

\*A1377308\*

Kennel No: N16

Animal ID: **A1377308**  
Age /Sex: 4 YRS F/S  
Breed: CHINESE SHARPEI  
Color: CREAM  
Intake Date: 09/02/2011  
Intake Type: STRAY  
Due Out Date: 09/09/2011  
Tag 071280357



Microchip

Name: NANCY

Impounded on :9/10/2011 9:26:44AM

Additional Information:  
(Markings/Identifiers)

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

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

Condition on Intake SKINCOND

Temperament Evaluation

Date: \_\_\_\_\_

Friendly: \_\_\_\_\_

Fearful/Shy: \_\_\_\_\_

Growls: \_\_\_\_\_

Barker: \_\_\_\_\_

Other: \_\_\_\_\_

Vaccination

Date

[ ] DHPP

[ ] RABIES

[ ] FVCRPC

[ ] Bordetella

[ ] Deworming

[ ] Spayed/Neutered

[ ] Other Information

By: \_\_\_\_\_

Skin Condition: \_\_\_\_\_

◇ Non contagious

◇ Contagious

◇ Treatable

## NANCY'S MEDICAL HISTORY

A1377308 47.40LBS DOG CREAM S CHINESE SHARPEI

09/10/11

**9/2/2011**

DVM EXAM

ILLNESS

47.40LBS

Treated by: DR YP

PE: BAR, H/L ausc wnl, Moist dermatitis at base of tail within folds, Left front paw is missing 2nd digit and 3rd digit, but has a nail growing in abnormal position near where the 3rd digit should be. Right front paw also appears deformed or possibly previously had surgery, missing the 2nd digit.  
Has fleas.

Skin scraping- negative

DDX: Moist dermatitis, skin fold dermatitis, fleas, Deformed front paws

PLAN:RX: Dexamethasone 3 ml SQ inj  
Clipped and cleaned skin with chlorhexidine

**RX:** Pennicillin 4 ml SQ inj

**RX:** Cephalexin 500mg 1 capsule BID for 14 days

YP

3.00 DEX2MG 1.00 TIMES/DAY FOR 1.00 DAYS

CEPH500

PENGPROC

FRONTLINE

SKIN SCRAPING NEGATIVE

**9/6/2011**

TECH EXAM

ILLNESS

MED OTHER

0.00LBS

Treated by: GD

3DX TEST-NEG

HW/EC/LY/AR NEG

**9/9/2011**



# Miami Dade Animal Services Medical Release

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

Today's Date: 9/10/2011

Animal ID: A1377308

Name: SHAR PEI RESCUE  
Address: 9600 NW 25 ST  
SUNRISE, FL 33322  
Phone: (954) 2581110



## Animal information:

Name: Nancy,  
Breed: Chinese Sharpei  
Color: cream Sex: spayed Age: 4 years and 0 month

Tag Number:

Microchip No: 071280357

## 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:

\*\*\* 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 obtain 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

**9/9/2011**

DVM EXAM

NORMAL

47.40LBS

Treated by: DR. MARIA

**SURGERY: CANINE OVARIOHYSTERECTOMY**

071280357

**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 isofluorane 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**

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS  
RECEIVED PLEASE CALL MIAMI-DADE ANIMAL SERVICE DEPARTMENT AT 305-418-7131 or 305-418-7143.

**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: R11-536841**

**Receipt Date: Saturday, September 10, 2011**

Person Information: SHAR PEI RESCUE  
 9600 NW 25 ST  
 SUNRISE, FL 33322

PID: P0790627

Received From: SHAR PEI RESCUE

Check No: VISA4569

Phone: (954) 258-1110

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
MICROCHIP	A1377308	071280357	\$ .00	1	\$ .00
DVM EXAM	A1377308	T11-293687	.00	1	.00
SKIN SCRAPING	A1377308	T11-294347	.00	1	.00
FRONTLINE 9.7%	A1377308	T11-294349	.00	1	.00
PENICILLIN G PROCAIN	A1377308	T11-294350	.00	1	.00
CEPHALEXIN 500 MG	A1377308	T11-294351	.00	1	.00
DEXAMETHASONE 2MG/ML	A1377308	T11-294352	.00	1	.00
TECH EXAM	A1377308	T11-295822	.00	1	.00
HEARTWORM 4 IN 1	A1377308	T11-295824	.00	1	.00
DVM EXAM	A1377308	T11-297521	.00	1	.00
RABIES VACCINATION	A1377308	T11-297523	.00	1	.00
SPAY SURGERY	A1377308	T11-297525	.00	1	.00
ADOPTION FEES	A1377308	AMY	30.00	1	30.00

Total Fees Due: **\$30.00**

**Payments:** Cash: \$0.00  
 Check: \$0.00  
 Credit Card: \$30.00

**Total Payments Received: \$30.00**

**Thank You!**

Change: \$0.00  
 Balance Due: \$0.00

**Animal Information:**

A1377308 NANCY - 4 YEARS OF AGE, SPAYED, CHINESE SHARPEI, CREAM DOG

**Treatment Information:**

Type:	Animal#	Description:	Medication:	Cost:	Treat #	Date:
	A1377308 NANCY	PE: BAR, H/L ausc wnl, Moist dermatitis at base of tail within folds, Left front paw is missing 2nd digit and 3rd digit, but has a nail growing in abnormal position near where the 3rd digit should be. Right front paw also appears deformed or possibly			T11-293687	09/02/11
SKIN SCRAPING	A1377308 NANCY				T11-294347	09/02/11

**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: 09/10/11

Print Date: 09/10/11 tware\chameleon\crystal\receipt.rpt

FRONTLINE	A1377308 NANCY		T11-294349	09/02/11
	A1377308 NANCY	PENGPROC	T11-294350	09/02/11
	A1377308 NANCY	CEPH500	T11-294351	09/02/11
	A1377308 NANCY	DEX2MG	T11-294352	09/02/11
	A1377308 NANCY	3DX TEST-NEG	T11-295822	09/06/11
HW/EC/LY/AP	A1377308 NANCY		T11-295824	09/06/11
RABIES ADOPT	A1377308 NANCY		T11-297523	09/09/11
	A1377308 NANCY	SURGERY: CANINE OVARIOHYSTERECTOMY 071280357 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	T11-297521	09/09/11
SPAY	A1377308 NANCY		T11-297525	09/09/11
			TOTAL MEDICAL FEES: <u>\$0.00</u>	

***License/Rabies Vaccination/Microchip Information:***

Tag Number	Expires	Animal#
071280357	9/10/2011	A1377308

Rabies Vxn Info- Date: 9/9/2011 Term: 12 Expires: 9/9/2012 Vxn: PFI  
 Cert#: 071280357 Serial#: S167005 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

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Clerk: JOEVERA

COUNTER

Transaction Date: 09/10/11

Print Date: 09/10/11 tware\chameleon\crystal\receipt.rpt



\*A1377308\*

Kennel No: WW73

Animal ID: **A1377308**  
Age /Sex: 4 YRS FEMALE  
Breed: CHINESE SHARPEI  
Color: CREAM  
Intake Date: 09/02/2011  
Intake Type: STRAY  
Due Out Date: 09/09/2011  
Tag



Microchip

Name: NANCY

Impounded on :9/6/2011 3:45:22PM

Additional Information:  
(Markings/Identifiers)

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

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

Condition on Intake SKINCOND

Temperament Evaluation

Date: \_\_\_\_\_

Friendly: \_\_\_\_\_

Fearful/Shy: \_\_\_\_\_

Growls: \_\_\_\_\_

Vaccination

[ ] DHPP

[ ] RABIES

[ ] FVCRPC

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RABIES VACCINATION CERTIFICATE**

NASPHV Form #50

Print - use ball point pen or type

Owner's Name & Address

PRINT Last

First

No.

Street

City

State

Zip

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)

For Licensing Agency Use

License No.

Year

DATE VACCINATED:

Month

Day

Year

VACCINATION EXPIRES:

Month

Day

Year

Other

Change ☐

Add ☐

Control No.

Rabies Tag Number

Telephone

M.I.

State

Zip

Vacc. Serial (lot) No.

License No.

Signature

Address

City

State

Zip

Other

1 yr. Lic./Vacc.

3 yr. Lic./Vacc.

Other

Signature

Address

City

State

Zip

Other

1 yr. Lic./Vacc.

3 yr. Lic./Vacc.

Other

Signature

Address

City

State

Zip

LIC. #16694

MARIA A. SERRANO DVM