

Hillsborough County Animal Services

P.O. Box 89159 Tampa, FL 33689-9998
(813)744-5660

THIS SPACE FOR ESCROW REFUND DEPOSIT ONLY

TC	IC	SO/GL	SUBS	AMT
210	ANR00111	2207	001	
VENDOR	REF	DOC	VFES	
*REFUND		A1471668 P0362867		SHARPEI RESCUE
AUTH BY		DATE		

Receipt Number: **R12-170668**

Receipt Date: **Wednesday, September 05, 2012**

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

PID: **P0362867**

Received From: **FLORIDA SHARPEI RESCUE**

Check No:

Phone: **(727) 570-2260**

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
ADOPTION RES	A1471668		\$10.00	1	\$10.00

Total Fees Due: **\$10.00**

Payments:	Cash:	\$10.00
	Check:	\$0.00
	Credit Card:	\$0.00

Total Payments Received: **\$10.00**

Thank You!

Change:	\$0.00
Balance Due:	\$0.00

Animal Information:

A1471668 HONEY - 1 YEAR 6 MONTHS OF AGE, SPAYED, CHINESE SHARPEI, TAN AND TAN DOG

Kennel Information:

Animal ID:	Kennel Tag	Activity No:	Intake:	Outcome:	In Type:	Out Type:
A1471668			08/21/12	09/05/12	BT OWN SUR	ADOPTION

A014

Front Counter Hours

Tues - Fri 9:00AM - 6:00PM Sat 9:00AM - 3:30PM Sun 11:00AM - 3:30PM Shelter CLOSED Monday and Holidays

Adoptions Close 30 min prior to the closing of the facility on weekdays.

Animal Surrender (Side Gate) Owned: Tues, Wed, & Fri 1:00PM - 5:00PM Strays: Tues - Fri 10:00AM - 5:00PM Sat 10:00AM - 3:00PM

Clerk: AdmLopeA

SHELTER

Transaction Date: 09/05/12

Print Date: 09/05/12 f\ware\char

HILLSBOROUGH COUNTY ANIMAL SERVICES SURRENDERED PET PROFILE

We are sorry that you are surrendering your pet. We understand that it may be a difficult day for you, but it is even a more difficult for our staff, which will try to find a home for your dog, which will find itself removed from all that is familiar. **Please be aware that, despite our best efforts, we find homes for only 50% of the dogs arriving here.**

We provide several alternatives that you should consider before leaving your pet. **Help your dog avoid becoming a statistic by considering**

1. **If the dog has a medical issue that you cannot afford to treat, we can help.**
2. **If the dog has a behavioral issue that you cannot correct, we can help.**
3. **If you cannot afford to feed the dog, we can help.**

If you have still decided to surrender your dog, **please fill in this questionnaire as completely as possible. Doing so will increase your dog's chances of finding a new family that will love and care for it.**

Hillsborough County Animal Services

440 Falkenburg Road Tampa, FL 33619

(813) 744-5660

**MEDICAL HISTORY REPORT****Animal ID#**

A1471668

Name

Honey

Kennel No.

024

Breed

Chinese Sharpei

Color

Tan & Tan

Sex

F

Age

1 Yr. & 0 Mo.

Microchip**Treatment Record**

As of: 08/27/2012 10:22 am

21-August-2012**Condition: Normal****Temp: 0.0****Weight: 0.00****Treated by: 215****Visit Type / Reason**

Intake Scn

Treatments**Medications****Comments**

* Weight estimate: 40 lbs

Age estimate: 3 yrs

Vaccines administered: Da2ppv

Dewormer(s) administered: strongid

Visitation allowed: yes but go slow, timid

Observations:

24-August-2012**Condition: Normal****Temp: 0.0****Weight: 0.00****Treated by:**

218/221

Visit Type / Reason

Adoption Scn

Treatments**Medications****Comments**

* 08/24/12 Heartworm Snap test- negative, no microchip found, Advantage applied topically

ADOPTION CONTRACT
HILLSBOROUGH COUNTY ANIMAL SERVICES
440 FALKENBURG ROAD
TAMPA, FL 33619
(813) 744-5660

This contract is made on 08/31/2012 between Hillsborough County Animal Services *and Florida Sharpei rescue* the adopter. By signing below *Florida Sharpei rescue* acknowledges receipt from Hillsborough County Animal Services, Honey, a dog, described as a *tan spayed chinese sharpei*. In addition, I acknowledge that I am 18 years or older and agree to be bound by and to comply with the following terms and conditions:

1. I will provide proper and sufficient *food, water, shelter and kind treatment* for the animal at all times.
2. I will have this animal examined by a veterinarian in next 72 hours. Thereafter, I will have it *examined at least once annually* by a veterinarian, and immunized as recommended, at my expense.
3. ***I understand that the animal I am adopting has already been sterilized.***
4. I will not *abandon this animal*.
5. I will seek appropriate veterinary care and/or treatment in the event this animal becomes sick or injured at *my own expense*.
6. I will not permit the animal to *run at large* or to *become a public nuisance*, will *keep means of identification* on the animal at all times, and will *immediately retrieve* the animal from any public or private shelter when notified that the animal is being held at any such location. In the event the animal *becomes lost*, I will make every reasonable effort and attempt to relocate and claim the animal.
7. I will at *no time assert any claim*, charge or demand of any kind or nature against Hillsborough County Animal Services for any charges which may have been incurred by me including veterinarian fees, in connection with the animal. **Hillsborough County Animal Services does not refund adoption or license fees.**
8. I understand that the information provided to me about the dog I am adopting may have been received by Hillsborough County Animal Services *from third parties* and that Hillsborough County Animal Services does not warrant the accuracy or correctness of such information.
9. I understand that animals can be unpredictable and the Hillsborough County Animal Services cannot anticipate or insure against *unexpected conduct* of animals adopted from Hillsborough County Animal Services. I acknowledge that Hillsborough County Animal Services had not made through its agents, volunteers, or employees, any *warranties* regarding the future condition, temperament, or conduct of the animal. I hereby accept the animal as is, assume all risks and responsibilities associated with ownership of the animal including bites, and I hereby fully and completely release, indemnify, and *hold harmless*, Hillsborough County Animal Services, its directors, officers, volunteers, agents, servants, and employees from any claim, cause of action or liability of any sort or nature, whether known or unknown, directly arising out of or in connection with the adoption, care, or ownership, maintenance, retention, temperament, conduct or condition of the animal.

This contract may be *specifically enforceable* by Hillsborough County Animal Services through judicial proceedings, including the right of the Hillsborough County Animal Services to recover the animal due to any breach of any terms of this contract. I hereby agree that in the event I breach this contract and Hillsborough County Animal Services files suit to enforce this contract or to defend any claim under this contract, that I will pay any court costs and attorneys' fees incurred by Hillsborough County Animal Services in connection herewith.

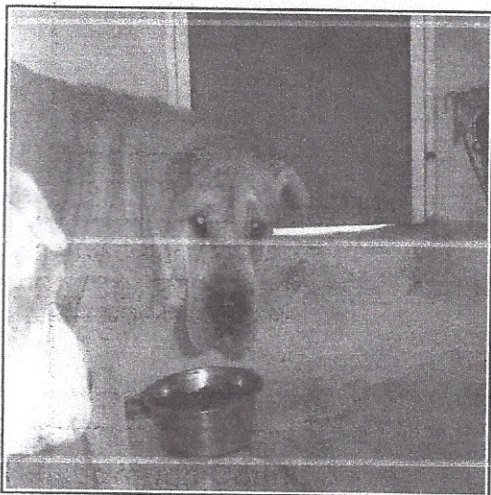
FLORIDA SHARPEI RESCUE
5514 NW 99TH TER
GAINESVILLE FL 32653
(727) 570-2260

08/31/2012

HCAS Representative

P0362867

A1471668

Hillsborough County Animal Services440 Falkenburg Road Tampa, FL 33619
(813) 744-5660**MEDICAL HISTORY REPORT**Animal ID#

A1471668

Name

Honey

Kennel No.

A014

Breed

Chinese Sharpei

Color

Tan & Tan

Age

1 Yr. & 6 Mos.

Sex

S

Microchip

956000009009631

Treatment Record

As of: 08/31/2012 8:59 am

21-August-2012	Condition: Normal	Temp: 0.0	Weight: 0.00	Treated by: 215
<u>Visit Type / Reason</u>	<u>Treatments</u>	<u>Medications</u>		<u>Kennel No.</u>
Intake Scrn				A014
<u>Comments</u>				
* Weight estimate: 40 lbs 38.2 Age estimate: 3 yrs Vaccines administered: Da2ppv Dewormer(s) administered: strongid Visitation allowed: yes but go slow, timid Observations:				
24-August-2012	Condition: Normal	Temp: 0.0	Weight: 0.00	Treated by: 218/221
<u>Visit Type / Reason</u>	<u>Treatments</u>	<u>Medications</u>		<u>Kennel No.</u>
Adoption Scrn				A014
<u>Comments</u>				
* 08/24/12 - Heartworm Snap test- negative, no microchip found, Advantage applied topically				
31-August-2012	Condition: Normal	Temp: 0.0	Weight: 39.00	Treated by: 215
<u>Visit Type / Reason</u>	<u>Treatments</u>	<u>Medications</u>		<u>Kennel No.</u>
Spay/Neuter				A014
<u>Comments</u>				
* Weight estimate: 40 lbs Age estimate: 3 yrs Vaccines administered: Da Dewormer(s) administered Visitation allowed: yes but Observations:				
24-August-2012				Treated by: 218/221
<u>Visit Type / Reason</u>				<u>Kennel No.</u>
Adoption Scrn				A014
<u>Comments</u>				
* 08/24/12 - Heartworm Sn				
31-August-2012				Treated by: 215
<u>Visit Type / Reason</u>				<u>Kennel No.</u>
Spay/Neuter				A014
<u>Comments</u>				
* Weight estimate: 40 lbs				

Comments

* Dog spay 1 1/2 yrs
Anesthesia- .4 mls. Telazol IV; Isoflurane/O2 maint.
Injections- .9 mls. Buprenorphine SQ
SX- Routine OVH, Absorbable subcuticular closure. Nexaband skin closure.
Rabies SQ (Nobivac 3)
AKC microchip # 956000009009631
Comments-
Dr.- 213 Tech- 217

Post-Sterilization Instructions

1. Your pet should be examined by a Veterinarian within 72 hours of adoption.
2. The surgical incision will heal in approximately two weeks. The incision must be kept clean and dry during this time (no bathing or contact with soil) and vigorous exercise should be avoided.
3. The surgical site has been closed with a combination of absorbable suture and surgical adhesive, therefore your pet will not require suture removal.
4. You should check the surgical site daily. Some pets react to the suture material which causes a nonpainful lump to develop at the surgical site. However, any heat, pain or redness at the surgical site should be immediately examined by your veterinarian. Animal Services does not provide post operative veterinary care.

NEW TAG #		VOUCHER		\$5	\$20	\$25	\$40	SENIOR <input type="checkbox"/> YES <input type="checkbox"/> NO	
TAG ISSUE DATE		TAG EXPIRATION DATE		VACCINATION DATE		DONATION EXPIRES		PID #	
				8/31/12		8/31/13		LAST YEAR'S TAG NUMBER	
LAST NAME		FIRST NAME		M.I.		VACCINE MANUFACTURER AND BRAND NAME			
ADDRESS #		STREET NAME		STREET TYPE		APT/LOT #		VACCINE SERIAL # / LOT #	
CITY		STATE		ZIP CODE		PHONE #		VACCINE TYPE	
EMAIL ADDRESS						SECOND PHONE #		<input type="checkbox"/> 1 YR <input checked="" type="checkbox"/> 3 YR	
ANIMAL NAME		SPECIES		<input checked="" type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> FERRET <input type="checkbox"/> OTHER		SEX		<input checked="" type="checkbox"/> SPAYED/NEUTERED <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
AGE OR DOB		COLOR(S)		BREED(S)		SIZE		WEIGHT	
11/2/13		TAN		Shih P.		20-50 LBS (SM)		139	
MICROCHIP #		TATTOO #		DANGEROUS DOG <input type="checkbox"/>		POLICE / GUIDE DOG <input type="checkbox"/>		CLINIC CODE	
95000009009131								PHONE NUMBER	
PLEASE MARK AND RETURN TO ANIMAL SERVICES IF THIS ANIMAL IS <input type="checkbox"/> DECEASED <input type="checkbox"/> NO LONGER LIVING IN HILLSBOROUGH COUNTY <input type="checkbox"/> NO LONGER OWNED								VETERINARIAN'S SIGNATURE	
								LICENSE # 3247 HILLSBOROUGH COUNTY ANIMAL SERVICES	



HILLSBOROUGH COUNTY ANIMAL SERVICES P.O. BOX 89159, TAMPA, FL 33689-0402 / 440 FAULKENBURG RD. PHONE: (813) 744-5660 HELP ME GET HOME HOPETINFO.COM
 LICENSE & RABIES VACCINATION REGISTRATION CERTIFICATE
 LICENSE TAG EXPIRES ANNUALLY
 1471668
 ANIMAL SERVICES/HILLSBOROUGH COUNTY COPY

FOR MAIL-IN TAG PURCHASE, SEND BOTH WHITE GLUED COPIES & TAG FEE

INVOICE

St. Pete Beach Veterinary Clinic

6605 Gulf Blvd.
St. Pete Beach, FL 33706
727-367-0096

To treat and care for your pets with love and compassion.

FOR: Mr/Mrs. Susan Melton
6722 5th Ave N
St. Petersburg, FL 33710

Printed: 09-12-12 at 2:28p
Date: 09-12-12
Account: 2293
Invoice: 127175

Date	For	Qty	Description	Price	Discount	Net Price
Services by Kevin M Rose DVM						
09-12-12	Vixen	1	Canine Bath Short Hair Deluxe	30.00	3.00	27.00 **
09-12-12		1	Examination	50.00	5.00	45.00 **
09-12-12		1	Preanesthetic Profile in house	46.50	4.65	41.85 **
09-12-12		1	Fecal Flotation	15.00	1.50	13.50 **
Services by						
09-12-12			Visa payment			-27.00
<hr/>						
Old balance		Charges	Payments	Discount	New balance	
0.00		127.35	27.00	14.15 **	100.35	

Your invoice total reflects our **10%** discount.

Reminders for: Vixen		Last done
09-12-13	Fecal Exam (Bring Sample)	09-12-12

Species : Adult Canine
Patient : Vixon
Client : Susan Melton

Ver: 8.32B
Date : 12-Sep -2012 09:09AM

Test		Results	Reference Range		Indicator		
					LOW	NORMAL	HIGH
ALKP	=	42 U/L	23	- 212			
ALT	=	14 U/L	10	- 100			
BUN	=	10 mg/dL	7	- 27			
CREA	=	1.1 mg/dL	0.5	- 1.8			
GLU	=	89 mg/dL	74	- 143			
TP	=	6.1 g/dL	5.2	- 8.2			
Na	=	153 mmol/L	144	- 160			
K	=	4.5 mmol/L	3.5	- 5.8			
Cl	=	118 mmol/L	109	- 122			