



Dog Surrender Form

Surrender Profile - DOG

Dog's name: Blackie/Chocolate ☒ Male ☐ Female

Approximate age or exact birth date if known: 2yrs

Is your dog spayed/neutered? ☒ Yes ☐ No

Breed: Shar Pei Approximate weight: 33

How long have you had this dog? 2 wks.

Where did you get her/him?

owner surrender.

Please tell us why you need to give up your dog

aggression.

Is your dog licensed? ☒ Yes ☐ No

If yes, please provide license number and issuing city: _____

Palm Beach

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:

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?

Crate

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

Does your dog have experience with children and/or cats? ☐ Yes* ☒ No
*If yes, please provide ages and your dogs behavior with the children.

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

Lt. Kelly Dugan Signature

7100 Belvedere Rd Address

WPB FL City/State/Zip

561-233-1219 Phone

Kelly Dugan Signature
Date 10/12/11

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.



DIVISION OF ANIMAL CARE AND CONTROL
PALM BEACH COUNTY DEPARTMENT OF PUBLIC SAFETY

7100 BELVEDERE ROAD
WEST PALM BEACH, FLORIDA 33411-3306

SHARPEI RESCUE
1704 NW 65TH ST
CITY OUT OF AREA, FL 32605

FOR INFORMATION
WEST PALM BEACH.....(561) 233-1200
SOUTH COUNTY.....(561) 276 1344
WEST COUNTY.....(561) 924-5656

LICENSE & RABIES VACCINATION CERTIFICATE

*** Purchase of a NON-STERILIZED TAG without a hobby breeder permit number CERTIFIES pet will not be used for breeding. ***

Tag Information

Tag Number: **L11-048691**
Tag Type: **LIC-ADPT STER**

Date Issued: **10/12/2011**

Receipt #:
Amount: **\$0.00**

Animal Information

Name: **BLACKIE**
Primary Breed: **CHINESE SHARPEI**
Secondary Breed:
Primary Color: **CHOCOLATE**
Secondary Color:
Size: **MED** / Weight: **33**

ID Number: **A1594659**

Type: **DOG**

Sex: **S**

Age: **2 YEARS**

Microchip #: **4C140D4D52**

Tattoo #: **N/A**

Vaccination Information

Date Vaccinated: **10/12/2011**

Producer: **FTD**

Vaccination Expires: **10/12/2012**

Lot/Serial: **1215350A**

Veterinarian: **DR. LIVADAS, GLORIA-PBC ANIMAL CARE AND**

Term: **12**

License #: **G998902**

Type:

Owner Information

Name: **SHARPEI RESCUE**
Address: **1704 NW 65TH ST**
City: **CITY OUT OF AREA** State: **FL** Zip: **32605**

ID Number: **P0745184**
Phone 1: **352.332.3732**
Phone 2: **352.339.3582**

Medical History for BLACKIE (Full / Internal Use)

October 12, 2011

Owner Info:

SHARPEI RESCUE

1704 NW 65TH ST

CITY OUT OF AREA, FL 32605

352-3323732

Animal ID: A1594659

Name: BLACKIE

Breed: CHINESE SHARPEI/

Color: CHOCOLATE/

Sex: S

Markings: CHOCOLATE

Date of Birth: October 02, 2009

Weight: 33 lbs.

Treatment Type/Number	Treatment Date:	Treated By:	Total Treatment Cost:
RABIES VAC - T11-079410	10/12/2011	KRB/CEB	\$ 15.00

Treatment Details

10/12/2011 Rabies vaccine administered in the right rear leg by Dr. Livadas.

Treatment Type/Number	Treatment Date:	Treated By:	Total Treatment Cost:
MEDICAL - T11-079407	10/12/2011	KRB/CEB	\$ 0.00

Treatment Details

Novox 75 mg PO SID x 2 days for post-op pain management
To be started this evening after 6pm

Treatment Type/Number	Treatment Date:	Treated By:	Total Treatment Cost:
	10/12/2011		\$ 0.00

Treatment Details

Treatment Type/Number	Treatment Date:	Treated By:	Total Treatment Cost:
SURG/DOG/SP - T11-079405	10/12/2011	KRB/CEB	\$ 50.00

Treatment Details

Spay Procedure
T.K.X. 0.33 mL
Pen-G 1.1 mL
Implanted Home Again #4C140D4D52
Green paste tattoo applied lateral to incision

Treatment Type/Number	Treatment Date:	Treated By:	Total Treament Cost:
PETPAL-FLK - T11-077201	10/03/2011	DLW	\$ 16.00

Treatment Details

GOING TO RESCUE-GO SLOW-SCARED BEHAVIOR
CURRENT WITH VACCINES
NEED RV
10-4-11 Heartworm Test(BATCH)=Neg.

Treatment Type/Number	Treatment Date:	Treated By:	Total Treament Cost:
PETPAL-DOG - T11-076888	10/03/2011	DLW	\$ 16.00

Treatment Details

GOING TO RESCUE-GO SLOW
Canine Influenza vaccine, Da2p-pv, & Nasal Bordetella-(vaccines),
Frontline-(flea prevention)
Iverhart max-(dewormer/heartworm prevention)
Not for petpals due to behavior
10-4-11 Heartworm Test(BATCH)=Neg.
10/12/2011 Rabies vaccine administered in the right rear leg by Dr.
Livadas.

Treatment Type/Number	Treatment Date:	Treated By:	Total Treament Cost:
VET-EXAM - T11-076852	10/03/2011	MHL	\$ 50.00

Treatment Details

PE wnl except she has bilateral entropion and her ear canals are small
which may predispose her to ear infections. Both conditions are very
common to the breed. Needs sterilization before release. Dr Lindrose



Dog Surrender Form

Surrender Profile - DOG

Dog's name: Touffe ☐ Male ☒ Female

Approximate age or exact birth date if known: 2 yrs. old

Is your dog spayed/neutered? ☒ Yes ☐ No

Breed: Shar Pei Approximate weight: 33

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

aggression

Is your dog licensed? ☒ Yes ☐ No

If yes, please provide license number and issuing city: _____

Palm Beach

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:

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?

Crate

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

unknown

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

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

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

Lt. Kelly Dugut Signature

7100 Belvedere Rd Address

West Palm Beach FL City/State/Zip

561-233-1219 Phone

Kelly Dugut 10/12/11
Signature Date

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WEST COUNTY.....(561) 924-5656

LICENSE & RABIES VACCINATION CERTIFICATE

*** Purchase of a NON-STERILIZED TAG without a hobby breeder permit number CERTIFIES pet will not be used for breeding. ***

Tag Information

Tag Number: **L11-048692**
Tag Type: **LIC-ADPT STER**

Date Issued: **10/12/2011**

Receipt #:
Amount: **\$0.00**

Animal Information

Name: **TUFFO**
Primary Breed: **CHINESE SHARPEI**
Secondary Breed:
Primary Color: **YELLOW**
Secondary Color:
Size: **MED** / Weight: **33**

ID Number: **A1594662**

Type: **DOG**

Sex: **N**

Age: **2 YEARS**

Microchip #: **4C145F3459**

Tattoo #: **N/A**

Vaccination Information

Date Vaccinated: **10/12/2011**

Producer: **FTD**

Vaccination Expires: **10/12/2012**

Lot/Serial: **1215350A**

Veterinarian: **DR. LIVADAS, GLORIA-PBC ANIMAL CARE AND**

Term: **12**

License #: **G998902**

Type:

Owner Information

Name: **SHARPEI RESCUE**

ID Number: **P0745184**

Address: **1704 NW 65TH ST**

Phone 1: **352.332.3732**

City: **CITY OUT OF AREA** State: **FL** Zip: **32605**

Phone 2: **352.339.3582**

Medical History for TUFFO (Full / Internal Use)

October 12, 2011

Owner Info:

SHARPEI RESCUE

1704 NW 65TH ST

CITY OUT OF AREA, FL 32605

352-3323732

Animal ID: A1594662

Name: TUFFO

Breed: CHINESE SHARPEI/

Color: YELLOW/

Sex: N

Markings: YELLOW

Date of Birth: October 02, 2009

Weight: 33 lbs.

Treatment Type/Number	Treatment Date:	Treated By:	Total Treatment Cost:
RABIES VAC - T11-079415	10/12/2011	KRB/CEB	\$ 15.00

Treatment Details

10/12/2011 Rabies vaccine administered in the right rear leg by Dr. Livadas.

Treatment Type/Number	Treatment Date:	Treated By:	Total Treatment Cost:
MEDICAL - T11-079408	10/12/2011	KRB/CEB	\$ 0.00

Treatment Details

Novox 75 mg PO SID x 2 days for post-op pain management
To be started this evening after 6pm

Treatment Type/Number	Treatment Date:	Treated By:	Total Treatment Cost:
	10/12/2011		\$ 0.00

Treatment Details

Treatment Type/Number	Treatment Date:	Treated By:	Total Treatment Cost:
SURG/DOG/N - T11-079403	10/12/2011	KRB/CEB	\$ 50.00

Treatment Details

Neuter Procedure
T.K.X. 0.33 mL
Pen-G 1.1 mL
Implanted Home Again #4C145F3459
Green paste tattoo applied lateral to incision

Treatment Type/Number	Treatment Date:	Treated By:	Total Treament Cost:
PETPAL-DOG - T11-077204	10/03/2011	SSW	\$ 16.00

Treatment Details

GOING TO RESCUE-USE EXTREME CAUTION
CURRENT WITH VACCINES
10/12/2011 Rabies vaccine administered in the right rear leg by Dr.
Livadas.
10-4-11 Heartworm Test(BATCH)=Neg.

Treatment Type/Number	Treatment Date:	Treated By:	Total Treament Cost:
INCOMING/PUP - T11-076889	10/03/2011	DLW	\$ 16.00

Treatment Details

Canine Influenza vaccine, Da2p-pv, & Nasal Bordetella-(vaccines),
Frontline-(flea prevention)
Iverhart max-(dewormer/heartworm prevention)
Heartworm test pending
Not for petpals due to behavior - going to rescue