Miami-Dade County

Animal Services Department
7401 NW 74 ST, Miami, FL 33166
(305) 884-1101 (305) 805-1593 FAX
www.miamidade.gov/animals

Receipt Number: R10-448301 **Receipt Date: Wednesday, May 12, 2010**

Person Information: SHAR PEI RESCUE
9600 NW 25 ST
SUNRISE, FL 33332

PID: P0790627

Received From: SHAR PEI RESCUE Check No: VISA5890 Phone: (954) 258-1110

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
MICROCHIP	A1251115	096017527	$.00	1	$.00
TECH EXAM	A1251115	T10-891925	.00	1	.00
BORDETELLA	A1251115	T10-891926	.00	1	.00
DHPP VACCINE	A1251115	T10-891927	.00	1	.00
TECH EXAM	A1251115	T10-895989	.00	1	.00
HEARTWORM SNAP TEST	A1251115	T10-895992	.00	1	.00
FECAL FLOAT	A1251115	T10-895993	.00	1	.00
DEWORM	A1251115	T10-895994	.00	1	.00
FRONTLINE 9.7%	A1251115	T10-895995	.00	1	.00
DVM EXAM	A1251115	T10-899493	.00	1	.00
RABIES VACCINATION	A1251115	T10-899494	.00	1	.00
SPAY SURGERY	A1251115	T10-899495	.00	1	.00
ADOPTION FEES	A1251115		25.00	1	25.00

Total Fees Due: $25.00

Payments: Cash: $0.00
Check: $0.00
Credit Card: $25.00

Total Payments Received: $25.00

Thank You!

Change: $0.00
Balance Due: $0.00

Animal Information:

A1251115 WRINKLES - 2 YEARS OF AGE, SPAYED, CHINESE SHARPEI, FAWN DOG

Treatment Information:

Type:	Animal#	Description:	Medication:	Cost:	Treat #	Date:
DHPP	A1251115 WRINKLES				T10-891927	04/30/1(
	A1251115 WRINKLES	Fearful, given a day.			T10-891925	04/30/1(
		Right cherry eye. Possible skin condition. Skin appears dirty, but no signs of irritation seen. Possibly in heat.				
BORDETELLA	A1251115 WRINKLES				T10-891926	04/30/1(

Shelter Hours

Monday - Friday 8:00AM - 7:00PM Saturday and Sunday 8:00AM - 5:00PM

Adoption Hours: Monday - Friday 10:00AM to 6:30PM Saturday and Sunday 10:00AM - 4:00PM

Rabies Clinic Hours: Monday - Friday 10:30AM to 6:00PM Saturday and Sunday 10:30AM - 4:00PM

Clerk: JOEVERA COUNTER Transaction Date: 05/12/10 Print Date: 05/12/10 tware\chameleon\crystal\receipt.rpt

	A1251115 WRINKLES	ocular discharge (clear) from right orbital--irrigated w/ NaCl	T10-895989	05/06/1(
HEARTWORM SNI	A1251115 WRINKLES		T10-895992	05/06/1(
FECAL FL	A1251115 WRINKLES		T10-895993	05/06/1(
DEWORM	A1251115 WRINKLES		T10-895994	05/06/1(
FRONTLINE	A1251115 WRINKLES		T10-895995	05/06/1(
	A1251115 WRINKLES	SURGERY: CANINE OVARIOHYSTERECTOMY Anesthesia: IM Domitor 1 mg/ml at 0.025 mg/kg, Ketamine 100 mg/ml at 2.5 mg/kg, Torbi 10 mg/ml at 0.25 mg/kg Intubate, maintain on isofluorane and O2 Pen G 300,000 u/ml at 0.1ml/lb SQ pre-op Rimadyl 50 mg/ml	T10-899493	05/12/1(
RABIES ADOPT	A1251115 WRINKLES		T10-899494	05/12/1(
SPAY	A1251115 WRINKLES		T10-899495	05/12/1(

TOTAL MEDICAL FEES: $0.00

License/Rabies Vaccination/Microchip Information:

Tag Number	Expires	Animal#
096017527	5/12/2011	A1251115

Rabies Vxn Info- Date:5/12/2010 Term: 12 Expires: 5/12/2011 Vxn: PFI
Cert#: 096017527 Serial#: S947581B Over 50lbs

ANIMAL SERVICES

Shelter Hours

Monday - Friday 8:00AM - 7:00PM Saturday and Sunday 8:00AM - 5:00PM

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Rabies Clinic Hours: Monday - Friday 10:30AM to 6:00PM Saturday and Sunday 10:30AM - 4:00PM

Clerk: JOEVERA COUNTER Transaction Date: 05/12/10 Print Date: 05/12/10 tware\chameleon\crystal\receipt.rpt

WRINKLES'S MEDICAL HISTORY

A1251115 45.00LBS DOG FAWN S CHINESE SHARPEI 05/12/10

4/30/2010

TECH EXAM ILLNESS BEHAV OTH 45.00LBS Treated by: JS

Fearful, given a day.

Right cherry eye. Possible skin condition. Skin appears dirty, but no signs of irritation seen. Possibly in heat.
DHPP
BORDETELLA

5/6/2010

TECH EXAM ILLNESS PARASITES 45.00LBS Treated by: EGMS

ocular discharge (clear) from right orbital--irrigated w/ NaCl

FRONTLINE
DEWORM
FECAL FL HOOKWORMS
HEARTWORM SNP NEGATIVE

5/12/2010

A1251115 46.00LBS DOG FAWN S CHINESE SHARPEI 05/12/10

5/12/2010

DVM EXAM NORMAL 46.00LBS Treated by: DR. ANA

SURGERY: CANINE OVARIOHYSTERECTOMY

Anesthesia:
IM Domitor 1 mg/ml at 0.025 mg/kg, Ketamine 100 mg/ml at 2.5 mg/kg, Torbi 10 mg/ml at 0.25 mg/kg
Intubate, maintain on isofluorane and O2
Pen G 300,000 u/ml at 0.1ml/lb SQ pre-op
Rimadyl 50 mg/ml at 2 mg/lb SQ pre-op

Sx:
Ventral midline incision; removal of both ovaries and uterine horns follwing litation of ovarian pedicles and uterine body (one circumferential and one transfixing for dogs greater than 30 lbs) with Polyglactin or Polydioxanone suture. Body wall closure with simple interrupted suture pattern, followed by subcutaneous and/or intradermal closure with simple continuous suture pattern, with Polyglactin or Polydioxanone suture. Cyanoacrylic adhesive may be applied to skin surface. Tattoo ink aseptically applied to incision.

Routine recovery.

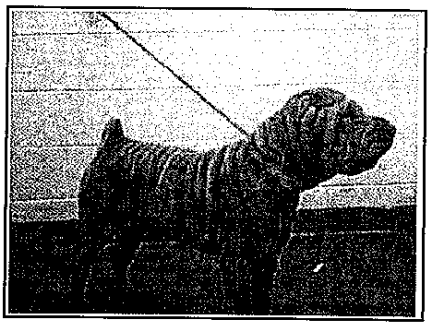
P: Recommend restricted exercise (no running, jumping, or horseplay) for 10 days; keep incision clean and dry and inspect twice daily until healed. Discourage chewing/licking at incision; if noted, an Elizabethan collar is recommended.
SPAY
RABIES ADOPT

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED PLEASE CALL MIAMI-DADE ANIMAL SERVICE DEPARTMENT AT (305) 884-1101.

Miami Dade Animal Services
Medical Release

7401 NW 74th St
Miami, FL 33166
Tel (305) 884-1101
www.miamidade.gov/animals

Today's Date: 5/12/2010 **Animal ID:** A1251115



Name: SHAR PEI RESCUE
Address: 9600 NW 25 ST
SUNRISE, FL 33332
Phone: (954) 2581110

Animal information:
Name: Wrinkles,
Breed: Chinese Sharpei
Color: fawn **Sex:** spayed **Age:** 2 years and 0 month

Tag Number:

Microchip No: 096017527

MEDICAL/BEHAVIORAL DISCLOSURE

The pet listed above was examined by Miami Dade Animal Services Veterinary Staff and determined to have the following medical and/or behavioral conditions:

4/30/2010
BEHAV OTH ←

5/6/2010
PARASITES

*** Please refer to Medical History Report for additional information. ***

I have received full disclosure of the medical condition(s) detected upon evaluation of the pet I am adopting, and understand that other medical conditions may exist but may not have been detected. I further understand that the treatment of the above mentioned condition(s) is my financial and legal responsibility, and this pet's prognosis is dependent on my pursuance of advanced medical and/or behavioral therapy. I consent to seek veterinary care for the disclosed condition within 7 days of the adoption, and will submit proof of such care upon request. I release the Miami Dade Animal Services Department of all responsibility/liability.

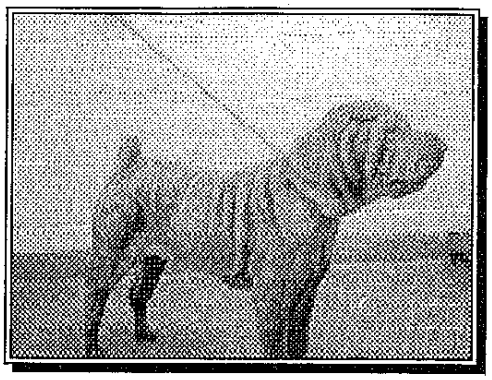
Medication received

Signature Date Witness Date 5/12/10
P0790627

A1251115

Kennel No: WW79

Animal ID: A1251115
Age /Sex: 2 YRS FEMALE
Breed: CHINESE SHARPEI
Color: FAWN
Intake Date: 04/30/2010
Intake Type: STRAY
Due Out Date: 05/12/2010
Hold/Adopted? POSS RESC
Tag 096017527
Microchip



Name: WRINKLES

Impounded on :5/10/2010 4:51:30PM

Additional Information:
(Markings/Identifiers)

- DO NOT WRITE BELOW THIS LINE - FOR ASD VETERINARIAN SECTION ONLY -

[ ] Health Problem [ ] Under Treatment [ ] Do Not Adopt!

Condition on IntakeNORMAL

Temperament Evaluation
Date: _____

Friendly: _____
Fearful/Shy: _____
Groups: _____

Vaccination	Date
[ ] DHLPP	_____
[ ] RABIES	_____
[ ] FVCRPC	_____
[ ] Bordetella	_____
g	_____
utered	_____
rmation	_____

RABIES VACCINATION CERTIFICATE
NASPHV Form #50
Print - use ball point pen or type

#1251115
Rabies Tag Number

Owner's Name & Address
PRINT - Last Shanpei First Rescue M.I. Telephone
No. Street City State Zip

Species: Dog ☑ Cat ☐ Name
Sex: Male ☐ Female ☑
Age: 3 mo. to 12 mo. ☐ 12 mo. or older ☑
Size: Under 20 lbs. ☐ 20-50 lbs. ☑ Over 50 lbs. ☐
Predominant Breed: Shanpei
Colors: Fawn

Producer: R F 1 (First 3 letters)
☑ 1 yr. Lic./Vacc. ☐ 3 yr. Lic./Vacc. Other Rabdomv
Vacc. Serial (lot) No. 5839989A

For Licensing Agency Use
License No. Year
Other 0000752
Change ☐ Add ☐
Control No.

DATE VACCINATED: 5 17 10 (Month Day Year)
VACCINATION EXPIRES: 5 17 11 (Month Day Year)

Veterinarian's: # 8355
License No.
Signature
Address ASD

Chameleon Software\chameleon\crystal\kncard.rpt