

Animal
A537311 - " SOPHIE "
CHINESE SHARPEI
BLACK
F

Rescue Person
FLORIDA SHARPEI RESCUE
5514 NW 99TH TER
GAINESVILLE FL 32653
(352) 332-3732

Receipt # R10-028796

Date 12/14/2010

Rescue Agreement

I , FLORIDA SHARPEI RESCUE , as a recognized Rescue for the North Animal Care and Adoption Center , understand that the Rescue Fee is waived. Due to this I am responsible for all medical expenses to include, surgical sterilization, vaccinations, internal and external parasiticide, and any other necessary treatment while in my care and prior to permanent placement.

I , FLORIDA SHARPEI RESCUE , as a recognized Rescue for the North Animal Care and Adoption Center , understand that under Brevard County Code Chapter 14 Sec. 14-45 (c) (1) I agree to record the name and address of the new owner upon subsequent transfer of ownership of the animal. In addition I understand that the North Animal Care and Adoption Center or their designee may ask to see these records at any time and will make them available to them.

Signature

Date

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

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

All locations CLOSED Sundays and Holidays

Clerk: phunter

NACC

Transaction Date: 12/14/10

Print Date: 12/14/10 re\Chameleon\CRYSTAL\RECEIPT.RPT



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

2605 Flake Road, Titusville, FL 32780
(321) 264-5119

Receipt Number: **R10-028796**

Receipt Date: Tuesday, December 14, 2010

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:
RESCUE	A537311	SOPHIE		\$.00	1	\$.00
RABIES	A537311	SOPHIE		5.00	1	5.00
Total Fees Due:						\$5.00
Payments:						
Cash:						\$5.00
Check:						\$0.00
Credit Card:						\$0.00
Total Payments Received:						\$5.00
Thank You!						
Change:						\$0.00
Balance Due:						\$0.00

Animal Information:

A537311 SOPHIE - 5 YEARS OF AGE, FEMALE, CHINESE SHARPEI, BLACK DOG

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: phunter

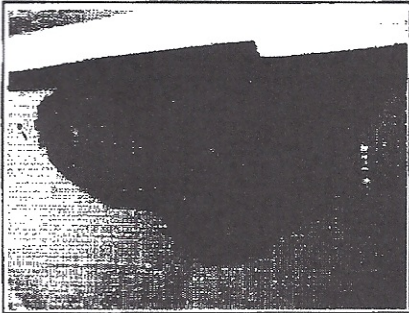
NACC

Transaction Date: 12/14/10

All locations CLOSED Sundays and Holidays

Print Date: 12/14/10 re\Chameleon\CRYSTAL\RECEIPT.RPT

Medical History



Name:
SOPHIE

Animal ID:
A537311

Color:
BLACK

Breed:
CHINESE SHARPEI

Sex:
FEMALE

Age:
5 YRS 0 MO

A537311 DOG BLACK F CHINESE SHARPEI

12/14/10

11/21/2010

VACCINATION NORMAL

Treated by: PH

NO SHOTS ON INTAKE BY OFFICER DOG WAS AGGRESSIVE

DAPP - 11/21/2010

12/2/2010

OTHER URI

Treated by: KG

2.00 COUGH TABS 1.00 TIMES/DAY FOR 10.00 DAYS

2.00 DOXY 100MG 1.00 TIMES/DAY FOR 10.00 DAYS

NORTH ANIMAL CARE AND ADOPTION CENTER

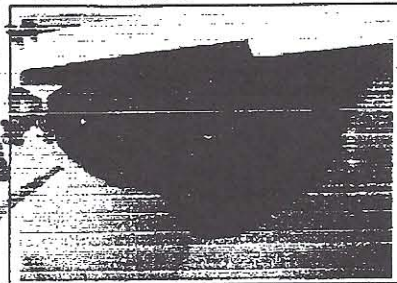
2605 Flake Rd., Titusville Florida 32796

A537311

718-781-5583

My Animal ID # **A537311**

Eduardo



Can you give me a new name?

I am a female black Chinese Sharpei . I came into the shelter on **11/18/2010** as an **owner surrender** . I am of unknown age.

12/14/10 RV *(initials)* A10-018603

LIME AVE

STATEMENT OF SURRENDER

I certify that I do own the animal described above, and I hereby surrender all my interest, if any, therein to Brevard County Animal Services and Enforcement, and I request that the animal be disposed of at the discretion of Brevard County Animal Services and Enforcement. It is expressly agreed that Brevard County Animal Services and Enforcement, including its officers and employees, will not incur any obligation to me on account of such disposition of said animal.

Signature _____

Phone (321) 474-2945

Address _____

24 LIME AVE ROCKLEDGE FL 32955

Print Name _____

DON SUHR

DHLPP _____

11-21-10

CITE HW SNAP TEST _____

12/2/10 *(initials)*

HEARTGUARD _____

12-2

ADVANTAGE _____

BORDETELLA _____

MICROCHIP CHECK _____

STRONGID _____

WEIGHT _____

1st Management Approval _____

Chameleon/Book Check _____

2nd Management Approval _____

Euth Tech _____

EUTH Reason _____

Staff Member _____

Dosage _____

Sue

727 329-8068

FAX

RABIES VACCINATION CERTIFICATE


LICENSE TAG #

MICROCHIP #

LAST	FIRST	MIDDLE	TELEPHONE
CARE CENTER	SOUTH ANIMAL		(321) 253-6608

NO.	STREET	CITY	STATE	ZIP
5,100	5100 W EAU GALLIE BLVD	MELBOURNE	FL	32934

SPECIES	AGE	SIZE	BREED	COLOR
DOG <input checked="" type="checkbox"/>	5 yrs and 0 mo	Under 20 lbs. <input checked="" type="checkbox"/>	CHINESE SHARPEI	BLACK
CAT <input type="checkbox"/>	SEX <input type="checkbox"/> Male	20 - 50 lbs. <input type="checkbox"/>	NAME	
FERRET <input type="checkbox"/>	<input checked="" type="checkbox"/> Female	Over 50 lbs. <input type="checkbox"/>		
OTHER <input type="checkbox"/>	<input type="checkbox"/> Neutered			
			" SOPHIE "	

DATE VACCINATED	Product Name:	Veterinarian's Name:
12/14/2010	FT DODGE	Robbie Asher, DVM
Month / Day / Year	<input checked="" type="checkbox"/> 1 YR USDA Licensed Vaccine <input type="checkbox"/> 3 YR USDA Licensed Vaccine	License Number:  8250
NEXT VACCINATION DUE BY:	Vaccine Serial Number	Address:
12/14/2011	1213193B	South Animal Care & Adoption Center
Month / Day / Year	Lot Number	5100 W. Eau Gallie Blvd.
		Melbourne, FL 32935
	Lot Expiration	(321) 253-6608
	01MAY12	

JUPITRE

233.25

INVOICE

Monterey Animal Clinic

2251 S. Kanner Hwy.
Stuart, FL 34994
772-283-3756

FOR: Candace Mildner
1862 NE Crabtree Lane
Jensen Beach, FL 34957

Printed: 12-16-10 at 11:31a
Date: 12-16-10
Account: 5209
Invoice: 165297

Date	For	Qty Description	Net Price
Services by Cristina Maldonado, DVM			
12-16-10	Sophie	1 Consult/Exam	48.00
12-16-10		1 Antinflammatory Screen (Liver screen)	62.50
12-16-10		60 Ketoconazole 200mg	30.00
12-16-10		1 Intestinal Parasite Exam	22.00

Services by

12-16-10	Visa payment	-162.50
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*****3269 Approval code: 03328A

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	162.50	162.50	0.00

Next appointment for Sophie Qty
01-03-11 At: 3:00p With: Troy D Stinman, DVM

The highest compliment our clients can give is the referral of their family and friends.
Thank you for your trust!

Liver Screen- ALL clear
Stool Sample- ALL clear for worms, parasites

... SOPHIE ...

Monterey Animal Clinic

2251 S. Kanner Hwy.
Stuart, FL 34994
772-283-3756

INVOICE

FOR: Candace Mildner
1862 NE Crabtree Lane
Jensen Beach, FL 34957

Printed: 12-21-10 at 4:33p
Date: 12-21-10
Account: 5209
Invoice: 165511

Date	For	Qty	Description	Net Price
Services by Troy D Stinman, DVM				
12-21-10	Sophie	1	Analgesic Injection	27.50
12-21-10		1	SPCA Neuter/OHE	0.00
12-21-10		2	Rimadyl 100mg	0.00 **

Services by

12-21-10	Cash payment	-27.50
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Old balance	Charges	Payments	Discount	New balance
0.00	27.50	27.50	15.36 **	0.00

Next appointment for **Sophie** Qty
01-03-11 At: 3:00p With: Troy D Stinman, DVM

The highest compliment our clients can give is the referral of their family and friends.
Thank you for your trust!

SPCA Voucher

27.50

25.00

52.50

... **SOPHIE** ...**INVOICE****Monterey Animal Clinic**

2251 S. Kanner Hwy.
 Stuart, FL 34994
 772-283-3756

FOR: Candace Mildner
 1862 NE Crabtree Lane
 Jensen Beach, FL 34957

Printed: 12-29-10 at 5:20p
Date: 12-29-10
Account: 5209
Invoice: 165784

Date	For	Qty	Description	Net Price
Services by Charles D Hooks, DVM				
12-29-10	Sophie	1	Posastex Otic 15gm	43.25

Services by

12-29-10 Visa payment

-43.25

*****8740 Approval code: 062032

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	43.25	43.25	0.00

Next appointment for **Sophie** Qty

01-03-11 At: 3:00p With: Troy D Stinman, DVM

The highest compliment our clients can give is the referral of their family and friends.
 Thank you for your trust!

for card:

Posastex - Ear drops because she
 was shaking her head a lot.
 - drops provided instant relief and the
 infection/irritation cleared up right
 away.

SOFTIE

INVOICE

Monterey Animal Clinic

2251 S. Kanner Hwy.
Stuart, FL 34994
772-283-3756

FOR: Candace Mildner
1862 NE Crabtree Lane
Jensen Beach, FL 34957

Printed: 01-26-11 at 1:21p
Date: 01-26-11
Account: 5209
Invoice: 166852

Date	For	Qty	Description	Net Price
Services by Charles D Hooks, DVM				
01-26-11	Sophie	1	Drontal Plus 136mg	37.64
Services by				
01-26-11			Cash payment	-37.64
Old balance				New balance
0.00				0.00
Charges		Payments		
37.64		37.64		

The highest compliment our clients can give is the referral of their family and friends.
Thank you for your trust!

37.64

SOPHIE

INVOICE

Monterey Animal Clinic

2251 S. Kanner Hwy.
Stuart, FL 34994
772-283-3756

FOR: Candace Mildner
1862 NE Crabtree Lane
Jensen Beach, FL 34957

Printed: 01-27-11 at 2:43p
Date: 01-27-11
Account: 5209
Invoice: 166914

Date	For	Qty	Description	Net Price
Services by Troy D Stinman, DVM				
01-27-11	Sophie	2	Comfortis 40.1-60lbs*	31.16
Services by				
01-27-11			Visa payment	-33.19

*****3269 Approval code: 00083A

X

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

Old balance	Charges	Tax	Payments	New balance
0.00	31.16	*2.03	33.19	0.00

The highest compliment our clients can give is the referral of their family and friends.
Thank you for your trust!

1 comfortis — \$16.50