



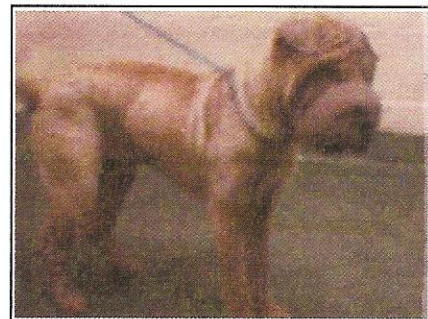
Miami Dade Animal Services

Medical Release

7401 NW 74th St
Miami, FL 33166
Tel (305) 884-1101
www.miamidade.gov/animals

Today's Date: 4/29/2009

Animal ID: A1150411



Name: SHAR PEI RESCUE
Address: 9600 NW 25 ST
SUNRISE, FL 33332
Phone: (954) 2581110

Animal information:

Name: Luisa,
Breed: Chinese Sharpei
Color: brown Sex: spayed Age: 0 year and 0 month

Tag Number:

Microchip No: 037114304

MEDICAL/BEHAVIORAL DISCLOSURE

The pet listed above was examined by Miami Dade Animal Services Veterinary Staff and determined to have the following medical and/or behavioral conditions:

4/22/2009
SKIN COND

4/23/2009
SKIN COND

*** Please refer to Medical History Report for additional information. ***

I have received full disclosure of the medical condition(s) detected upon evaluation of the pet I am adopting, and understand that other medical conditions may exist but may not have been detected. I further understand that the treatment of the above mentioned condition(s) is my financial and legal responsibility, and this pet's prognosis is dependent on my pursuance of advanced medical and/or behavioral therapy. I consent to seek veterinary care for the disclosed condition within 7 days of the adoption, and will submit proof of such care upon request. I release the Miami Dade Animal Services Department of all responsibility/liability.

Medication received

Signature
P0790627

Date

Witness

Date

4/29/09

Miami-Dade County
Animal Services Department
7401 NW 74 ST, Miami, FL 33166
(305) 884-1101 (305) 805-1593 FAX
www.miamidade.gov/animals

Receipt Number: R09-381012

Receipt Date: Wednesday, April 29, 2009

Person Information: SHAR PEI RESCUE
9600 NW 25 ST
SUNRISE, FL 33332

PID: P0790627

Received From: SHAR PEI RESCUE

Check No: MC7532

Phone: (954) 258-1110

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
MICROCHIP	A1150411	037114304	\$.00	1	\$.00
TECH EXAM	A1150411	T09-678997	.00	1	.00
BORDETELLA	A1150411	T09-678998	.00	1	.00
DHPP VACCINE	A1150411	T09-678999	.00	1	.00
DVM EXAM	A1150411	T09-679875	.00	1	.00
VETROPOLYCIN OPHTHAL	A1150411	T09-679876	.00	1	.00
DVM EXAM	A1150411	T09-683564	.00	1	.00
RABIES VACCINATION	A1150411	T09-683565	.00	1	.00
SPAY SURGERY	A1150411	T09-683566	.00	1	.00
ADOPTION FEES	A1150411	AMY	25.00	1	25.00

Total Fees Due: **\$25.00**

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

Total Payments Received: \$25.00

Thank You!

Change: \$0.00
Balance Due: \$0.00

Animal Information:

A1150411 LUISA - OF AGE, SPAYED, CHINESE SHARPEI, BROWN DOG

Treatment Information:

Type:	Animal#	Description:	Medication:	Cost:	Treat #	Date:
	A1150411 LUISA	Poss allergies problems.			T09-678997	04/22/09
BORDETELLA	A1150411 LUISA				T09-678998	04/22/09
DHPP	A1150411 LUISA				T09-678999	04/22/09
	A1150411 LUISA				T09-679875	04/23/09
	A1150411 LUISA	Hair loss, "cherry eye" on right eye. Flush both eye with irrigation water sid prn. Skin scraping/Wood's lamp test.				
	A1150411 LUISA		VETROP		T09-679876	04/23/09

Shelter Hours

Monday - Friday 8:00AM - 7:00PM Saturday and Sunday 8:00AM - 5:00PM

Adoption Hours: Monday - Friday 10:00AM to 6:30PM Saturday and Sunday 10:00AM - 4:00PM

Rabies Clinic Hours: Monday - Friday 10:30AM to 6:00PM Saturday and Sunday 10:30AM - 4:00PM

Clerk: JOEVERA COUNTER

Transaction Date: 04/29/09

Print Date: 04/29/09 tware\chameleon\crystal\receipt.rpt

A1150411

Kennel No: WW85



AVID*037*114*304

Animal ID: **A1150411**
Age /Sex: FEMALE
Breed: CHINESE SHARPEI
Color: BROWN
Intake Date: 04/22/2009
Intake Type: STRAY
Due Out Date: 04/29/2009
Hold/Adopted? POSS RESC
Tag



Name: LUISA

Additional Information:
(Markings/Identifiers)
SKIN CONDITION

- DO NOT WRITE BELOW THIS LINE - FOR ASD VETERINARIAN SECTION ONLY -

[] Health Problem [] Under Treatment [] Do Not Adopt!

Condition on Intake: SICK

Temperament Evaluation
Date: _____

Friendly: _____
Fearful/Shy: _____

Vaccination

[] DHLPP

[] RABIES

Date

utered

mation

38
1.20

RABIES VACCINATION CERTIFICATE
NASPHV Form #50

Print - use ball point pen or type

Owner's Name & Address

PRINT - Last

Street

No.

Species:

Dog ☐

Cat ☐

Name

Sex:

Male ☐

Female ☐

Age:

3 mo. to 12 mo. ☐

12 mo. or older ☐

Size:

Under 20 lbs. ☐

20-50 lbs. ☐

Over 50 lbs. ☐

Predominant Breed:

Colors:

Producer:

(First 3 letters)

☐ 1 yr. Lic./Vacc.

☐ 3 yr. Lic./Vacc.

Other

For Licensing Agency Use
License No. Year

Other

Change ☐ Add ☐

Control No.

DATE VACCINATED:

Month

Day

Year

VACCINATION EXPIRES:

Month

Day

Year

Veterinarian's #

License No.

Signature

Address

Rabies Tag Number

M.I.

Telephone

State

Zip

Vacc. Serial (lot) No.

10328

Signature

Address

Signature

Address

Signature

Address

Signature

Address

Signature

Address

Signature

Address

Signature

Address

Signature

Address

Signature

Address

Signature

LUISA'S MEDICAL HISTORY

A1150411 32.20LBS DOG BROWN S CHINESE SHARPEI

04/29/09

4/22/2009

TECH EXAM

ILLNESS

SKIN COND

32.20LBS

Treated by: GR/RH

Poss allergies problems.

DHPP

BORDETELLA

4/23/2009

DVM EXAM

ILLNESS

SKIN COND

32.20LBS

Treated by: DR.NM,

Hair loss, "cherry eye" on right eye. Flush both eye with irrigation water sid prn. Skin scraping/Wood's lamp test.

VETROP

4/29/2009

DVM EXAM

NORMAL

40.00LBS

Treated by: DR. TANIA

SURGERY: CANINE OVARIOHYSTERECTOMY

037114304

Anesthesia:

IM Domitor 1 mg/ml at 0.025 mg/kg, Ketamine 100 mg/ml at 2.5 mg/kg, Torbi 10 mg/ml at 0.25 mg/kg

Intubate, maintain on isoflurane and O2

Pen G 300,000 u/ml at 0.1ml/lb SQ pre-op

Rimadyl 50 mg/ml at 2 mg/lb SQ pre-op

Sx:

Ventral midline incision; removal of both ovaries and uterine horns following ligation of ovarian pedicles and uterine body (one circumferential and one transfixing for dogs greater than 30 lbs) with Polyglactin or Polydioxanone suture. Body wall closure with simple interrupted suture pattern, followed by subcutaneous and/or intradermal closure with simple continuous suture pattern, with Polyglactin or Polydioxanone suture. Cyanoacrylic adhesive may be applied to skin surface. Tattoo ink aseptically applied to incision.

Routine recovery.

P: Recommend restricted exercise (no running, jumping, or horseplay) for 10 days; keep incision clean and dry and inspect twice daily until healed. Discourage chewing/licking at incision; if noted, an Elizabethan collar is recommended.

SPAY

RABIES ADOPT

A1150411 LUISA

SURGERY: CANINE
OVARIOHYSTERECTOMY
037114304

T09-683564 04/29/09

Anesthesia:

IM Domitor 1 mg/ml at 0.025 mg/kg,
Ketamine 100 mg/ml at 2.5 mg/kg,
Torbi 10 mg/ml at 0.25 mg/kg
Intubate, maintain on isoflurane and
O2

Pen G 300,000 u/ml at 0.1ml/lb SQ

pre-op

Rimadyl

RABIES ADOPT A1150411 LUISA

T09-683565 04/29/09

SPAY A1150411 LUISA

T09-683566 04/29/09

TOTAL MEDICAL FEES: \$0.00

License/Rabies Vaccination/Microchip Information:

Tag Number	Expires	Animal#
037114304	4/29/2010	A1150411

Rabies Vxn Info- Date:4/29/2009 Term: 12 Expires: 4/29/2010 Vxn: PFI
Cert#: 037114304 Serial#: S829949B 20-50lbs

ANIMAL SERVICES

Shelter Hours

Monday - Friday 8:00AM - 7:00PM Saturday and Sunday 8:00AM - 5:00PM

Adoption Hours: Monday - Friday 10:00AM to 6:30PM Saturday and Sunday 10:00AM - 4:00PM

Rabies Clinic Hours: Monday - Friday 10:30AM to 6:00PM Saturday and Sunday 10:30AM - 4:00PM

Clerk: JOEVERA COUNTER

Transaction Date: 04/29/09

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