



## MEDICAL HISTORY REPORT

NO  
PICTURE  
ON  
RECORD

**Animal ID#**

A0202949

**Name**

SASSY

**Breed**

CHINESE SHARPEI

**Color**

TAN

985121012504320

**Age**

6 YRS

**Date of birth** October 01, 2005

**As of:** 10/11/2011

**Sex:** SPAYED FEMALE

**10/10/2011**

**Condition:** BAR

**Temp:** 0.0

**Weight:** 44.00

**Treated by:**

**Visit Type / Reason**

EXAM / INITIAL  
SURGERY

**Treatments**

BORDETELLA  
DEWORMING  
DHLPP-VAC  
HW-OCCULT  
INSERT-CHIP  
RABIES-VAC  
SPAYDOG

IN

SENT TO ROGI  
985121012504320

**Medications**

1.00 CC of ATROPINE IM, 1x per day for 1 day(s)  
1.00 TABLET of CAPSTAR 1, 1x per day for 1 day(s)  
3.00 CCS of DRONCIT DOGCC, 1x per day for 1 day(s)  
1.00 CC of KETASET/ACE, 1x per day for 1 day(s)  
0.40 CC of TORBUGESIC 10, 1x per day for 1 day(s)  
1.00 CC of VALIUM IV, 1x per day for 1 day(s)

**Comments**

\* Intact female

Julia saw tapes on stool

Per DR. B CBC/Chemistry was sent out to Rogi

\* Dog was anesthetized with an equal volume ratio of ketamine and diazepam IV. An anticholinergic agent and butorphenol were administered. Anesthesia was maintained with isoflurane as required. IV fluids were administered during the surgical procedure. Surgery was performed on heated surgical table.

**10/11/2011**

**Condition:** BAR

**Temp:** 0.0

**Weight:** 0.00

**Treated by:**

**Visit Type / Reason**

EXAM  
MAINTENANC TX  
VETERINARIAN

**Treatments**

TREATMENT

**Medications**

2.00 TABLETS of DOXY100MG, 1x per day for 10 day(s)

**Comments**

\* Per Dr. B we are sending dog home with Doxycycline 5 mg/lb PO SID for 14 days as a preventative in case dog will develop any respiratory disease

\* This pet has been checked and is ready for adoption.

\* Per Dr. Boone dog has symptoms of CIRD.

Gets Doxycycline 10 mg/Kg S<sup>IV</sup> for 10 days.

# CERTIFICATE OF VACCINATION

Date of Rabies: 10/10/2011

Next Rabies Vaccination On: 10/10/2012

## VETERINARY CLINIC

Peggy Adams Animal Rescue League  
3200 N. Military Trail  
West Palm Beach, FL 33409  
(561) 686-3663

## OWNER OF ANIMAL

Name: SHAR PEI RESCUE  
Address: 6722 5TH AVE  
City/State/Zip: ST.PETERSBERG, FL 33710  
Phone #: Phone: (727) 343-2260

*This is to certify...*

**THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.**

### *Patient Information:*

<b>Pet ID #:</b>	A0202949	<b>Tag No:</b>	U11-011938
<b>Patient:</b>	SASSY	<b>Date Issued:</b>	10/11/2011
<b>Species:</b>	DOG	<b>License Type:</b>	LIC STERLIZED 20.00
<b>Breed:</b>	CHINESE SHARPEI	<b>Age:</b>	6 yrs 0 mo
<b>Color:</b>	TAN	<b>Sex:</b>	SPAYED FEMALE
<b>Microchip:</b>			

**Pet's Size:**

---

### *Rabies Vaccination Information:*

<b>MFG/PRODUCT:</b>	DEFENSOR	<b>Term:</b>	12 Months	<b>Expires:</b>	10/10/2012
<b>Lot Expiration:</b>	07/24/2012	<b>Administered:</b>	I/M		
<b>Lot number:</b>	S063555A				

Linda Boone, DVM Veterinary License # 5681



# MICROCHIP CERTIFICATE



## VETERINARY CLINIC

Peggy Adams Animal Rescue League  
3200 N. Military Trail  
West Palm Beach, FL 33409  
(561) 686-3663

## OWNER OF ANIMAL

Name: SHAR PEI RESCUE  
Address: 6722 5TH AVE  
City/State/Zip: ST.PETERSBERG, FL 33710  
Phone #: Phone: (727) 343-2260

*This is to certify...*

**that the animal described below has received a microchip identification implant**

### ***Patient Information:***

<b>Pet ID #:</b>	A0202949	<b>Microchip:</b>	985121012504320
<b>Patient:</b>	SASSY	<b>Date Issued:</b>	10/11/2011
<b>Species:</b>	DOG	<b>Age:</b>	6 YEARS
<b>Breed:</b>	CHINESE SHARPEI	<b>Sex:</b>	Spayed Female
<b>Color:</b>	TAN		

---

### ***Microchip Manufacturer Information:***

The brand of microchip your pet has is: HOMEAGAIN

### ***How do microchips work?***

Microchips have a unique number. When a hand held scanner is moved over the animal's body the scanner is able to read the number on the microchip. The microchip company is then called and the number given to the operator. The operator is then able to look in their database for the pet's information. Most veterinary offices, shelters and humane society's now have scanners and use them on all animal's that come in their doors.

If you have purchased a HomeAgain microchip your pet's microchip is automatically registered to the HomeAgain Pet Recovery Service. You can read more at <http://public.homeagain.com/> It is very important that you update your contact information with us and HomeAgain if you move or change phone numbers.

You can reach HomeAgain at Call us at 1-888-HOMEAGAIN (1-888-466-3242)

You can update your information with us by calling customer service at 561-686-3663 or email us at [info@hspb.org](mailto:info@hspb.org). You should also call Palm Beach County Animal Control and update your information with them 561-233-1200 or email [pbcacc@co.palm-beach.fl.us](mailto:pbcacc@co.palm-beach.fl.us).

**It is very important that your pet wear a collar, rabies license and identification tag at all times. Research has proven that visible ID tags with the owner's name and phone number is the quickest most reliable way to ensure your pet is returned to you.**



## Dog Surrender Form

### Surrender Profile - DOG

Dog's name: Sassy ☐ Male ☒ Female

Approximate age or exact birth date if known: 6 years

Is your dog spayed/neutered? ☒ Yes ☐ No

Breed: Shar Pei Approximate weight: \_\_\_\_\_

How long have you had this dog? 2 weeks

Where did you get her/him?

Owner surrender

Please tell us why you need to give up your dog

Is your dog licensed? ☒ Yes ☐ No

If yes, please provide license number and issuing city: \_\_\_\_\_

Shot given but not registered yet

Has a complaint ever been filed with animal services regarding this dog?

☒ Yes\* ☐ No \*If yes, please provide details:

Does your dog have any medical/health issues? ☒ Yes\* ☐ No

\*If yes, please provide details:

Is this dog current on vaccinations? ☒ Yes ☐ No

Please provide the name and phone number of your veterinarian:

Peggy Adams

Has your dog nipped, mouthed, bruised or scratched with its teeth?

☒ Yes\* ☒ No \*If yes, please provide details:

Where does your dog stay when you leave her/him alone at home?

N/A

Do you use, or have you ever used, a dog crate for this dog? ☒ Yes ☒ No

Does your dog chew when left alone? ☒ Yes\* ☒ No

N/A

Does your dog have experience with children and/or cats? ☒ Yes\* ☒ No

\*If yes, please provide ages and your dogs behavior with the children.

unknown

PLEASE SIGN: *I certify that all statements above are true and correct.*

Noelle D'Angio Signature

3200 N military trail Address

West Palm Bch FL 33409 City/State/Zip

561.686.3663 Phone

10.11.2011  
Signature Date

**Thank you for completing the surrender profile. This certifies you are voluntarily surrendering your Shar Pei to Florida Shar-Pei Rescue and have no recourse in where she/he is fostered or adopted to. Florida Shar-Pei Rescue survives through donations made to our Rescue, and we would appreciate a donation to accept your surrender.**