



Polk County Sheriff's Office, Animal Control

7115 de Castro Road, Winter Haven, FL 33880

(863) 499-2600 (863) 499-2603 FAX

Receipt Number: R11-020319

Receipt Date: Friday, July 22, 2011

Person Information: FLORIDA CHINESE SHAR PEI RESCUE
5514 99TH TER
GAINESVILLE, FL 32653

PID: P231828

Received From: JACQUELINE TRAUTWEIN

Check No: 1189

Phone: (352) 332-3732

Item:	Animal ID:	Reference :	Price:	Each:	Amount:
RES DOG ADPT	A609723		\$20.00	1	\$20.00
ADP MIC CHIP	A609723	4B1774456C	5.00	1	5.00
Total Fees Due:					\$25.00

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

Total Payments Received: \$25.00

Thank You!

Change:	\$0.00
Balance Due:	\$0.00

Animal Information:

A609723 SANDY - SPAYED, CHINESE SHARPEI, TAN DOG

License Information:

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Type:
4B1774456C	03/21/28	A609723				\$5.00	ADP MIC CHIP
TOTAL LICENSE FEES:						\$5.00	

Shelter Hours

Monday - Saturday 10:00AM - 4:00PM*

Shelter is CLOSED Sundays and Holidays

Clerk: FM5903 SHELTER

Print Date: 07/22/11

PCSO Form 1720 (09/06/05)
7/22/2011 4:53:35PM

4:53:38 PM

**ANIMAL LICENSE CERTIFICATE****Polk County Animal Control****7115 DeCastro Rd.****Winter Haven, FL 33880****(863) 499-2600****FLORIDA CHINESE SHAR PEI RESCUE**
5514 99TH TER NW
GAINESVILLE, FL 32653**(352) 332-3732****P231828**

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 Animal Control and Animal Services Ordinance and Florida Statute 828.30, and has purchased the required county license tag.

ID# A609723 Spayed Female DOG TAN, CHINESE SHARPEI Animal Name: SANDY

License number	License Type	Date Issued	License Expiration Date	Receipt Number	Price
L11-130898	LIC ADP DOG A	7/21/2011	<u>7/21/2012</u>	0.00	

Vet ID	Vaccination Date	Vaccine Expires	Vaccine	Serial Number	Certificate Number
G007660	7/21/2011	7/21/2012	INT	S058376A	

Tag Status: CURRENT**DR ERTEL / POLK COUNTY SHERIFF'S OFFICE****ID Number: G007660**
7115 DE CASTRO RD
WINTER HAVEN, FL 33880
(863) 499-2600

SANDY'S MEDICAL HISTORY

A609723 DOG TAN S CHINESE SHARPEI

7/21/2011

7/19/2011 No weight recorded for this treatment

QTY	Cycle	#Days	Medication	Dose
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NORMAL

Vaccination- DA2PPv

Treated by: 7314

Vaccination- Bordetella (Canine Adenovirus Type 2- Parainfluenza-Bordetella Bronchiseptica)

Deworming- Pyrantel

Deflea- Frontline Spray

[illegible]

1000111741
 Contingency - Administrative Type 2 -
 Personnel - Personnel Section /
 Vacancy - Vacancy Contingency - Administrative
 Type 2 - Personnel - Personnel
 1000111741
 Contingency - Administrative Type 2 -
 Personnel - Personnel Section /
 Vacancy - Vacancy Contingency - Administrative
 Type 2 - Personnel - Personnel
 1000111741
 Contingency - Administrative Type 2 -
 Personnel - Personnel Section /
 Vacancy - Vacancy Contingency - Administrative
 Type 2 - Personnel - Personnel

7/21/2011 No weight recorded for this treatment

QTY	Cycle	#Days	Medication	Dose
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NORMAL

Dog/puppy spay

Treated by: ERTTEL

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

Sx. - Routine OVH, absorbable subcuticular closure.

Ketophen

Penicillin

Microchip 4B1774456C

Rabies (3 months and older) S058376A

Heartworm test snap negative

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

MEPHIST.RPT



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 7/22/2011 between the Polk County Sheriff's Office Animal Control and Florida Chinese Rescue the adopter. By signing below Florida Chinese Rescue acknowledges intention to take receipt from the Polk County Sheriff's Office Animal Control, ID # A609723, a dog, described as a TAN spayed CHINESE SHARPEI, Kennel #N032. The age of this animal is listed as 5 years, 0.00 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:

- Agree 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.
- Agree 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.
- Agree 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.
- Agree 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.
- Agree 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.
- Agree 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 guarantee the animal will survive the surgical procedure. In the event a problem occurs, I will be given the choice of another available animal.
- Agree 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 Monday after 2 P.M., (863)499-2600, select option 0 to confirm the post-operative release of my animal for pick up on Tuesday. 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.
- Agree 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 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 mailed.
- 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. Int decline to have my pet dog Parvo tested.

P231828 Joseph Teautwein 7/22/2011

FLORIDA CHINESE F
5514 99TH TER
GAINESVILLE FL 32653

[Signature]
Clerk

Telephone # (352) 332-3732

Contact telephone # _____

Tag LS-130898

(863) 499-2600

0010214362

ENTER MICROCHIP ID OR PLACE MICROCHIP ID STICKER HERE

IMPORTA



4B1774456C

edited
network.

Return this section to the clinic/shelter

HomeAgain®

ALWAYS LOOKING OUT FOR YOUR PET

PET/PRIMARY CONTACT INFORMATION**Pet Information**

Pet name

Dog

Cat

Other

Pet date of birth

Primary contact

First name

Last name

Address

Apt.

City

State

ZIP

E-mail

Phone 1

Ext.

Phone 2

Ext.

I understand I will receive service-related communications. However, I may choose not to receive other HomeAgain communications.**Please do not send me: (check all that apply)**☐ PetRescuer email alerts when a pet
is lost in my neighborhood☐ Email special offers☐ Email newsletters with articles
on pet protection and safety**Alternate contact**

First name

Last name

Phone 1

Ext.

Phone 2

Ext.

DO NOT SEND CASH. DEBIT CARDS ARE NOT ACCEPTED.

PAYMENT OPTIONS**HomeAgain® membership services are \$16.99 per year.***

VISA

M/C

AMEX

DISCOVER

Account #

Expiration

mm

yy

Complete if address is different than above.

Billing address

Apt.

City

State

ZIP

Check enclosed for annual membership fee

Make check payable to HomeAgain® and mail to: HomeAgain®, P.O. Box 28153, Miami, FL 33102-8153

Enrollment paid
by clinicPromotion code
(if applicable)

Signature

Print name

Date

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

* Membership fees are subject to change.

IMPORTANT Please return this form to the HomeAgain Pet Recovery Service or we will not be able to identify your pet if lost.To enroll, mail this form to HomeAgain, P.O. Box 28153, Miami, FL 33102-8153, visit www.homeagain.com or call 1-888-HOMEAGAIN (1-888-466-3242).**MICROCHIP ID OR GT#**

IMPORTANT: Enter the correct microchip number for proper and expedited enrollment in the HomeAgain® pet safety and wellness network.

PET NAME

HomeAgain® offers
high quality collar tags
engraved with
your pet's name and
microchip ID number.

View additional styles
and order
at HomeAgain.com.

See other side for
ordering information.

Stamped Round

(1 1/4" - up to 12 characters for name)

1 - Blue/Yellow - \$14

J - Pink - \$14

**Stamped House**

(1 1/4" - up to 10 characters for name)

K - Nickel - \$14

L - Pink - \$14

M - Yellow w/Diamond Rhinestones - \$23



PET IDENTIFICATION

TAG

TAG
ATTACHMENT

130898



4B1774456C



4B1774456C



Polk County Sheriff's Office, Animal Control

7115 de Castro Road, Winter Haven, FL 33880

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Clerk: FM5903 SHELTER

PCSO Form 1720 (09/06/05)
7/22/2011 4:53:35PM

Print Date: 07/22/11

4:53:38 PM

INVOICE

Garden Grove Animal Hospital

3033 Cypress Gardens Rd.
Winter Haven, FL 33884
863-324-0623

"Our Goal Is To Make Your Pet Happy"

FOR: Florida Chinese Sharpie Rescue
5514 99th Terrace
Gainesville, FL 32653

Printed: 07-26-11 at 6:21p

Date: 07-26-11

Account: 11356

Invoice: 227929

Date	For	Qty	Description	Price	Discount	Net Price
Services by Todd A. Beatty, DVM						
07-26-11	Sandy	1	Complete Physical Examination			38.40
07-26-11		1	Tapeworming K9 (26-50lbs.)			29.40
07-26-11		1	Urinalysis-ERD			38.00
07-26-11		1	Urine Microalbumin Assay			15.00
07-26-11		1	Preop/CBC-PT,PTT			57.25

Services by

07-26-11 Visa payment

-178.05

*****8673 Approval code: 114082

X

I agree to pay above total amount according to card issuer agreement. (Merchant agreement if credit voucher).

Old balance	Charges	Payments	New balance
0.00	178.05	178.05	0.00

For more information on the healthcare needs of your pet, please visit our website at
www.gardengroveanimalhospital.vetsuite.com