



# Gwinnett County Animal Welfare / Enforcement

Lt. M. Respass  
Manager

884 Winder Highway • Lawrenceville, GA 30045 • Telephone • 770-339-3200  
Fax • 770.339.3235

## AGENCY TO AGENCY TRANSFER

Date of Impoundment or Owner Surrender 10/04 2010

Internal # 6714/9713 Pen Number # H2 # of Animals 1

Canine ☒ Feline ☐ Other ☐

Breed Shar Pei Color brown Sex: Male / Female Age ± 9 mos

Scanned for Microchip ☒

### Animal Description:

Tail: Long Short Bushy Curly  
Ears: Cropped Flopped Pricked Semi Pricked Bat  
Coat: Short Medium Long Wiry Curly

Animal Behavior: Friendly Shy Fearful

Known Behavior Problems: \_\_\_\_\_

Known Bite Incidences: \_\_\_\_\_

Symptoms of Illness or Injury: \_\_\_\_\_

### Medical:

Spayed Neutered Previous Spay/Neuter Rabies DHPP FRCPV  
Microchip Bordetella Heartworm Test: Neg/Pos FEL/FIV Test: Pos/Neg  
Other: Strongid/Eventline

Signature of Animal Control Officer/Staff C. Chavis 1707

Rescue Agency: Shar Pei Rescue of TN

Authorized Agent Signature: T. Wake

Date of Transfer 10/12 2010



Gwinnett County Animal Welfare and Enforcement  
884 Winder Hwy  
Lawrenceville, GA 30045  
(770) 339-3200

## Vet Treatment History

### Owner Details

Gwinnett County

GA

### Animal Details

Animal ID: 9713  
Rabies Tag:  
Name: Pen 186/209-6714  
Primary Color: Brown  
Secondary Color: None  
Weight: 30  
Type: Dog  
Spayed / Neutered: Unknown  
Sex: Male  
Breed: Sharpei  
Mixed: Yes

This is to confirm that our records show that the animal described above has had the following vaccinations and treatments administered:

	Vet Treatment Type	Date Given	Result	Vet
1	DHPPV+CV	5-Oct-2010 2:47:00 PM		Officer Velazquez
2	Strongid-T	5-Oct-2010 2:47:00 PM		Officer Velazquez
3	Frontline Spray	5-Oct-2010 2:47:00 PM		Officer Velazquez

	Vet Treatment Type	Due Date
1	DHPPV+CV	26-Oct-2010
2	Strongid-T	26-Oct-2010

# INVOICE

## Town & Country East Veterinarian Clinic

1100 Mt. Bethel Dr.  
Marietta, GA 30068  
770-565-7175

"Our Goal Is To Make Your Pet Happy"

**FOR:** Jane Res-Shar Pei  
4283 Parrish Trace  
MARIETTA, GA 30066

**Printed:** 10-28-10 at 12:07p  
**Date:** 10-28-10  
**Account:** 2172  
**Invoice:** 53111

Date	For	Qty	Description	Net Price
Services by Stefanie Henson, DVM				
10-28-10	Canine-Male	1	handsome(shar,m,red/brn,8-12m)37.8#	0.00
10-28-10		1	RESCUE DHPPCV,ADULT 20WKS+	15.00 **
10-28-10		1	Additional Strongid 5cc +*	1.60 **
Services by Sue Trinh, DVM				
10-28-10		1	Strongid 0-4mLs*	9.60 **
Services by				
10-28-10	#1478		Check payment	-26.87

Old balance	Charges	Tax	Payments	Discount	New balance
0.00	26.20	*0.67	26.87	17.80 **	0.00

Your invoice total reflects our **Rescue Groups** discount.

Patient	Total charges
Canine-Male	26.20

### REMEMBER:

All dogs should have a heartworm test annually.

If you have an adult dog with an unknown medical history and they test negative for heartworms today, they should be re-tested in 6 months to be safe.

All dogs that have been treated for heartworms should be re-tested 6 months after the treatment ends.

*Finished with shots.*

# INVOICE

## Town & Country East Veterinarian Clinic

1100 Mt. Bethel Dr.  
Marietta, GA 30068  
770-565-7175

"Our Goal Is To Make Your Pet Happy"

FOR: Jane Res-Shar Pei  
4283 Parrish Trace  
MARIETTA, GA 30066

Printed: 10-23-10 at 12:50p  
Date: 10-23-10  
Account: 2172  
Invoice: 52978

Date	For	Qty	Description	Net Price
Services by Sue Trinh, DVM				
10-23-10	Canine-Male	1	handsome(shar,m,red/brn,8-12m)36.9#	0.00
10-23-10		1	RESCUE K9 RABIES VAC,1 YEAR	12.00 **
10-23-10		1	RESCUE HEARTWORM K9 TEST neg	18.00 **
10-23-10		1	HOMEAGAIN 985121007671523	25.00 **
Services by				55.00
10-23-10			Check payment	0.00
<b>Old balance</b>				<b>New balance</b>
105.70				160.70
<b>Charges</b>				
55.00				
<b>Payments</b>				
0.00				
<b>Discount</b>				
55.00 **				

Your invoice total reflects our **Rescue Groups** discount.

Patient	Total charges
Canine-Male	55.00 26.87 81.87

### REMEMBER:

All dogs should have a heartworm test annually.

If you have an adult dog with an unknown medical history and they test negative for heartworms today, they should be re-tested in 6 months to be safe.

All dogs that have been treated for heartworms should be re-tested 6 months after the treatment ends.

He had Heartguard on  
10-27-10

We have been putting  
ointment in his eyes and  
Cleaner & meds in his ears.

# CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 10-23-10  
Next Rabies Vaccination On: (none)

Certificate No: 0  
Previous Rabies Vaccination: <oldtag>

## VETERINARY CLINIC

Town & Country East Veterinarian Clinic  
1100 Mt. Bethel Dr.  
Marietta, GA 30068  
770-565-7175

## OWNER OF ANIMAL

Jane Res-Shar Pei  
4283 Parrish Trace  
MARIETTA, GA 30066  
County: Cobb

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

## Patient information...

PATIENT: Canine-Male *HANDSOME*  
SPECIES: Canine *SHAR PEI*  
SEX: Male  
Color and markings:

TAG NO: 1-1604  
WEIGHT: 36.9#  
AGE: 8-12 m

*REDDISH BROWN*

Signed

*Sue Trinh DVM*

Sue Trinh, DVM

License: 6192

## Vaccinations done...

10-23-10	ST	RESCUE K9 RABIES VAC, 1 YEAR, #1-1604
05-17-10	SH	Canine Influenza Vaccine-part1
05-17-10	SH	Canine Influenza Vaccine-part2
04-17-10	SH	KENNEL COUGH 04-17-11
04-17-10	SH	K9 RABIES VAC, 3 YEAR 04-16-13
04-17-10	SH	RESCUE DHPPCV, ADULT 20WKS+
06-24-08	SH	K9 RABIES VAC, 1 YEAR
06-24-08	SH	DHPPCV, ADULT 20WKS+
06-24-09		

MICROCHIP ID#



985 121 007 671 523

  
PARTNERING TO SAVE LIVES
For further assistance visit [www.homeagain.com](http://www.homeagain.com) or call 1-888-HOMEAGAIN (1-888-466-3242)

985121007671523

/SHELTER ONLY

Shelter  
reImplantation date  
mm-dd-yyMembership  
paid by clinicFor bundled payments: Form  of  Clinic/Shelter Check #:  Amount Paid \$ 

## MEMBERSHIP ACTIVATION

☐ Please enroll my pet in the HomeAgain® Pet Recovery Service.  
I agree to pay \$10 account set-up fee + \$14.99 annual membership.

☐ I have a promotional discount. Promotion code 

STAFF ID

## PET/PRIMARY CONTACT INFORMATION

Pet Name  Dog ☐ Cat ☐ Other ☐

## Primary Contact

First name  Last name Address  Apt City  State  Zip E-mail Phone 1 (  )  -  Phone 2 (  )  - 

## Alternative Contact

First name  Last name Phone 1 (  )  -  Phone 2 (  )  - 

## PAYMENT OPTIONS

Credit card VISA ☐ M/C ☐ AMEX ☐Account number Expiration date  mm  -  yyBilling address  Apt City  State  Zip ☐ Check if billing address is same as Primary Contact

Check #:

☐ Payment enclosed

Make check payable to HomeAgain and mail to: HomeAgain, P.O. Box 24000, Jacksonville, FL 32241-4000

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

**AUTHORIZATION:** By signing below, I agree to the terms and conditions on the back of this form and authorize: (1) the Veterinarian/Shelter listed above to share personal information about me and my pet, with Schering-Plough Home Again LLC ("Schering"); (2) Schering to share that information only with its business partners who provide the services and products offered by Schering and are governed by confidentiality restrictions (for example, pet recovery service, 24/7 emergency medical service, or a shelter caring for a lost pet); (3) Schering to contact me at the telephone number listed above, about HomeAgain products and services; and (4) Schering to bill my credit card, as indicated above, for the \$10 account set-up fee and \$14.99 annual membership (or any lower annual fee for which Schering confirms my eligibility) and automatically each year hereafter for the annual membership fee. (Not less than 30 days prior to my enrollment anniversary, Schering will confirm my next annual payment and form of payment.) I may terminate this authorization at any time by calling Schering at 1-888-HOMEAGAIN (1-888-466-3242). Such termination will be effective 3 business days after receipt and will not affect any action taken in reliance on my consent or the continuing enforceability of this authorization.

Signature \_\_\_\_\_

Name (PRINT) \_\_\_\_\_

Date \_\_\_\_\_

  
PARTNERING TO SAVE LIVES
**IMPORTANT** Please return this form to the HomeAgain® Pet Recovery Service or we will not be able to identify your pet if lost.

# INVOICE

## Animal Hospital of Regency Park

7741 Congress St.  
New Port Richey, FL 34653  
727-848-6247

"The Best in Quality Care and Customer Service"

**FOR:** Shar-pei Rescue  
  
New Port Richey, FL 34653  
(727)

**Printed:** 11-16-10 at 09:44  
**Date:** 11-16-10  
**Account:** 13000  
**Invoice:** 229731

Date	For	Qty	Description	Net Price	
Services by Melanie Pinel, DVM					
11-16-10	Tonka	1	Rx: Cephalexin 500 mg	0.00	
Services by Michael S. Canfield, D.V.M.					
11-10-10		1	RESCUE Comprehensive Physical Exam	25.00	
11-10-10		1	RESCUE Cytology In house	25.00	
11-10-10			DIAGNOSIS: OTITIS EXTERNA	0.00	
11-10-10		1	Otic Gent Betameth Clotrimazole 15g #644	20.38 **	
11-15-10		1	RESCUE Entropion Bilateral	250.00	
11-15-10		1	RESCUE Canine Castration 31-50lb	35.00	
11-15-10		1	RESCUE Ear Cleaning	5.00	
11-15-10		1	Complimentary Nail Trim (Value \$12)	0.00	
11-15-10		1	SAMPLE Rimadyl 75 mg Chewable #64553	0.00	
11-15-10		1	Elizabethian Collar Size 25 cm*	13.56 **	
Services by					
11-16-10			Visa payment	-389.40	
Old balance	Charges	Tax	Payments	Discount	New balance
14.51	373.94	*0.95	389.40	5.99 **	0.00

Your invoice total reflects our **Professional Courtesy Discount** discount.

Patient	Total charges
Tonka	373.94

Reminders for: <b>Tonka</b> (Weight: 35.8 - 9m)	Last done
10/11 DA2PPV CVK LCI-GP Annual	
10/11 Rabies Vaccine	10-23-10
02/11 Sero Occult HeartWorm Test	
<b>04/10 Bordatella Intranasal #1</b>	
<b>04/10 Para Fecal Dir/Flo</b>	

02/10

Wellness Comprehensive Physical

**Doctor's Instructions**

**Instructions for Tonka**

Tonka can be scheduled for Entropion surgery and castration at the same time. Thank You for bringing him in.

Thank You,

Dr. Canfield and AHRP team

**Tonka's weight history**

11-15-10	35.80
11-10-10	35.80

Please note: The Animal Hospital of Regency Park no longer accepts checks as a form of payment. However, we will continue to accept all major credit cards, cash, and Care Credit.

Thank you, Hospital management

**Phone Order**

PRIMA HOSPITAL, REGENCY  
7741 CONGRESS ST.  
N.E. FORT RICHEY, FL. 34653  
727-895-6247  
Merchant ID: 0000020550  
Net ID: 0003

XXXXXXXXXX7816  
VISA

Entry Method: Manual

Total: \$ 389.40

11/16/10 09:46:17

Inv #: 000002 Appt Code: 070800

Approved: Online Batch#: 000010

ANS Code: ZIP MATCH Z

CWZ Code: MATCH M

PO #: 229731

Customer Copy

THANK YOU!  
PLEASE COME AGAIN!