

KENNEL
N045

ANIMAL NO.
A517676

HOLD?
-

TAG NO.
4B00541A5E

TAG TYPE

ACTIVITY NO.
A09-031133



KNOX

<u>SEX</u>	<u>AGE</u>	<u>ANIMAL SIZE</u>	<u>COLOR</u>	<u>BREED</u>
Neutere	ADULT	MED	BLACK	CHINESE SHARPEI
<u>STATUS</u>	<u>BY</u>	<u>INTAKE DATE</u>	<u>DUE OUT</u>	
UNAVAIL	PS6790	11/23/09 @ 7:05 pm	11/24/2009	
<u>INTAKE TYPE</u>	<u>COLLAR TYPE/COLOR</u>			
OWNER SUR FIELD	NYLON / BLUE			
<u>CROSSING/COMMENTS</u>	<u>JURISDICTION</u>	<u>TOTAL</u>		
2595 FAST TROT TRL	LAKE WALES	1		
<u>MARKINGS/ BITE INFO</u>				

HEARTWORM TEST SNAP NEGATIVE

HC5926

OWNER

P231828
FL SHAR PEI RESCUE

Address

5514 99TH TER
GAINESVILLE, FL 32653

ADOPTION

Outcome:

By: VC

Phone

(352) 332-3732

Second Phone #

, FL

COMMENTS

K09-025607

KNOX 'S MEDICAL HISTORY

A517676 DOG BLACK N CHINESE SHARPEI

11/24/2009

11/24/2009

43.40LBS

QTY Cycle #Days Medication Dose

NORMAL

Dog/puppy neuter

Anesthesia - Ket/Val IV, Isoflurane/O2 maint.

Sx. - Routine castration, absorbable subcuticular closure.

Ketophen

Penicillin

Microchip 4B00541A5E

Rabies (3 months or older) 11098A

Heartworm test snap negative

Treated by: ERTEL

NORMAL

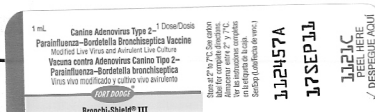
Vaccination Puppies: Galaxy* DA2PPv

De-worming: Pyrantel

frontline

bordatella

Treated by: 6124



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



ANIMAL LICENSE CERTIFICATE

Polk County Animal Control

7115 DeCastro Rd.

Winter Haven, FL 33880

(863) 499-2600

FL SHAR PEI RESCUE
5514 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 Ordinance 05-047 and Florida Statute 828.30, and has purchased the required county license tag.

5/24/2008 ID# A517676 Neutered Male DOG BLACK, CHINESE SHARPEI Animal Name: KNOX

License number	License Type	Date Issued	License Expiration Date	Receipt Number	Price
L09-064287	LIC ADP DOG A	11/24/2009	<u>11/24/2010</u>		0.00

Vet ID	Vaccination Date	Vaccine Expires	Vaccine	Serial Number	Certificate Number
G007660	11/24/2009	11/24/2010	MER	11098A	

Date of Birth	Current Age
5/24/2008	1Y 6M

Tag Status: **CURRENT**

DR ERTEL / POLK COUNTY SHERIFF'S OFFICE

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



KNOX 'S MEDICAL HISTORY

A517676 DOG BLACK N CHINESE SHARPEI

11/25/2009

11/24/2009

43.40LBS

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
Dog/puppy neuter					Treated by: ERTEL
Anesthesia - Ket/Val IV, Isoflurane/O2 maint.					
Sx. - Routine castration, absorbable subcuticular closure.					
Ketophen					
Penicillin					
Microchip 4B00541A5E					
Rabies (3 months or older) 11098A					
Heartworm test snap negative					
capstar					
NORMAL					
Vaccination Puppies: Galaxy* DA2PPv					Treated by: 6124
De-worming: Pyrantel					
frontline					
bordatella					

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

Animal Adoption Contract Continued

Int 9. I understand the Polk County Sheriff's Office Animal Control cannot make any promises or guarantees concerning the health, temperament or condition of the animal. Many of the animals impounded have been medically neglected by their owners and may be suffering from common pet diseases. **The Polk County Sheriff's Office Animal Control strongly recommends taking the newly adopted pet to a veterinarian within ten (10) days for further examination, treatment, medical recommendations and advice.** (Please give your veterinarian the medical sheet that is provided when you pick up your pet. This medical sheet contains important treatment and vaccination information that your pet has received from the Polk County Sheriff's Office Animal Control.) **The Polk County Sheriff's Office Animal Control will NOT treat the above described adopted pet for any illness.**

Int 10. I understand that refunds are given if the animal is sick or aggressive. The sick or aggressive animal must be returned within ten (10) days of the animal being picked up by the adopter to obtain the refund.

Int 11. I understand that revenues received for animals are reconciled and reported to the auditing department daily and that in the event of a refund, it could be up to three (3) weeks for the refund check to be processed and

Int 12. I understand that If the animal I am adopting bites or scratches anyone and dies within ten (10) days of this exposure, I must not dispose of the body until I have contacted the Polk County Sheriff's Office Animal Control. The Polk County Sheriff's Office Animal Control will need to test the animal for rabies.

Int 13. I understand that I may choose the option to have this pet tested for either the Parvo Virus (for dogs) or Feline Leukemia (for cats). I have been further advised that in the earlier stages of these diseases, the test may not show a positive result; therefore, it is always possible that I may take home a sick pet.

Int 14. I understand that if I am taking home a new pet, I should be sure that all pets at home are vaccinated against all pet diseases to prevent them from catching any diseases from my newly adopted pet.

Please initial your choice for each of the following items.

 I choose to have my pet dog **Parvo tested** . X I decline to have my pet dog **Parvo tested**.

31828

SHAR PEI RESCU

14 99TH TER

AINESVILLE FL 32653

Telephone # (352) 332-3732

11/24/2009

Clerk

Contact telephone #

863-224-0674

Tag

Issue



ANIMAL ADOPTION CONTRACT
POLK COUNTY SHERIFF'S OFFICE
ANIMAL CONTROL
7115 DE CASTRO RD.
WINTER HAVEN, FL 33880
(863) 499-2600

This conditional contract is made on 11/24/2009 between the Polk County Sheriff's Office Animal Control and FI shar pei Rescue the adopter. By signing below FI shar pei Rescue acknowledges intention to take receipt from the Polk County Sheriff's Office Animal Control, ID # A517675, a dog, described as a BLACK female CHINESE SHARPEI. Kennel #N045. The age of this animal is listed as 1 years, 000 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:

- SMIT 1. I will provide proper and **sufficient food, water, shelter and kind treatment** for the above described animal at all times. I will not abandon the animal.
 - SMIT 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.
 - SMIT 3. I will not permit the animal to run at large or to become a public nuisance. I will keep proper 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 to locate and claim the animal.
 - SMIT 4. If I return the animal to the Polk County Sheriff's Office Animal Control for any reason, I will at no time assert any claim, charge or demand of any kind or nature against the Polk County Sheriff's Office Animal Control for any charges which may have been incurred by me, including veterinarian fees, in connection with the animal.
 - SMIT 5. I understand that animals can be unpredictable and the Polk County Sheriff's Office Animal Control cannot anticipate or insure against unexpected conduct of animals adopted from the Polk County Sheriff's Office Animal Control. I acknowledge that the Polk County Sheriff's Office Animal Control has not made through its agents, volunteers, or employees, any warranties regarding the future condition, temperament, or conduct of the above described 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, waive, discharge and covenant not to sue the Polk County Sheriff's Office, Polk County and the Polk County Board of County Commissioners, Grady Judd, as Sheriff of Polk County, a Constitutional Officer for the State of Florida, individually and in his official capacity, all members of the Polk County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, and agents from any and all liability arising out of or in connection with the adoption, care or ownership, maintenance, retention, temperament, conduct or condition of the animal, including but not limited to veterinary expenses incurred.
- Further, I agree to indemnify and forever hold harmless to the extent the law allows, the Polk County Sheriff's Office, Polk County and the Polk County Board of County Commissioners, Grady Judd, as Sheriff of Polk County, a Constitutional Officer for the State of Florida, individually and in his official capacity, and all members of the Polk County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, agents, contractors, and sub-contractors, for any and all claims, causes of action, demands or damages, and costs (to include reasonable attorney's fees) present, past and future, on the part of anyone which may directly or indirectly, including death, arise out of, in connection with the adoption, care, or ownership, maintenance, retention, temperament, conduct or condition of the animal, including but not limited to veterinary expenses incurred.
- SMIT 6. I understand that, as with any medical procedures, there is a risk involved and that the Polk County Sheriff's Office Animal Control makes no guarantees the animal will survive the surgical procedure. In the event a problem occurs, I will be given the choice of another available animal.
 - SMIT 7. I understand the animal's medical treatment/sterilization will be performed as soon as possible; however, delays may occur due to unforeseen events. The sum of \$ 25.00 will be due before the animal is released to me. I will call on 11-25-09 after 2 P.M., (863)499-2600, select option 0 to confirm the post-operative release of my animal for pick up on 11-25-09. If the rightful owner comes to claim the animal prior to the time that I pay for and take possession of the animal, the Polk County Sheriff's Office Animal Control will relinquish the animal to said owner and all parties will be released from this contract.
 - SMIT 8. If I do not pick up the adopted animal when it is released to go home following surgery, I understand the animal will be offered for re-adoption after three (3) working days.



ANIMAL ADOPTION CONTRACT
POLK COUNTY SHERIFF'S OFFICE
ANIMAL CONTROL
7115 DE CASTRO RD.
WINTER HAVEN, FL 33880
(863) 499-2600

This conditional contract is made on 11/24/2009 between the Polk County Sheriff's Office Animal Control and FI shar pei Rescue the adopter. By signing below FI shar pei Rescue acknowledges intention to take receipt from the Polk County Sheriff's Office Animal Control, ID # **A517676**, a **dog**, described as a **BLACK male CHINESE SHARPEI**. Kennel #N045. The age of this animal is listed as 1 years, 6 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:

Int 1. I will provide proper and **sufficient food, water, shelter and kind treatment** for the above described animal at all times. I will not abandon the animal.

Int 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.

Int 3. I will not permit the animal to run at large or to become a public nuisance. I will keep proper 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 to locate and claim the animal.

Int 4. If I return the animal to the Polk County Sheriff's Office Animal Control for any reason, I will at no time assert any claim, charge or demand of any kind or nature against the Polk County Sheriff's Office Animal Control for any charges which may have been incurred by me, including veterinarian fees, in connection with the animal.

Int 5. I understand that animals can be unpredictable and the Polk County Sheriff's Office Animal Control cannot anticipate or insure against unexpected conduct of animals adopted from the Polk County Sheriff's Office Animal Control. I acknowledge that the Polk County Sheriff's Office Animal Control has not made through its agents, volunteers, or employees, any warranties regarding the future condition, temperament, or conduct of the above described 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, waive, discharge and covenant not to sue the Polk County Sheriff's Office, Polk County and the Polk County Board of County Commissioners, Grady Judd, as Sheriff of Polk County, a Constitutional Officer for the State of Florida, individually and in his official capacity, all members of the Polk County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, and agents from any and all liability arising out of or in connection with the adoption, care or ownership, maintenance, retention, temperament, conduct or condition of the animal, including but not limited to veterinary expenses incurred.

Further, I agree to indemnify and forever hold harmless to the extent the law allows, the Polk County Sheriff's Office, Polk County and the Polk County Board of County Commissioners, Grady Judd, as Sheriff of Polk County, a Constitutional Officer for the State of Florida, individually and in his official capacity, and all members of the Polk County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, agents, contractors, and sub-contractors, for any and all claims, causes of action, demands or damages, and costs (to include reasonable attorney's fees) present, past and future, on the part of anyone which may directly or indirectly, including death, arise out of, in connection with the adoption, care, or ownership, maintenance, retention, temperament, conduct or condition of the animal, including but not limited to veterinary expenses incurred.

Int 6. I understand that, as with any medical procedures, there is a risk involved and that the Polk County Sheriff's Office Animal Control makes no guarantees the animal will survive the surgical procedure. In the event a problem occurs, I will be given the choice of another available animal.

Int 7. I understand the animal's medical treatment/sterilization will be performed as soon as possible; however, delays may occur due to unforeseen events. The sum of \$ 250 will be due before the animal is released to me. I will call on 11-25-09 after 2 P.M., (863)499-2600, select option 0 to confirm the post-operative release of my animal for pick up on 11-25-09. If the rightful owner comes to claim the animal prior to the time that I pay for and take possession of the animal, the Polk County Sheriff's Office Animal Control will relinquish the animal to said owner and all parties will be released from this contract.

Int 8. If I do not pick up the adopted animal when it is released to go home following surgery, I understand the animal will be offered for re-adoption after three (3) working days.

Microchip ID #:

4B0 054 1A5E



PLACE STICKER HERE		CLINIC/SHELTER ONLY	
Phone number		Clinic/shelter name	
Clinic/Shelter code	0010214362	Implantation date mm-dd-yy	
		Membership paid by clinic	<input type="checkbox"/>

MEMBERSHIP ACTIVATION

☐ Please activate my HomeAgain® Network Membership. I agree to pay \$10 activation fee + \$14.99 annual membership.

☐ I have a promotional discount. Promotion code

EMPLOYEE ID

F O R M 0 0 4

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 () - Phone 2 () -

Alternative Contact

First name Last name

Phone 1 () - Phone 2 () -

PAYMENT OPTIONS

Credit card VISA ☐ M/C ☐ AMEX ☐

Account number

Billing address Apt

City State Zip

☐ Check if billing address is same as Primary Contact

☐ **Payment enclosed**

Make check payable to HomeAgain and mail to: HomeAgain, P.O. Box 24000, Jacksonville, FL 32241-4000

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

AUTHORIZATION: By signing below, I agree to the terms and conditions on the back of this form and authorize: (1) the Veterinarian/Shelter listed above to share personal information about me and my pet, including pet medical information, with Schering-Plough Home Again LLC ("Schering"); (2) Schering to share that information only with its business partners who provide the services and products offered by Schering and are governed by confidentiality restrictions (for example, pet recovery service, 24/7 emergency medical service, access to online medical information, etc.); (3) Schering to contact me at the telephone number listed above about HomeAgain products and services; and (4) Schering to bill my credit card, as indicated above, for the \$10 activation fee and \$14.99 annual membership (or any lower annual fee for which Schering confirms my eligibility) and automatically each year hereafter for the annual membership fee. (Not less than 30 days prior to my enrollment anniversary, Schering will confirm my next annual payment and form of payment.) I may terminate this authorization at any time by calling Schering at 1-888-HOMEAGAIN (1-888-466-3242). Such termination will be effective 3 business days after receipt and will not affect any action taken in reliance on my consent or the continuing enforceability of this authorization.

Signature

Name (PRINT) **Date**



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