



**BREVARD COUNTY ANIMAL SERVICES  
SOUTH ANIMAL CARE AND ADOPTION CENTER**

5100 W. Eau Gallie Blvd., Melbourne, FL 32935  
(321) 253-6608

**Receipt Number: R11-017975**

**Receipt Date: Friday, August 26, 2011**

Person Information: **FLORIDA SHARPEI RESCUE**  
5514 NW 99TH TER  
GAINESVILLE, FL 32653

PID: P297200

Received From: **FLORIDA SHARPEI RESCUE**

Check No:

Phone: **(352) 332-3732**

Item:	Animal ID:	Animal Name:	Reference No:	Price:	Each:	Amount:
LINK	A554383	SHADOW	U11-011532	\$ .00	1	\$ .00
RESCUE	A554383	SHADOW		.00	1	.00

Total Fees Due:

<b>Payments:</b>	Cash:	\$0.00
	Check:	\$0.00
	Credit Card:	\$0.00

**Total Payments Received: \$0.00**

**Thank You!**

Change:	\$0.00
Balance Due:	\$0.00

**Animal Information:**

A554383 SHADOW - 5 YEARS OF AGE, MALE, CHINESE SHARPEI, BLACK DOG

**License Information:**

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Type:
U11-011532	08/26/12	A554383		36		\$0.00	LINK
TOTAL LICENSE FEES:						\$0.00	

**Hours of Operation - Shelter**

Monday, Wednesday, Friday and Saturday 10:00AM - 5:00PM    Tuesday and Thursday 11:00 AM - 6:00 PM

**Administration**

Monday thru Friday 8:00AM - 5:00PM

All locations CLOSED Sundays and Holidays

Clerk: cmorris

SACC

Transaction Date: 08/26/11

Print Date: 08/26/11 re\Chameleon\CRYSTAL\RECEIPT.RPT

# Medical History

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Name:  
**SHADOW**

Animal ID:  
**A554383**

Color:  
**BLACK**

Breed:  
**CHINESE SHARPEI**

Sex:  
**MALE**

Age:  
**5 YRS 1 MO**

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A554383 69.60LBS DOG BLACK M CHINESE SHARPEI

08/26/11

**8/11/2011**

INTAKE                      NORMAL                      69.60LBS                      Treated by: SA/LM

DAPP  
Bronchi-Shield III  
Frontline - 45-88

Strongid-T - 6 cc

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HW TEST                      NEGATIVE                      62.00LBS                      Treated by: CH/JM

Heartworm Test - Negative  
Gave Heartgard Plus - 51-100

\*Heartgard Plus is a monthly heartworm preventative. Because heartworm disease can be fatal, Heartgard Plus or another heartworm preventative recommended by your veterinarian, should be given monthly.

HGARD 51-100 - 8/21/11

**8/23/2011**

MCHIP                      NORMAL                      Treated by: CH/MT

MICROCHIP # 4c187a1d66

Please register your pet's microchip by mailing the enrollment form given to you, visiting [www.homeagain.com](http://www.homeagain.com), or calling 1-888-HOMEAGAIN (1-888-466-3242).

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**8/25/2011**

BOOSTER

NORMAL

Treated by: MT

STRONGID-T - 08/25/2011

DAPP - 08/25/2011

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**8/26/2011**

MEDICATE

URI

70.00LBS

Treated by: MT

Upper respiratory infection observed (+/- sneezing, coughing, nasal discharge).

Contact rescue.

Give medication(s) as prescribed.

2.50 DOXY 100MG 1.00 TIMES/DAY FOR 14.00 DAYS

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0010229458

ENTER MICROCHIP ID OR PLACE MICROCHIP ID STICKER HERE

4C1 87A 1D66

r and expedited  
pet safety and wellness network.

# 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 date  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 33102-8153Enrollment paid  
by clinic ☐Promotion 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](http://www.homeagain.com) or call 1-888-HOMEAGAIN (1-888-466-3242).PET NAME MICROCHIP ID OR GT# 

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

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

View additional styles  
and order  
at [HomeAgain.com](http://HomeAgain.com).

See other side for  
ordering information.

### Stamped Round

(1 1/8" - up to 12 characters for name)

I - Blue/Yellow - \$14

J - Pink - \$14



### Stamped House

(1 1/8" - up to 10 characters for name)

K - Nickel - \$14

L - Pink - \$14

M - Yellow w/Diamond Rhinestones - \$23





## TERMS AND CONDITIONS

Intervet Inc. d/b/a Home Again ("Home Again") offers a pet recovery service for pet safety and health, education for pet owners, and products, information and special offers from us and our carefully selected business partners that we believe you will value (the "HomeAgain® Program"). By enrolling or renewing your membership in the HomeAgain® Program, you agree to the following:

1. Home Again reserves the right to modify or terminate the HomeAgain® Program at any time, without prior notice.
2. We will retain your customer information and information about your pet (such as microchip ID number and name) regardless of your membership status for purposes of pet recovery.
3. This Agreement is subject to the laws of the State of New Jersey. If there is any dispute concerning this Agreement or your use of the HomeAgain® Program, you and Home Again agree to submit the dispute to non-binding mediation, followed by binding arbitration, under the rules of the American Arbitration Association.

## PRIVACY NOTICE

Home Again is committed to protecting your privacy. To understand our data collection and use practices, please read the full Privacy Notice available on our Web site ([www.homeagain.com](http://www.homeagain.com)). We have reprinted the key provisions below.

**Uses of Information.** We will use information that identifies, locates or contacts you ("Personal Information") and other information that we collect from or about you to, among other things: enroll you or renew your membership in the HomeAgain® Program; fulfill your requests for information, products or services; provide you with product support and answer your questions; manage and provide you with access to your account and our Web site; analyze use of the HomeAgain® Program; develop new products and services, and customize our products, services and other information we make available; periodically communicate with you about your account and/or about special offers related to the HomeAgain® Program; and/or enforce the Terms and Conditions of your participation in the HomeAgain® Program and your use of our Web site.

**Disclosures of Information.** We will share your information with Home Again service providers in order to deliver the services, products, information and special offers provided under the HomeAgain® Program. These service providers include, but are not necessarily limited to: the pet recovery service that contacts clients of lost pets during the recovery process; the emergency medical hotline that provides 24-hour/7-day-a-week pet emergency telephone assistance; the animal shelters, veterinary clinics, and animal welfare organizations that provide care until the lost pet is returned; and other providers who help us deliver (or provide the technical support for) the HomeAgain® Program, including our enrollment and payment processing, pet insurance, customer communications, call centers, and Web site.

In addition, we will share your Personal Information with carefully selected business partners so we may communicate with you about special offers related to the HomeAgain® Program. These business partners will be authorized to use your Personal Information for marketing purposes related to pet products, safety and health. We also will disclose your information as required by law and when we believe that disclosure is necessary to protect our rights and/or comply with a judicial proceeding, court order, or legal process served on us. Also, we will disclose your information in connection with a corporate transaction, such as the sale of our business, a divestiture, merger, consolidation or asset sale, or in the unlikely event of bankruptcy.

**Your Choices.** You have a choice about the receipt of special e-mail offers. If you enroll in the HomeAgain® Program through our Web site, you will be presented at that time with the option not to receive promotional e-mails. If you enroll in the HomeAgain® Program through other means (such as through your veterinary clinic), you may visit our Web site and create an online account where you will be presented with the same options. In either case, you can modify your promotional e-mail preference at any time by visiting our Web site or calling Customer Service at the number listed below. We also provide instructions on how to unsubscribe from promotional e-mails within any such e-mail we send to you.

Please note that regardless of the choices you make about the receipt of promotional e-mails, we will continue to provide you with service-related e-mail announcements. We also will continue to send you information about special offers and other information relating to the HomeAgain® Program by postal mail. The information that we send to you by mail is an essential component of the HomeAgain® Program and a condition of your membership. We hope you find these mailings of value.

**Accessing and Updating Your Information.** To access and update your personal or pet information, you can visit our Web site and log into your online account. You can also update your information, or instruct us to remove you from the HomeAgain® Program, by calling 1-888-HOMEAGAIN (1-888-466-3242) or by sending an email to [customerservice@homeagain.com](mailto:customerservice@homeagain.com). Please note that we will retain your contact information and information about your pet (such as microchip ID number and name) for the purposes of pet recovery and in accordance with our Terms and Conditions.

**Changes to this Privacy Notice.** We reserve the right to modify this Privacy Notice. You can determine whether the Notice has changed by visiting our website ([www.homeagain.com](http://www.homeagain.com)) and reading the full Privacy Notice available on our site. If we make any material changes to this Privacy Notice, we will post notice of the change on our Web site or notify you in other ways we deem appropriate to keep you informed of our information practices.

**Contact Us.** If you have questions about our Privacy Notice, please contact our Privacy Officer at: Global Privacy Officer, Schering-Plough Corporation, 2000 Galloping Hill Road, Kenilworth, New Jersey 07033. E-mail: [privacyoffice@spcorp.com](mailto:privacyoffice@spcorp.com). If you have comments or questions about the HomeAgain® Program or would like to speak with a Customer Service Representative, please contact us at: Home Again Customer Service, E-mail: [customerservice@homeagain.com](mailto:customerservice@homeagain.com), or 1-888-HomeAgain (466-3242). Please submit your enrollment form to: HomeAgain, P.O. Box 28153, Miami, FL 33102-8153.

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HA-405  
May 10

## Mail this form or order online at HomeAgain.com

### Shipping information

First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

Phone\*: \_\_\_\_\_

Please visit [HomeAgain.com](http://HomeAgain.com) to update your contact information if necessary.

\*This information is required in case of order issues.

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### Collar tag order information

Please fill out pet name, microchip ID, collar tag type, price, and quantity. Record total price below.

Pet name	Microchip ID	Type (please circle one)	Price	Qty.	Total price
		I J K L M	\$		\$
		I J K L M	\$		\$

To order for additional pets or view additional styles visit [HomeAgain.com](http://HomeAgain.com)

Shipping & Handling \$ 2.00  
Please allow 4-6 weeks for delivery

Total amount \$ \_\_\_\_\_

Make check payable to "HomeAgain" or provide credit card information below:

☐ VISA ☐ M/C ☐ AMEX ☐ Discover

### Payment information

Account #: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_  
(MM/YY)

Signature: \_\_\_\_\_

Mail order form to: HomeAgain®, P.O. Box 28147, Miami, FL 33102-8147

Please keep it in a safe place. If a Rabies shot was administered, the information below, showing the manufacturer, serial number and lot expiry date, is needed TO OBTAIN YOUR ANIMAL CARE AND CONTROL I.D. TAG. ANIMAL CARE AND CONTROL

**Failure to secure a tag within 30 days of expiration will require a \$10 late fee**

ANIMAL CARE AND CONTROL  
PALM BEACH COUNTY  
7100 Belvedere Road

WPB. FI. 33411-3308 561 233 1200

**WRITE INSIDE THIS BOX ONLY PLEASE**

YOUR E MAIL Q h / p / 16 / o k A s k l e k H l e @ . i n f o . c o m

AGE, YR(S) <u>4-5</u>	WEIGHT <u>60</u> <u>45.5</u>	SPECIES <input checked="" type="checkbox"/> DOG <input type="checkbox"/> CAT	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ANIMAL NAME <u>Trudeau</u>	TATTOO NO
AGE, MOS.	PRIMARY BREED - PUREBREED <input type="checkbox"/> YES <input type="checkbox"/> NO <u>SHARPEI</u>		COLORS <u>Black</u>		ELECTRONIC ID # <u>4C 187A 1D66</u>
AGE, WKS					
OWNER'S NAME	LAST NAME <u>Retama</u>		FIRST NAME <u>Brooke (Sharpei Rescuer)</u>		HOME PHONE
	NO. STREET		CITY <u>FL 33415</u>		WORK PHONE
ADDRESS	<u>5905 Snowdypoolway West Palm Bch</u>				CELL PHONE <u>561-460-8611</u>

# SHADOW RETANA BLACK SHARPEI Rescue

DATE VACCINATED	09.03.11	<input type="checkbox"/> 1 YR	<input type="checkbox"/> I/M
VACCINATION EXPIRES	09.03.14	<input checked="" type="checkbox"/> 3 YR	<input checked="" type="checkbox"/> S/Q
PRODUCER	RA BVAC 3	<input type="checkbox"/> LIVE	
Vacc. Serial (lot) No.	1215347A	<input checked="" type="checkbox"/> KILD	
Vaccine lot expires	12/17/12		

Veterinarian's #

License No.

Signature (DVM)

**PAWS - 2 - HELP**  
2061 Indian Rd., WPB, FL 33409  
Phone: (561) 712-1911

TAG	
TYPE OF LICENSE TAG	
<input type="checkbox"/>	NON-STERILIZED
<input type="checkbox"/>	NON STER. FOR S.C.
<input checked="" type="checkbox"/>	STERILIZED
<input type="checkbox"/>	STER. FOR S.C.
<input type="checkbox"/>	REPLACEMENT
<input type="checkbox"/>	N/C-GUIDE / POLICE
<input type="checkbox"/>	GUARD DOG
<input type="checkbox"/>	DANGEROUS DOG
<input type="checkbox"/>	HANDLING FEE
<input type="checkbox"/>	TOTAL

FORM  
NUMBER 4288

Date of office visit

M T W T F S S

All Shots	\$15.00
Exam	\$15.00
Tests	\$15.00

See full pricing on our website:  
[www.Paws2Help.com](http://www.Paws2Help.com)

Surgeries, Dentals, Spay/Neuter  
Heartworm treatments by  
appointment.

## DOCTOR'S NOTATIONS

*[Faint handwritten notes at the bottom of the page]*

OFFICE NOTES P2H Patient ☐ On Heartworm ☒

Owned	1 wk.	Last Visit	08/26/11
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**BRING THIS RECEIPT ON RETURN VISITS**[illegible]

Service charge *	\$5 . 0 0
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\* Service charge covers the bio-hazard disposal fee & recordkeeping

Cash  
c/c

TO  
PAY

20.00

Flea Preventive.....  
HW Preventive.....

Cash  
c/c

## PHYSICAL EXAM CHECKLIST

1) GENERAL APPEARANCE <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	2) INTEGUMENTARY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	3) MUSCULOSKELETAL <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
4) RESPIRATORY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	5) DIGESTIVE <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	6) GENITOURINARY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
7) EARS <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	8) NEURAL SYSTEMS <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	9) LYMPH NODES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
10) EYES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	11) CIRCULATORY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	12) MUCOUS MEMBRANES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM

Visit our Web site, [www.Paws2help.com](http://www.Paws2help.com)

Follow up treatment/shots in .....week(s)

**You must call ahead and make an appointment. 561 712 1911**

PAWS 2 HELP  
2001 INDIAN RD  
WEST PALM BEA, FL 33409

09/03/2011 10:39:12  
Merchant ID: 00000000746862  
Terminal ID: 02400840  
221217284993

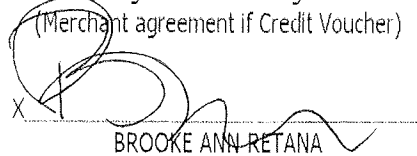
CREDIT CARD

VISA SALE

CARD # XXXXXXXXXXXX3285  
INVOICE 0005  
Batch #: 000315  
Approval Code: 023911  
Entry Method: Swiped  
Approved: Online

SALE AMOUNT \$20.00

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

X   
BROOKE ANN RETANA

MERCHANT COPY