

KENNEL
N045

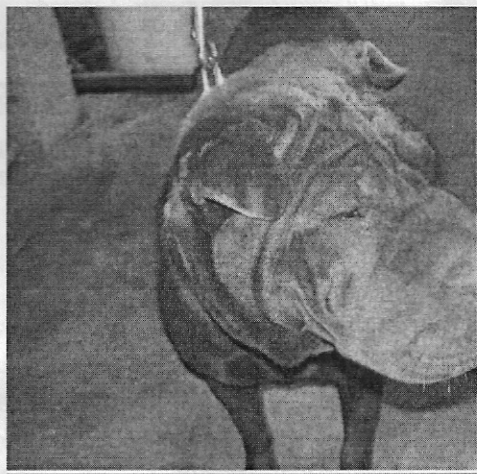
ANIMAL NO.
A517675

HOLD?

TAG NO.
4A725A6415

TAG TYPE

ACTIVITY NO.
A09-031133



ONYX

<u>SEX</u>	<u>AGE</u>	<u>ANIMAL SIZE</u>	<u>COLOR</u>	<u>BREED</u>
Spayed	ADULT	MED	BLACK	CHINESE SHARPEI
<u>STATUS</u>	<u>BY</u>	<u>INTAKE DATE</u>	<u>DUE OUT</u>	
EVALUATION	PS6790	11/23/09 @ 7:05 pm	11/24/2009	
<u>INTAKE TYPE</u>	<u>COLLAR TYPE/COLOR</u>			
OWNER SUR FIELD	NYLON / TAN			
<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

K09-025608



PLACE STICKER HERE

CLINIC/SHELTER ONLY

Phor num Clin code		Clinic/shelter name												
			Implantation date mm-dd-yy		-		-		Membership paid by clinic					

MEMBERSHIP ACTIVATION

EMPLOYEE ID

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

☐ I have a promotional discount. Promotion code

FORM 004

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

City State Zip

Expiration date mm yy

Apt

☐ 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

the New
HomeAgain
PARTNERING TO SAVE LIVES

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

ONYX 'S MEDICAL HISTORY

A517675 DOG BLACK S CHINESE SHARPEI

11/24/2009

11/24/2009 40.40LBS

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
Dog/puppy spay				Treated by: ERTTEL	
Anesthesia - Ket/Val IV, Isoflurane/O2 maint.					
Sx. - Routine OVH, absorbable subcuticular closure.					
Ketophen					
Penicillin					
Microchip 4A725A6415					
Rabies (3 months and older) 11098A					
Heartworm test snap negative					
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

ONYX 'S MEDICAL HISTORY

A517675 DOG BLACK S CHINESE SHARPEI

11/25/2009

11/24/2009 40.40LBS

	QTY	Cycle	#Days	Medication	Dose
NORMAL					
Dog/puppy spay					Treated by: ERTEL
Anesthesia - Ket/Val IV, Isoflurane/O2 maint.					
Sx. - Routine OVH, absorbable subcuticular closure.					
Ketophen					
Penicillin					
Microchip 4A725A6415					
Rabies (3 months and older) 11098A					
Heartworm test snap negative					
Capstar					
NORMAL					
Vaccination Puppies: Galaxy* DA2PPv					Treated by: 6124
De-worming: Pyrantel					
frontline					
bordatella					

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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# A517675 Spayed Female DOG BLACK, CHINESE SHARPEI Animal Name: ONYX

License number	License Type	Date Issued	License Expiration Date	Receipt Number	Price
L09-064288	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

