL #: 0489

COLOR: Blk / Fawn Undercoat

SEX: M MNK (FS) NAME: Primrose

BREED: Sharpei X EST. AGE: 6mo

EST. DOB

OGU/STRAY

AWL OR SCAS NOTIFIED ☐

WHERE: New York St + Dearborn - ENG

SPECIAL MARKINGS:

SCANNED: ADM

BATHED:

INTAKE PROCESSED BY: ML

5-10-12

[illegible]

Canine Information:

Release #: 0489

Dog's Name: _____ Breed: Shar-pei X Color: Dark Brown

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

Why are you giving up this dog? Found as stray

How long has this dog lived with you? 2 days Where did you acquire this dog? New York St. / Dearb
Englewood

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: _____

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: Went door to door - unsuccessful @
finding owner

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

☒ **Stray Surrender:** I swear and certify that I do not own the dog(s) described above, and hereby surrender any interest therein to the Suncoast Humane Society.