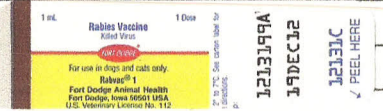
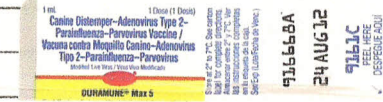
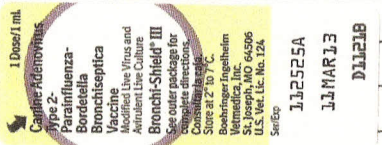


PROCEDURE	DATE	RESULT	INIT
Weight	8-19-11	32	M
Weight			
Ear Check/Clean	8-19-11	Dirty - Neg. for mites	M
Nail Check/Cut	8-13-11		JV
Microchip Implant	Raw.	981 010001665484 Home Again	
VACCINATION	DATE		INIT
Rabies	8-19-11		DR
DA2PPV-Vaccination	8-19-11		M
DA2PPV-Booster			
Bordetella	8-19-11		M
Bordetella			
MEDICATION	DATE	MED / LABEL	INIT
Worming	8-19-11	Panacur / Pyrantel	M
Worming		Panacur / Pyrantel	
Live Fleas		Capstar	
Heartworm Prev.	8-19-11	Tri-Heart Plus / Ivermectin	M
Heartworm Prev.		Tri-Heart Plus / Ivermectin	
Flea/Tick Prev.	8-19-11	Vectra 3D	M
Flea/Tick Prev.		Advantix / Frontline / Promeris	
Tick Collar			
TEST	DATE	RESULT	INIT
HW Occult	8-13-11	Neg / Pos	JV
Parvo		Neg / Pos	
Fecal	8-19-11	Neg / Pos	M
Fecal		Neg / Pos	

CANINE INTAKE

TIME: 10:10 AM DATE: 8-12-11

COUNTY: C REL #: 1548

COLOR: Reddish

SEX: M MN FS NAME: Faith

BREED: Shan Pei EST. AGE: 1-2 y

EST. DOB: _____

OGU/STRAY

AWL OR SCAS NOTIFIED

WHERE: Chronic ot. Ki. Bilateral Entropion. Chronic Dermatitis on ft.

SPECIAL MARKINGS: _____

Long nails that curl.

SCANNED: 981 010001665484

Home Again

BATHED: _____

INTAKE PROCESSED BY: DR

Suncoast Humane Society

August 23, 2011

Rescue Florida Sharpei
For: Faith #2011-1548

Invoice: 0016259

RABIES VACCINATION CERTIFICATE

Suncoast Humane Society
6781 San Casa Dr
Englewood FL 34224
941-474-7884

Owners Name and Address

Phone

Rescue Florida Sharpei

352-332-3732

5514 NW 99th Terrace

Gainesville, FL 32653

Species	Sex	Age	Wght.	Dominant Breed
Canine	FX	1 yr 3 mo	lbs	Shar Pei
				Color
				Reddish

Name: Faith #2011-1548

Producer Fort Dodge

X 1 yr lic/vac Type Killed

Vac lot # 1213199A

3 yr lic/vac Other _____

County License

Date vaccinated

Vet.lic. #9438 |

License # Year

08/19/2011

Signature

Tag Number:

Veterinarian address:

Other _____

Vaccination exp

Suncoast Humane Society

Change Add _____

08/19/2012

6781 San Casa Drive

Control _____

Englewood, FL 34224

941-474-7884

Canine Information:

Release #: 1548

Dog's Name: _____ Breed: Shar Pei Color: Reddish

Sex: F Spayed/Neutered: Yes No Age: _____ Years / Months / Weeks

Why are you giving up this dog? Stray

How long has this dog lived with you? _____ Where did you acquire this dog? Verona St.

This dog is: Housebroken Paper Trained Not Housebroken Crate Trained
 Occasionally has accidents If so, explain: came out of wood

When he/she is left alone, where is he/she kept, and for how long? _____

Who has this dog lived with? Men Women Children (specify ages) _____

How would you describe the dog's behavior around children? Friendly Playful Tolerant Afraid Snappy
 Too much for small children Never been with children

How would you describe the dog's behavior with strangers? Friendly Playful Tolerant Afraid Snappy

Does the dog know how to? Sit Stay Come Lie Down Walk on a leash Other _____

Does the dog enjoy water? Yes No

Riding in the car? Yes No

Does the dog have thunderstorm anxiety? Yes No

What other animals has this dog lived with? Dogs (male/ female) Cats (male/female) Other _____

Does he/she enjoy living with the above animals? Yes No If no, please explain: _____

Does the dog have any previous injuries or health problems? If so, explain: _____

Is the dog current on vaccinations? Yes No Name of your vet or clinic: _____

Out: Has the dog ever bitten anyone? Yes No If yes, has it been within the last 10 days? Yes No Don't Know

Additional Comments: The person that got the dog ~~from~~ came out of the wood to play with his lab & chi. Took 20 min to catch her.

In: **Release Information:**

Owner Surrender: I swear and certify that I am the owner (or duly authorized agent) of the dog(s) described above, and I unconditionally surrender my animal to Suncoast Humane Society.

Owner Requested Euthanasia - Reason: Medical Temperament

Stray Surrender: I swear and certify that I do not own the dog(s) described above, and hereby surrender any interest therein to the Suncoast Humane Society.

2011-

SHS Staff may contact you for additional information to aid in the placement of your pet.

Surgery Report

* Transfer TO Rescue

Surgery Date Mon 8/22

Already Has Microchip

Animal ID Number & Name Jaich #1548

CANINE FELINE MALE FEMALE

DO NOT WRITE BELOW THIS LINE - CLINIC USE ONLY

Weight 32 LBS Exam Findings

Rabies Verified

Rabies Needed

Date Vaccinated

Tag #

Ser#/Mfr

Exp

By

PreAnesthetic

Anesthetic

Post-op Medications to go home

Buprenex .27

Ketamine 1.4

Carprofen: 75 mg 1/2 tabs/PO #5
BID Begin tonight

Torb Inj _____

Diazepam 1.4

Torb Syrup: _____ mi PO BID x days, begin tonight

Ace Inj _____

Propofol _____

Other: _____

Atropine .88

Other: SPAY ✓

Check here is ISO ONLY

Post-Op Surgery Summary

Routine OVH

ISO Maintained

Pregnant In Heat False Preg Lactating

Routine Neuter

Cryptorchid: Bilateral Unilateral L R

Sutures 0/2-0 Monocryl Dermalon Gut Glue

Notes: PreOp HR _____ PostOP HR _____

Veterinarian _____ Tech PATTI



6781 San Casa Drive, Englewood FL 34224
 Phone: (941) 474-7884 Fax: (941) 475-3877 Email: information@humane.org
 www.humane.org

Adoption Contract

Adoptee: FAITH

Entered Shelter **8/12/2011** Adopted Date **8/23/2011** Release No: **20111548** Donation:
 Species: **Dog** Breed: **Shar-Pei** Age: **1-2 YRS as of 8/12/2011**
 Sex: **F** Color: **reddish** Spay/Neuter: **Done**

Instructions

We are glad you chose to adopt your pet from Suncoast Humane Society. We hope that he/she will provide you with years of happiness and companionship. In return, your pet will require proper care and treatment, including nutrition, housing, grooming, exercise and medical needs.

Suncoast Humane Society's medical team has made every attempt to assure that this pet is a healthy candidate for adoption. However, if you encounter any medical issues within the first 14 days of your adoption date, you are to contact Suncoast Humane Society for an appointment with our veterinarian. After 14 days, you are responsible for all health issues related to your adopted pet. You are advised to establish a relationship with a local veterinarian for continued health care.

Upon examination, our veterinarian will determine the appropriate treatment and make recommendations accordingly. Treatment that can be administered within the resources of our clinic will be done so at no-charge. If the pet is determined to have a major health issue, you will be offered a replacement adoption or a refund of your adoption donation. You may also choose to seek treatment at a veterinarian of your choice, at your own expense. Suncoast Humane Society is unable to offer a replacement or a refund unless our veterinarian has examined the pet within 14 days of the adoption date.

The health of this described pet is guaranteed for 14 days only, per the instruction portion of this agreement, and is based on our veterinarian's report. Although animals recommended for adoption at Suncoast Humane Society are evaluated for socialization, we are unable to offer any guarantee, replacement or refunds for temperament or behavior problems. You are advised to refer to our website www.humane.org for possible solutions to behavioral problems.

I understand and agree to all the above instructions. **X**

Agreement

I hereby acknowledge receipt of the above referenced animal as a pet from Suncoast Humane Society, Inc. (SHS) and I agree to provide this pet with love and appropriate care. I further certify that I am financially able to provide the required care.

I agree that if signs of illness appear within the first 14 days of the adoption date, I will contact Suncoast Humane Society for medical advice and/or an appointment with their veterinarian. I understand there will be no consideration of a refund without the recommendation of their veterinarian or appropriate management.

I understand that I must comply in accordance with all regulations, ordinances and laws in force in my community, county and state.

I understand that Suncoast Humane Society, Inc. may make inquiries or examine this pet following adoption at any time agreeable to both parties.

I agree that if at anytime I am unable to provide the required care for this pet, I will return said pet to the Suncoast Humane Society for further consideration of placement. I further agree that I will not sell, trade, give away or in any way attempt to place this pet in another home without the express consent of Suncoast Humane Society.

I understand that I may be contacted by Hill's Pet Nutrition Inc. and given a coupon for a future purchase of Hills Science Diet Pet Food.

I have been informed that this animal is not recommended for placement in a household with:

- Children under 8 years Children under 15 years Dogs Cats

Acknowledgment: _____

I HAVE READ AND UNDERSTOOD THE ABOVE AND AGREE TO ABIDE BY ITS CONTENTS. I AM AT LEAST 18 YEARS OLD.

Signature of Adoptor: **X**
 Name (Printed): **Florida ShaPei Rescue**
 Address: **5514 Northwest 99th Terr**
 City: **Gainesville** State: **FL** Zip: **32653**
 Phone: **(352) 332-3732** DL#: _____

Date: **August 23, 2011**
 SHS Rep: *[Signature]*
 Total Adoption Donation: \$ **85 -**
 Less Hold Deposit: \$ **10 -**
 Net Amount Due: \$ **95 -**
 Cash Check Credit Card

YOUR RECEIPT THANK YOU

08/23/2011 12:04PM 07
 000000#3000 LAURIE

ADOPTIONS	\$85.00
SHS CLINIC	\$10.00

ITEMS	20
CHECK	\$95.00



6781 San Casa Drive, Englewood FL 34224

Phone: (941) 474-7884 Fax: (941) 475-3877 Email: information@humane.org • www.humane.org

Medical History

Release No: CC-2011-1548

Type: Dog **Color:** reddish

Breed: Shar-Pei **Sex:** F **Age:** 1-2 YRS AS OF 8/12/2011

Name: FAITH **Spayed/Neutered:** YES

Date	Treatment	Test Results	Drug	Notes
8/12/2011	MICROCHIP PREVIOUSLY IMPLANTE		HOME AGAIN	981 010001665484
8/13/2011	HW TEST OCCULT	N		
8/17/2011	PHYSICAL EXAM			chronic otits. Bilateral entropion. Chronic dermatitis
8/19/2011	DA2PPV Vaccination		DURAMUNE	
8/19/2011	WEIGHT			32 lb
8/19/2011	EAR CLEANING			
8/19/2011	RABIES VACCINATION		RABVAC 1	
8/19/2011	HOOKWORM PREVENTION		PYRANTEL	TX: 4 cc po sid x 3 days. Treat with triheart in 10 days
8/19/2011	BORDETELLA VACCINE		BRONCHISHIELD III	
8/19/2011	WORMING		PYRANTEL	
8/19/2011	HEARTWORM PREVENTION		IVERMECTIN	
8/19/2011	FLEA AND TICK PREVENTION		VETRA 3D	
8/19/2011	FECAL EXAM	P		hookworm
8/19/2011	NAILS CUT			
8/22/2011	PAIN MEDICATION		Carprofen	TX: 75 mg 1/2 tab po bid x 5 days
8/22/2011	SPAYED/NEUTERED			

SPAY/NEUTER CLINIC: Suncoast Humane Society

RABIES VACC CLINIC: Suncoast Humane Society

DA2PPV is a vaccine against Distemper, Hepatitis, Parainfluenza, and Parvo.

Fecal exam refers to checking stool samples for internal parasites.

Florida law requires that all dogs and cats be vaccinated against Rabies. A county tag should be purchased when the vaccination is given. This tag must be worn by the animal at all times.

The information provided above is the medical history provided by the previous owner or by members of our staff. There may have been other medications administered but not recorded. Your vet is the best source of information about medications or treatments that your pet might need.

IMPORTANT: Adopter, please return this form to SHS by September 06, 2011.



6781 San Casa Drive, Englewood FL 34224

Phone: (941) 474-7884 Fax: (941) 475-3877 Email: information@humane.org • www.humane.org

Dog/Puppy Adoption Follow-Up

Adoptee: FAITH

Release No: 20111548

Adopter: Florida ShaPei

Date: _____

What did you name your pet? _____

Have you taken your pet to a veterinarian for an initial examination

Yes What vet clinic did you go to? _____

No When will you do so? _____

Have you purchased additional identification for your pet to wear at all times? Yes No

Even dogs that have lived in a home for some time can get lost. An identification tag with your address can assist in returning a lost pet to you as soon as possible.

How is your pet adjusting to his/her new home? _____

Does your new pet appear healthy? Yes No If No, contact us right away.

If you have other pets, how is your new pet getting along with the others? _____

How is your pet doing with housebreaking? _____

During housebreaking, walk your pet frequently, feed him/her on a schedule and praise him/her lavishly when he/she manages to go outside. Keep him/her indoors between walks and confine him/her to a dogproof area with a gate or to a training crate. Be patient. It takes many months for a dog to have the control to be completely housebroken, just like a child must mature.

Is your pet chewing your belongings? Yes No _____

Remember, it is natural for dogs to chew. It keeps their teeth clean and strong. If you can't watch your pet, give your pet a marrow bone to chew and confine him/her to a dogproof area with a gate or to a training crate. The worst chewing occurs at about 5-8 months of age. Be prepared to give your pet the right things to chew so he/she won't destroy your belongings.

Is your pet obedient? Yes No _____

If not, we suggest you call us about obedience training classes held at the Suncoast Humane Society. Make sure your youngsters don't mistreat or annoy your pet. Don't allow anyone to hit him/her under any circumstances. A dog defends itself by biting. A firm "No!" will do much better, with no bad side effects.

Please tell us about your pet. If you have suggestions or comments that might help us do a better job, please tell us.

Please add Suncoast Humane Society to your address book. Call us if you have any pet concerns in the future.

Suncoast Humane Society
 6781 San Casa Drive
 Englewood, FL 34224
 941-474-7884

Fax: 941-475-3877
 Humane.org

Invoice

Reference Number: 0016259

Date: August 23, 2011

Rescue Florida Sharpei
 5514 NW 99th Terrace
 Gainesville, FL 32653

Patient: Faith #2011-1548
 Species: Canine
 Breed: Shar Pei
 Rabies Given: 08/19/2011 -
 MicroChip ID: None

Patient Number: 01940-0003
 Born: May 12, 2010
 Sex: FX Color: Reddish

Follow Up Action	Due Date
Rabies	August 19, 2012

Date	Product / Service	Quantity	Tax	Amount	Vet
08/19/2011	V012 - RABIES 1 YEAR	1.00	0.00	10.00	RH

Sub Total 0.00 10.00
 Plus Tax 0.00
 Amount Due this Invoice 10.00

Account Summary

Beginning Account Balance - 08/23/2011 0.00
 Payment - Check 1026 -10.00
 Invoice 0016259 - Faith #2011-1548 10.00
 Ending Account Balance - 08/23/2011 0.00

Transaction Processed by: LD

