



Animal Services



PINELLAS COUNTY, FLORIDA

Pinellas County Animal Services Program

Receipt

The following sale has been processed successfully.

Sale Information

Customer Name: FLORIDA SHAR PEI RESCUE

Billed To: barbara abel

Credit Card Amount: \$35.00

Authorization #: 1346168781130

Sale Date: 8/28/12 11:46 AM

Original Receipt Number:

Receipt Number: 10725462

Cashier: 34500

Sale Item Information

Item	Description	Price/Unit	Quantity	Total
3164	Adoption of 288956, tag #4183829	15.00	1	15.00
3218	microchip 0a11355f4d for 288956	20.00	1	20.00

Subtotal(\$): 35.00

Customer Printed Name: _____

Sale Tax(\$): 0.00

Customer Signature: _____

Total(\$): 35.00

Date: _____

For questions about services, please call Pinellas County Animal Services (727) 582-2600

DAY <u>Friday</u>		DATE/TIME <u>8-17-12</u>		CONTROL NO. <u>174702</u>	SERIAL NO. <u>288956</u>
PEN NO.s <u>201</u>		<u>151</u>		SID NO.s <u>4/4</u> <u>8/24</u>	
LICENSE / TAG NO. / TATTOO <u>82</u>		YEAR	SPCA, CITY, COUNTY, STATE, ETC.		
DOG <input checked="" type="checkbox"/>	CAT <input type="checkbox"/>	OTHER: <u>WTP</u>		STERILIZED <input type="checkbox"/>	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
BREED <u>Shar Pei</u>		COLORS <u>Xi Brown</u>		SERIAL NO. OF DAM	
EST. WT: <u>60</u>	SCALE WEIGHT: <u>48</u>	PUP / KITTEN <input type="checkbox"/>		OFFICER: <u>H. Benson</u>	
EARS: FLOP <input type="checkbox"/>	TIPPED <input type="checkbox"/>	ERECT <input type="checkbox"/>		KENNEL REP.:	
COAT: SHORT <input type="checkbox"/>	LONG <input type="checkbox"/>	CURLY <input type="checkbox"/>		CLERK:	
TAIL: DOCKED <input type="checkbox"/>	NORMAL <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>			
ABNORMALITY:		COLLAR:			
ANIMAL NAME		DATE OF BITE		YES <input type="checkbox"/> NO <input type="checkbox"/>	
IMPOUNDMENT INFORMATION					
AT LARGE <input type="checkbox"/>		OWNER/AGENT GIVE UP <input type="checkbox"/>		POLICE <input type="checkbox"/> OTHER <input type="checkbox"/>	
CONFINED <input checked="" type="checkbox"/>		POSSIBLE OWNER INFO		FEES COLLECTED	

veterinary use



8-17-12 39

Scanned

"Rudder"

SCANNED

1 yr
W/S

8/17/12 **DA2PP**
RV
8/22/12 **HW-NEG**
STRONGID
REVOLUTION

8/23/12 Ear cytology yeast ++

Date 8/23/12 Surgeon CT

TKx 0.5 Iso ☒ DKB

Pen. 1.0 CC Met. CC Riv. 18 CC

Neuter



DAY <u>Friday</u>		DATE/TIME <u>8-17-12</u>		CONTROL NO. <u>174702</u>		SERIAL NO. <u>288956</u>	
PEN NO.s <u>201</u>		<u>414</u>		<u>NAIB</u>		SD NO.s	
LICENSE / TAG NO. / TATTOO <u>824</u>		YEAR		SPCA, CITY, COUNTY, STATE, ETC.			
DOG <input checked="" type="checkbox"/> CAT <input type="checkbox"/> OTHER: <u>W</u>		STERILIZED <input type="checkbox"/>		MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		SERIAL NO. OF DAM	
BREED <u>Shar Pei</u>		COLORS <u>Brown</u>		PUP / KITTEN <input type="checkbox"/>		OFFICER: <u>H. B. S.</u>	
EST. WT. <u>60</u>		SCALE WEIGHT: <u>48</u>		KENNEL REP.:		CLERK: <u>R</u>	
EARS: FLOP <input checked="" type="checkbox"/> TIPPED <input type="checkbox"/>		ERECT <input type="checkbox"/>		COLLAR: YES <input type="checkbox"/> NO <input type="checkbox"/>			
COAT: SHORT <input checked="" type="checkbox"/> LONG <input type="checkbox"/>		CURLY <input type="checkbox"/>		ABNORMALITY:			
TAIL: DOCKED <input type="checkbox"/> NORMAL <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		DATE OF BITE			
ANIMAL NAME		POLICE <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>			
IMPOUNDMENT INFORMATION		OWNER/AGENT GIVE UP <input type="checkbox"/>		FEES COLLECTED			
AT LARGE <input type="checkbox"/>		POSSIBLE OWNER INFO <input type="checkbox"/>		WHERE IMPOUNDED: ADDRESS <u>3931 68th Ave N, 33781</u>			
CONFINED <input checked="" type="checkbox"/>				CITY			
SURRENDER/RELEASE I hereby release all interest in the animal described in this document. I have the right to deliver possession and, if the owner, the authority to transfer ownership to Pinellas County Animal Services. I agree to indemnify and defend Pinellas County Animal Services and its employees in the event of an adverse claim regarding this animal. I understand that surrender is unconditional. Pinellas County Animal Services makes no promise, actual or implied, regarding holding time, treatment, adoption, or disposition of this animal. Employees of Animal Services have no authority to promise this animal will be adopted or certified adoptable. I understand Pinellas County Animal Services has the right to decide practical and proper disposition of this animal. To the best of my knowledge this animal has not bitten anyone within the past ten days, or if it has, the information is recorded above. By my signature below, I indicate I have read, understood and accepted the above terms and conditions.							
RELEASED BY OWNER <input type="checkbox"/>		AGENT <input type="checkbox"/>		TEMP. HARBORER <input type="checkbox"/>		PD <input checked="" type="checkbox"/> HD <input type="checkbox"/>	
PRINT NAME <u>PPK</u>		PHONE <u>541-0758</u>		ADDRESS <u>1 Dosw 22</u>		CITY <u>P</u> ZIP <u>33781</u>	
SIGNATURE <u>At Large</u>		SIGNATURE <u>33781</u>					
(WITNESS)		REASON FOR GIVING UP ANIMAL:		DISPOSITION			
EXAMINATION ON OR AFTER <u>8/21</u>		REDEEMED <input type="checkbox"/>		ADOPTED <input type="checkbox"/>		EUTHANIZED <input type="checkbox"/>	
		RELEASED IN FIELD <input type="checkbox"/>		DIED <input type="checkbox"/>		OTHER <input type="checkbox"/> DOA <input type="checkbox"/>	
		COURT CITATION NO.		BY			
		DATE <u>8-</u>					

LIC TAG # 4183829

CERTIFICATE AS
OF CHAPTER 14
LICENSE FEETAG FOR LIFE #
4183829

RABIES TAG #

ISSUED ONLY WHEN NO LICENSE IS
PURCHASED AT TIME OF VACCINATIONNIC
\$20.00☐
☒NAME OF ANIMAL
288956MICROCHIP/TATTOO #
0a11355f4dRIGHT SIDE
OWNER NAME (OWNER & SPOUSE)

INITIAL

APT/LOT #

STATE

ZIP CODE

AGE

☐ YR☐ MO

COLOR

SEX

WT

OR LOST RETURN FORM TO ANIMAL SERVICES
OWNED ☐ MOVED OUT OF COUNTY ☐

VETERINARIAN

2450 ULMERTON ROAD LARGO, FL 33774-2700 TELEPHONE (727) 582-2600

DATE OF VACCINATION
08/22/2012MONTH/DAY/YEAR
BRAND NAME

DEFENSOR3

OWNER PHONE # (727) 343-2260

NAME
BREED
COLOR288956
PIT MIX
BROWNRESCUE, FLORIDA SHAR PEI
5514 99TH TERR NW
GAINSVILLE, FL 32653MANUFACTURER
(FIRST 3 LETTERS)

P F I

VACC LOT #/EXPIRES
S171518A 03/25/2013

VACCINATION EXPIRES

08/22/2013

MONTH/DAY/YEAR

DATE LIC ISSUED
08/28/2012

VACC TYPE/KILLED

1 YEAR

☐ IM
☐ SCLICENSE EXPIRES
WITH VACCINE

SEX

MALE

SPAY
NEUTER

NO

AGE

0 YR 11 MO

WEIGHT

48

VET. SIGNATURE/LICENSE #

Thomas, DVM 9639

ADDRESS/PHONE #

IN CERTIFICATE AS
CODE CHAPTER 14
LICENSE FEE

TAG FOR LIFE #
4183829

RABIES TAG #

LIC TAG # 4183829

N/C ☐
\$20.00 ☒

NAME OF ANIMAL
288956

ISSUED ONLY WHEN NO LICENSE IS
PURCHASED AT TIME OF VACCINATION

DATE OF VACCINATION

08/22/2012

MONTH/DAY/YEAR

MANUFACTURER
(FIRST 3 LETTERS)

P F I

VACCINATION EXPIRES

08/22/2013

MONTH/DAY/YEAR

VACC TYPE/KILLED

1 YEAR

IM ☐

SC ☐

FROM RIGHT SIDE

MICROCHIP/TATTOO #

0a11355f4d

FIRST NAME (OWNER & SPOUSE)

INITIAL

BRAND NAME

DEFENSOR3

VACC LOT #/EXPIRES

S171518A 03/25/2013

DATE LIC ISSUED

08/28/2012

LICENSE EXPIRES
WITH VACCINE

OWNER PHONE # (727) 343-2260

NAME 288956

BREED PIT MIX

COLOR BROWN

SEX MALE

SPAY
NEUTER NO

AGE 0 YR 11 MO

WEIGHT 48

RESCUE, FLORIDA SHAR PEI

5514 99TH TERR NW

GAINSVILLE, FL 32653

OR LOST RETURN FORM TO ANIMAL SERVICES

OWNED ☐

MOVED OUT OF COUNTY ☐

VET. SIGNATURE/LICENSE #

Thomas, DVM 9639

VETERINARIAN

ADDRESS/PHONE #

50 ULMERTON ROAD LARGO, FL 33774-2700 TELEPHONE (727) 582-2600





INVOICE

St. Pete Beach Veterinary Clinic

6605 Gulf Blvd.
St. Pete Beach, FL 33706
727-367-0096

To treat and care for your pets with love and compassion.

FOR: Mr/Mrs. Susan Melton
6722 5th Ave N
St. Petersburg, FL 33710

Printed: 08-30-12 at 3:12p
Date: 08-30-12
Account: 2293
Invoice: 126793

Date	For	Qty	Description	Price	Discount	Net Price
Services by Nicole Tisdale DVM						
08-30-12	Rudder	1	Examination	50.00	5.00	45.00 **
08-30-12		3	Canine i/d 13oz. can	6.00	0.60	5.40 **
Old balance		Charges	Payments	Discount		New balance
0.00		50.40	0.00	5.60 **		50.40

Your invoice total reflects our **10%** discount.