

Pet Personality Profile-Canine

To assist us in finding a suitable environment for your pet, please answer the following questions as accurately and as honest as possible.

Animal Name: ZOE Animal ID _____

1. How old is this dog? 3.5 YRS What breed is he/she? JAR-PEI
2. How long have you had this dog? 2 1/2 YRS
3. How did you obtain this dog? Stray Friend Gift Breeder Shelter
Other? _____
4. Why are you bringing this dog to us?
ECONOMIC REASONS
5. Where does the dog stay during the day? YARD
6. Where does this dog stay at night? HOUSE
7. Has this dog been crated? Yes No If yes, for what purpose and for how long? _____
8. How long is the dog left alone during the day? 8 HRS
9. The HS & AC considers a housebroken dog one that can be left alone for at least 8 hours without urination or defecation. Is this dog housebroken by this definition? YES
10. Has this dog been seen regularly by a veterinarian? Yes No
If yes, which vet? _____
11. Describe any health problems your dog has had. NONE
12. Has this dog been on heartworm/ flea and tick preventative? No
13. What brand of food have you been feeding this dog? PEDIGREE
14. What kind of exposure to children has this dog had? ALL
15. Are there any children in the household? Yes No If yes, what ages? _____
16. How does the dog feel about the children? Really likes them
Tolerates them Ignores them Has sometimes shown teeth, and/or nipped
17. Would this dog need to be taught how to be more gentle with kids?
No
18. Does this dog use his mouth on children? Yes No
19. How often does the dog need a "time out" from the kids? NONE

20. Has this dog lived pleasantly with other dogs? YES
21. Has this dog lived pleasantly with cats? NO
22. How often does this dog see other dogs? (Aside from dogs in the household)
OFTEN
23. What is the dog's reaction to other dogs? PROTECTIVE
24. What is this dog's favorite game to play? TAG
25. Does this dog ride well in a car? Yes No Because _____
26. How long does this dog spend exercising on a daily basis?
OFTEN
27. How often is he/she taken for walks? OFTEN
28. How long does the dog spend outside? MOST OF DAY
29. Was the dog chained, tethered, or tied outside? TETHERED
30. When the family is eating, where is this dog? HOUSE
31. How does your dog react to the veterinarians office, or a new environment? EXCITED
32. When guests/visitors/UPS or service people come to the door, how does the dog react? BARKS
33. How did you discipline this dog? Spank Newspaper Hit on nose
Hit on rear end Verbal reprimand Rub nose in mistake Shake can
Other _____
34. What is the dog's reaction to strangers on the street? OK
35. Have you ever tried to touch the dog while it was eating, or chewing a snack? Yes No What was it's reaction? FINE
36. Has this dog ever nipped, growled or bit anyone? Yes No
If yes, please explain _____
37. Has this dog shown submissive urination? (Urinate when scared or under stress.) NO
38. What are the dog's best qualities? WATCH DOG, FRIENDS

39. What worries you most about placing this dog in a new home? _____
40. What commands would be helpful to teach this dog before being placed in another home? None

20. Has this dog lived pleasantly with other dogs? YES
21. Has this dog lived pleasantly with cats? NO
22. How often does this dog see other dogs? (Aside from dogs in the household)
OFTEN
23. What is the dog's reaction to other dogs? PROTECTIVE
24. What is this dog's favorite game to play? TAG
25. Does this dog ride well in a car? Yes No Because _____
26. How long does this dog spend exercising on a daily basis?
OFTEN
27. How often is he/she taken for walks? OFTEN
28. How long does the dog spend outside? FIRST OF DAY
29. Was the dog chained, tethered, or tied outside? TETHERED
30. When the family is eating, where is this dog? HOUSE
31. How does your dog react to the veterinarians office, or a new environment? EXCITED
32. When guests/visitors/UPS or service people come to the door, how does the dog react? BARKS
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Animal Name: ZOE Animal ID: _____

1. How old is this dog? 3.5 YRS What breed is he/she? SHAR-PEI
2. How long have you had this dog? 2 1/2 YRS
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If yes, which vet? _____
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15. Are there any children in the household? Yes No If yes, what ages? _____
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Tolerates them Ignores them Has sometimes shown teeth, and/or nipped
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No
18. Does this dog use his mouth on children? Yes No
19. How often does the dog need a "time out" from the kids? NONE



Kathy Hebor
Kennel Clerk

Osceola County
Board of County Commissioners
Animal Control

1 Kissimmee Park Road
Joud, FL 34769
vosceola.org

Phone: (407) 343-7101
Fax: (407) 343-7115

PLEASE READ THE NEXT PAGE FOR EXPLANATIONS
OF THE MEDICAL HISTORY RECORD.

IMP INFORMATION

Date: 8/1/06
ID Number: 8130106

4) SURGERY*****
A) Spayed/Neutered
B) Medications dispensed (if any):

3) DEWORMING*****
A) for Roundworms, Hookworms
B) for others

2) BLOOD TESTS***
A) Occult Heartworm
B) Feline Leukemia Virus and
Feline Immunodeficiency Virus

1) VACCINATIONS*
A) DHLPP/DHP
B) BORDTBLA
C) FVRCP
D) RABIES**

YOUR ADOPTED PET HAS RECEIVED:

CAGE: 2 ID: 2006-5849 COLOR: Black BREED: Sheltie
SEX: M MN F FS WT: 15 lbs. KA: 1
CAT AGE: 1 wks/mos/yrs

OSCEOLA COUNTY ANIMAL CONTROL
ANIMAL MEDICAL HISTORY
407-343-7101

OWNER'S NAME: Barbara Abel
PHONE: 351-332-3732

Repeat in 2-3 weeks - 9/15/06

RESULTS:
Negative
Positive

DATE PERFORMED:
8/30/06
8/30/06
8/30/06
8/30/06

8/1/06
9/1/06

CLIENT RECEIPT

BELTWAY ANIMAL HOSPITAL
P.O. Box 14640 Jacksonville, FL 32238-1640
5403 Firestone Road Jacksonville, FL 32244
Jacksonville, FL 32238
(904) 771-6968
FAX: (904) 771-1019
beltwayanimal@bellsouth.net

Account #102766

Page 1

9/14/2006

JOE WILBURN
6980 CAMFIELD ST
JACKSONVILLE, FL 32222

Balance forward: \$22.50

Date	Operator	Doctor	Qty	Description	Amount
NATASHA (#70909)					
Species:	CANINE	Color:	BLACK		
Breed:	SHAR PEI	Weight:	30		
Sex:	Female Spayed	Age:			
09/14/06	Mrs. Julie Parker	Dr. Alvarez	1.00	Deworming(Hooks-Rounds)	\$9.00
			1.00	Canine Spay Medium	\$80.25
			1.00	Surgical Anesthesia	\$0.00
			1.00	Suture Removal/Re-Check Exam	\$0.00
			1.00	Biohazardous Disposal Fee	\$3.00
		Mrs. Julie Parker		Chapter 381.0098 / 64-E16, F.A.C.	
				Discounts; RESCUE GROUP 25%	(\$24.75)
				OFF	
	Ms. Amy Young	Ms. Amy Young		VISA/ MASTERCARD	(\$90.00)

Sub-Total: \$67.50

Tax: \$0.00

Total: \$67.50

Payments: (\$90.00)

Ending balance: \$0.00

*** E: Above prices reflect discounts totaling \$27.75

Lamb
Rice

Debi & Joe Wilburn
in Jacksonville, FL
904-778-9113

Leigh Clark
904 382-6027

ADOPTER agrees to keep the dog as a household companion. To ensure the dog's safety when left unattended outside, the dog will be in a secure area and adequate shelter and water will be provided. The dog must never be allowed to run loose except in a secured area.

ADOPTER agrees to keep this dog in his/her personal possession and provide humane treatment at all times. Furthermore, the ADOPTER also agrees to provide proper veterinary care and keep the dog current on all vaccinations.

ADOPTER agrees that this dog will not be used for any illegal acts such as dog fighting including but not limited to actual fighting, training to fight, or the promotion of dog fighting.

If RESCUE finds that the dog is not being cared for in a humane manner, the ownership of the dog will revert to RESCUE and the ADOPTER will be dealt with in accordance to local anti-cruelty laws.

The ADOPTER agrees that said dog is a rescue and will not hold RESCUE liable in any way for actions or deeds done by said animal after adoption. RESCUE does not guarantee the dog's temperament or health other than those evaluations and/or medical treatments that have been done. RESCUE attempts to do temperament and health screenings on all dogs coming into the program but it is not always possible to foresee all potential problems. RESCUE also provides a general health check by a licensed veterinarian. All vaccinations are current and all known health problems are addressed before adoption.

RESCUE will always be available for advice or help with the dog.

Both the RESCUE and ADOPTER have read and agree to all terms of this contract and consider it to be a binding agreement between themselves and their heirs and estates as witnessed by their respective signatures.

Florida Shar-Pei Rescue Representative: Leigh Clark

Date: 20 Jan 2007

ADOPTER Signature: Debi & Joe Wilburn

Address: 5100 Lantis Dr.
Knightdale, NC.

Phone #: _____

Witnessed by: _____

Foster w/ Wilburns
for ~2 wks TBD
UTC

(\$80 cash paid
to UTC 01 2007)

remainder
@ pick-up



Florida Shar-Pei Rescue Adoption Contract

This adoption agreement is made this day, Jan 20, 2007, between Michael & Susan Trombley, hereinafter known as the ADOPTER, and Florida Shar Pei Rescue, hereinafter known as RESCUE, for the adoption of Rescue Dog described below:

Name Natasha Sex: M ☒ F Age ~16 mos
Breed Shar Pei
Color black sable Coat Type brush

Other identifying marks _____

TERMS of ADOPTION

RESCUE requires a donation of \$ 250 for said rescue dog. This money is used to pay for the costs of obtaining the dog, veterinarian fees and transportation costs. ALL funds taken in by RESCUE are used for the animal or existing and future animals. RESCUE never personally profits from the placement of any dog.

ADOPTER is encouraged to have a licensed veterinarian of their choice examine the dog within 48 hours of adoption. If the dog is not found to be healthy, the ADOPTER may return the dog to the rescue for a refund. If the dog is found to be healthy, the ADOPTER accepts full responsibility for the health and temperament of the dog.

Normally, any dog sent out from RESCUE is spayed or neutered. In the case of puppies the ADOPTER agrees to have the dog neutered/spayed by the age of 6 months. In other cases where the rescue dog is not altered prior to leaving RESCUE adopters agree to have the dog spayed /neutered within 10 days of receiving the animal.

It is RESCUE'S position that NO dog should ever be bred for any reason.

If, at any time, the ADOPTER cannot, for any reason, keep the dog, RESCUE must be notified immediately and will take the dog to re-home it. The ADOPTER is NOT to find the dog a new home. All potential adoptions must be passed through RESCUE.

ADOPTER agrees to follow and obey all animal control laws and regulations in the area where the dog will live and to license this dog within one month of adoption. The ADOPTER also agrees to provide the dog with some sort of identification, i.e. ID tag, so if lost the dog can be returned to the owner.

INVOICE

Animal Hospital of Tiger Point

4118 Gulf Breeze Parkway
Gulf Breeze, FL 32563
850-934-7233

FOR: Mr. Mrs. Zack & Jennifer Hansen
3336 Crest View Ln
Gulf Breeze, FL 32563
(850) 565-4049

Printed: 05-02-09 at 4:39p
Date: 05-02-09
Account: 7418
Invoice: 177595

Date	For	Qty Description	Net Price
05-02-09		Mastercard payment	-53.68

Merchant ID: 11631170, Approval code: 84533B, Transaction ID: 522456369
Ref #: 4220, Act #: *****7454, Exp: XX/XX, Entry: SWIPED, Card: MASTERCARD
I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

X _____

05-02-09	Zoe	1 Capstar Green over 26#*	5.58
05-02-09		1 Rabies Vac 3 yr (3 yr reminder)	22.50
05-02-09		1 Biohazardous Waste Disposal Fee	3.46
05-02-09		1 Exam, Comprehensive w/ Vaccinations	21.78

Old balance	Charges	Tax	Payments	New balance
0.00	53.32	*0.36	53.68	0.00

Reminders for: Zoe (Weight: 38.4 lbs - 4y)	Last done
05-01-12 Rabies Vaccine	05-02-09
10-31-09 Veterinary Exam/Consultation	05-02-09
05-03-07 Dental Cleaning	

Thank you for your patience during our computer program change.
www.petcarehospital.com

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 05-02-09
Next Rabies Vaccination On: 05-01-12

Certificate No: 0
Previous Rabies Vaccination:

VETERINARY CLINIC
Animal Hospital of Tiger Point
4118 Gulf Breeze Parkway
Gulf Breeze, FL 32563
850-934-7233

OWNER OF ANIMAL
Zack & Jennifer Hansen
3336 Crest View Ln
Gulf Breeze, FL 32563
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Zoe
SPECIES: Canine
SEX: S

TAG NO: 2221
WEIGHT: 38.40
AGE: 4 years

Color and markings... Black

Signed _____

Beverly Fair, DVM

License: VM6699

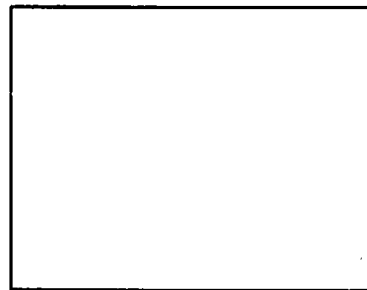
Vaccinations done...

05-02-09 BF Rabies Vac 3 yr (3 yr reminder), #2221
05-01-12

Rabies Vaccine Information...

MFG BY: Merial
LOT EXP: 14FEB10

SER.NO: 18088C
ADM: Sq



Panhandle Animal Welfare Society

752 Lovejoy Road
Fort Walton Beach, FL 32548
Phone: (850) 243-1525

For Every Adoptable Animal.....A Home!!

Kennel Card

Pet Name	ZOE	DOG ID#: 38718	Species	SHAR-PEI	Primary Breed	Crossbreed	Purebred	Gender	FEMALE/STERILIZED	Primary Color	BLACK	Secondary Color	Age	Date of birth	Size	Case ID	04-27-2009 5	Status	HOLDING	05-12-2009	EvalDate	Arrival Date	04-27-2009	Arrival Reason	MOVING
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Zach Hanson & Jennifer
H: 565-4049
3334 Freshwater Ln
Gulf Breeze 32503

4-27 DRP-DC, ST, Turnover

438 VACCOS

281-9815
Nynhous hospital
Dr. White, Jr
(Mentor Hudson)
581-2213
K business
Dr Dyson
- St. Francis

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 05-02-09
Next Rabies Vaccination On: 05-01-12

Certificate No: 0
Previous Rabies Vaccination:

VETERINARY CLINIC
Animal Hospital of Tiger Point
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Gulf Breeze, FL 32563
850-934-7233

OWNER OF ANIMAL
Zack & Jennifer Hansen
3336 Crest View Ln
Gulf Breeze, FL 32563
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Zoe
SPECIES: Canine
SEX: S

TAG NO: 2221
WEIGHT: 38.40
AGE: 4 years

Color and markings... Black

Signed _____

Beverly Fair, DVM

License: VM6699

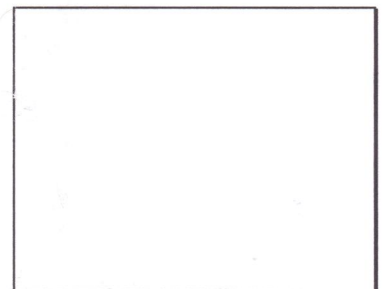
Vaccinations done...

05-02-09 BF Rabies Vac 3 yr (3 yr reminder), #2221
05-01-12

Rabies Vaccine Information...

MFG BY: Merial
LOT EXP: 14FEB10

SER.NO: 18088C
ADM: Sq



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