BROWARD CO- ANIMAL C 1870 SW 39TH ST FT LAUDERDALE, FL 33 954-359-1313

BATCH: 194 S-A-L-E-S D-R-A-F-T 78018749 352353637255

CD TYPE: VISA IR TYPE: PURCHASE

SEP 27, 13 13:10:27 DATE:

AUS: ZIP MATCH

TOTAL

ELRESCUE

32653

1870 Southwest 39 Street, Ft. Lauderdale, FL 33315

Fort Lauderdale Shelter

ANIMAL CARE & ADOPTION SECTION

954-359-1313 -- Fax 954-359-6294

RECEIPT

Pompano Beach Shelter

3100 Northwest 19 Terrace, Pompano Beach FL 33064

954-359-8278 -- Fax 954-359-8279

Receipt Date: 09/27/2013

PID:P0725033

Phone: (352) 332-3732

EXP: **/**

\$40.00*

ACCT: ************* **** IMPRINT CARD ****

TRAN. 163270618272116 TAX \$0.00 CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANKS FOR USING VISA

CUSTOMER COPY

ANESIH-GAS ANESTH-INJ

VACCINATE

ANTIBIOTIC A16127 DEWORM-ORAL A16127 EARCLEAN A16127 EXTPAR A16127 HOME AGAIN MI A16127 IDEXX 3DX K9 A16127 PRAZIQUANTEL SPAY/DOG SUB Q FL

VITAMIN B12 **EXAM EXAM** EXAM RESCUE FULLY VACCINATE

A16127 A16127 A16127 A16127 A16127 A16127 A16127 A16127 A11985 A1568400

A16127

D:	Reference No:	Cashier Code	Price:	Each:	Amount:
'60	985112002596	734 6030-4642	\$.00	1	\$.00
760	L13-093939		.00	1	.00
760	T13-136108	6030-4642	.00	1	.00
760	T13-136109	6030-4642	.00	1	.00
760	T13-136952	6030-4642	.00	1	.00
760	T13-137142	6030-4642	.00	1	.00
760	T13-137445	6030-4642	.00	1	.00
760	T13-137446		.00	1	.00
760	T13-137447	6030-4642	.00	1	.00
760	T13-137448	6030-4642	.00	1	.00
760	T13-137449	6030-4642	.00	1	.00
760	T13-137450	6030-4642	.00	1	.00
760	T13-137451	5030-4642	.00	. 1	.00
760	T13-137452		.00	1	.00
760	T13-137453		.00	1	.00
760	T13-137454		.00	1	.00
760	T13-137455		.00	1	.00
760	T13-137456	6030-4642	.00	1	.00
760	T13-137457		.00	1	.00
760	T13-137459		.00	1	.00
760	T13-137587	6030-4642	.00	1	.00
760	T13-138000	6030-4642	.00	1	.00
760	T13-138120	6030-4642	.00	1	.00
760		6030-4640	40.00	1	40.00
531	T13-064661	6030-4642	.00	1	.00
100	T13-074611	6030-4642	.00	1	.00

Total Fees Due: \$40.00 Payments: Cash: \$0.00

Check: \$0.00 Credit Card \$40.00

Total Payments Received:

\$40.00

Thank You!

Change:

\$0.00 \$0.00

Balance Due:

al Information:

/8531 FENG SHUI LI - 4 Years 8 Months of age, S SHARPEI, WHITE/FAWN, DOG

568400 New Pet - 5 Years 6 Months of age, S SHARPEI, TAN, DOG

A1612760 WRINKLES - 5 Years 6 Months of age, S SHARPEI, BLK/TAN, DOG

				-				
Trea	\$ 1777 C	2171	10	ite	PPM	211	or	3 "
1160	61116	7 11 11 C	2 5 5	18 00	S W H D	OF GA	A 11	2 11

Type:	Animal#	Description:	Medic	ation: Co	st: Treat # Dat	
VACCINATE	A1198531 FENO	THE RESIDENCE OF THE PARTY OF T	 ACCUST TO COMMAND OF A COMPANY THE COMMAND NAME OF PROPERTY OF THE COMPANY OF THE	WALL THE WALL TO SHARE THE CONTRACT OF	\$9.00 T13-064661	1/4/2013
VACCINATE	A1568400	3 011011			\$9.00 T13-074611	2/13/2013
VACCINATE	A1612760 WRII	UKLES			T13-136108	9/19/2013
	A1612760 WRII				T13-136109	9/19/2013
	A1612760 WRII				T13-136952	9/21/2013
					T13-137142	9/22/2013
	A1612760 WRI				T13-137445	9/23/2013
	A1612760 WRI				T13-137446	9/23/2013
	NIA1612760 WRI				T13-137447	9/23/2013
ANESTH-GAS	A1612760 WRI				T13-137448	9/23/2013
ANESTH-INJ	A1612760 WRI				T13-137449	9/23/2013
ANTIBIOTIC	A1612760 WRI				T13-137450	9/23/2013
DEWORM-ORA	AL A1612760 WRI				T13-137451	9/23/2013
EARCLEAN	A1612760 WRI				T13-137452	
EXTPAR	A1612760 WRI				T13-137453	
HOME AGAIN I	MI A1612760 WRI	NKLES			T13-137454	
IDEXX 3DX K9	A1612760 WR	NKLES			T13-137455	
PRAZIQUANTE	EL A1612760 WR	NKLES				
SPAY/DOG	A1612760 WR	NKLES			T13-137456	
SUB Q FL	A1612760 WR	NKLES			T13-137457	9/23/2013
VITAMIN B12	A1612760 WR	NKLES			T13-137459	
V1171111111	A1612760 WR				T13-137587	9/24/2013
	A1612760 WR				T13-138000	
	A1612760 WR				T13-138120	9/26/2013
	111012100 1111	1 1 1 1 100 100 10			040.00	

Total Medical Fees: \$18.00

License Information:

License No:	License Expires:	Animal#	Vacc Date:	Term:	Expires:	Amou	unt: Type:
9851120025 L13-093939	09/23/2013 09/23/2014	A1612760 A1612760	09/23/2013	12	9/23/2014		MICROCHIP LICENSE ADPT
113 070707				Total Lic	ense Fees:	\$0.00	

MAKE SURE YOUR PET WEARS ITS PET LICENSE -- IT'S YOUR PET'S TICKET HOME

VISIT OUR WEB SITE AT WWW.BROWARD.ORG/ANIMAL

Clerk: EONEILL FT LAUD

Transaction Date: 2013/09/27 13:31:09.55



ANIMAL CARE AND ADOPTION **BROWARD COUNTY** 1870 SOUTHWEST 39 STREET FORT LAUDERDALE, FLORIDA 33315

FOR INFORMATION

FT LAUDERDALE (954) 359-1313

FLORIDA SHARPEI RESCUE 5514 NW 99 TER GAINESVILLE FL 32653

LICENSE & RABIES VACCINATION CERTIFICATE

LICENSE INFORMATION

VACCINATION INFORMATION

License #:

L13-093939

Date Vaccinated:

9/23/2013

Date Issued:

9/23/2013

Vaccination Expires:

9/23/2014

Date Expires: 9/23/2014

Veterinarian: ACARD MAIN FACILITY

Receipt #:

Vet #:

G000109

Amount:

\$0.00

Vaccine:

RABVAC 1

Serial No:

1213214A

ANIMAL INFORMATION

OWNER INFORMATION

Animal ID Number: A1612760

Person ID #: P0725033

Species:

DOG

Last Name:

RESCUE

Animal Name:

WRINKLES

First Name:

FLORIDA SHARPEI

Prominent Breed:

SHARPEI

Address:

5514 NW 99 TER

Secondary Breed:

City:

GAINESVILLE

Color(s):

BLK/TAN

State:

FL Zip: 32653

Sex:

SPAYED

Phone #:

352 3323732

Other Phone #:

MEDICAL HISTORY A1612760

0.00LBS DOG BLK/TAN S SHARPEI

Date of Birth: 3/23/2008

License#:



Thursday, September 19, 2013

Treatment Date:

blood in run

in heat ab ini

OTHER

Weight 0.00LBS

Temp.

Treated by: CH

start cipro 9/19

Saturday, September 21, 2013

Sunday, September 22, 2013

Treatment Date:

cIPRO 500 MG

OTHER

Weight 0.00LBS

Temp.

Treated by: KM

HOME CHIP

Temp.

Treated by: MW

Treatment Date:

CIPRO 500 MG

OTHER

OTHER

Monday, September 23, 2013

Treatment Date:

MINIMAL ACTIVITY FOR

TWO WEEKS. NO

RUNNING OR EXPOSURE

TO OTHER DOGS

STRONGID- REPEAT IN

TWO WEEKS

MICROCHIPPED

SEDATION INJ

ANESTHESIA INJ

RABIES VACCINE:

RABVAC 1 - 1213210A

EXP 3/2014

FRONTLINE

HEARTWORM 3DX TEST

- NEGATIVE

ANESTHESIA GAS

INTUBATE

FLUIDS

ANTIBIOTIC INJ

PEN-G INJ

B-12 INJ

DRONCIT INJ

SPAYED FEMALE

NO SUTURE REMOVAL

Going Home With:

CIPROFLOXACIN

TEMARIL P

Weight 0.00LBS

Weight 35.30LBS

Temp. 101.2

Treated by: KM/LB

ACE-PROMAZINE

ANESTH-GAS

ANESTH-INJ

ANTIBIOTIC

DEWORM-ORAL

EARCLEAN

EXTPAR

HOME AGAIN MI

IDEXX 3DX K9
PRAZIQUANTEL
SPAY/DOG
SUB Q FL
VACCINATE
VITAMIN B12

Tuesd	lay, September 24, 2013	Weight 35.30LBS			
Treatment Date:			Temp. 101.2		
Doxy 200 mg	OTHER	HOME CHIP	Treated by: LB		
Wedne	sday, September 25, 2013		Weight 35.30LBS		
Treatment Date:			Temp. 101.2		
Doxy 200 mg	KENNEL COUGH	HOME CHIP	Treated by: LB		
Thurs	day, September 26, 2013	Weight 35.30LBS			
Treatment Date:			Temp. 101.2		
Doxy 200 mg	KENNEL COUGH	HOME CHIP	Treated by: MW		

Your new pet has received it's first series of vaccines. It is your responsibility to provide the follow-up vaccines. You are also responsible provide another deworming treatment 14 days after adoption. Please take your new pet to a Veterinarian of your choice for the following deworming treatment. At that time your Veterinarian can suggest monthly treatment programs to prevent certain internal and external parasit Our veterinary staff examines all animals that are to be adopted, but it is possible that some of them may develop an illness or condition the was undetectable at the time of examination.

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED, PLEASE CALL US AT 954-359-1315 FROM 8:30 A.M. TO 5:00 P.M. MONDAY -- FRIDAY

It is important for the health and comfort of your new pet to have regular check-ups by your veterinarian. Your veterinarian will keep your pet free of worms, ticks, and fleas and prevent small problems from becoming big ones. Your veterinarian is your pet's best friend.