Suncoast Humane Society
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-2010-0023

Type: Dog **Color:** Tan

Breed: Shar-Pei **Sex:** F **Age:** 3 1/2 YRS AS OF 1/5/2010

Name: BABY **Spayed/Neutered:** YES

Date	Treatment	Test Results	Drug	Notes
1/6/2010	FECAL EXAM	N		
1/9/2010	HW TEST OCCULT	N		
1/9/2010	FLEA AND TICK PREVENTION		PROMERIS	
1/9/2010	HEARTWORM PREVENTION		IVERMECTIN	
1/9/2010	WORMING		PYRANTEL	
1/9/2010	BORDETELLA VACCINE		BRONCHISHIELD III	
1/9/2010	DA2PPV Vaccination		DURAMUNE	
1/9/2010	MICROCHIP IMPLANTED			982 009105784192
1/9/2010	NAILS CUT			
1/9/2010	EAR CLEANING			
1/9/2010	WEIGHT			37.4 lbs
1/11/2010	RABIES VACCINATION			FTD 1213193A

RABIES VACC CLINIC: Suncoast Humane Society

Submit Query

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.

24PetWatch

PET PROTECTION. ANYWHERE. ANY TIME.

Tel: 1-866-597-2424
Fax: 1-866-738-2327
Web: www.24petwatch.com

982 000105764192
000105764192

1 OWNER / DUEÑO (PLEASE PRINT / CON LETRA DE IMPRENTA)

First Name: Florida Star Pei Rescue
Nombre:
Last Name:
Apellido:

Address: 5514 Northwest 99th Terrace
Dirección:
Unit:
Opto:
City: Gainesville
Ciudad:
State: FL
Estado:
ZipCode: 32653
Zip:

Email: fl-sharpeirescue@cox.net
Correo electrónico:

Home Phone: (352) 332-3932
Teléfono de domicilio:
Business Phone: ( )
Teléfono comercial:
Mobile Phone: ( )
Móvil:

2 PET(S) / MASCOTA(S)

Pet's Name: Baby
Nombre de la mascota:

☒ Dog/Perro ☐ Cat / Gato

☐ Male / Macho ☒ Female / Hembra

Spayed / Neutered: ☒ Yes / Si ☐ No / No
Esterilizado / Neutralizado:

Birthdate: (MM/DD/YYYY) 6/5/06
Fecha de nacimiento: (Mes/Día/Año)

Color/Markings: Tan
Color/Manchas:

Dominant Breed: Chinese Shar Pei
Raza predominante:

What veterinary clinic do/will you use?
Que clínica veterinaria utiliza o utilizará?

Last Rabies Vaccination: (MM/DD/YYYY) 1/11/10
Vacuna de rabia: (Mes/Día/Año)

3 EMERGENCY CONTACT / CONTACTO EN CASO DE EMERGENCIA

First Name: Sue
Nombre:
Last Name: Melton
Apellido:

Home Phone: (727) 343-2260
Teléfono de domicilio:
Mobile Phone: ( )
Móvil:
Other: ( )
Autre:

4 MICROCHIP PROVIDED BY / EL MICROCHIP FUE SUMINISTRADO POR

Name of Shelter / Veterinary Clinic:
Nombre del albergue o clínica veterinaria :
Suncoast Humane Society
6781 San Casa Drive
Englewood, FL 34224
941-474-7884

Birthdate: (MM/DD/YYYY) / /
Fecha de adopción: (Mes/Día/Año)

Address:
Dirección:
City:
Ciudad:
State:
Estado:
ZipCode:
Zip:

Business Phone: ( )
Teléfono comercial:

I declare that the particulars stated in this application are true and no material fact has been withheld. I understand that misrepresentation or non-disclosure will void the contract. Should your address/contact information change, please update your 24PetWatch registration immediately at **www.24petwatch.com** or call **1-866-597-2424**. We will contact you periodically to ensure your information remains accurate.

- ☐ Yes, I consent to the release of my name and telephone number to anyone that finds my pet.
- ☐ No, I prefer that communication only be through 24PetWatch.
- ☐ I understand that I may be contacted by a QuickCare Pet Insurance Program Representative.

We respect your privacy. If you do not wish to be contacted regarding Pethealth Inc.'s wholly owned subsidiaries' products and services, please call 1-866-597-2424 or send an e-mail to info@24petwatch.com

Declaro que los detalles indicados en esta aplicación son verdad y ningún material ha sido retenido. Si cambia su dirección/información de contacto, por favor actualice su inscripción con 24PetWatch inmediatamente en www.24petwatch.com o llame al 1-866-597-2424.Nos pondremos en contacto con usted periódicamente para asegurarnos de que su información siga siendo exacta.

- ☐ Sí, autorizo que le den mi nombre y número telefónico a quien encuentre mi mascota.
- ☐ No, prefiero que la comunicación sólo sea a través de 24PetWatch.
- ☐ Entiendo que un representante del programa de seguros para mascotas QuickCare se puede comunicar conmigo.

Respetamos su privacidad. Si no desea ser contactado con respecto a los productos y servicios de los subsidiarios de entera propiedad de Pethealth Inc. por favor llame al 1-866-597-2424 o envíe un e-mail a info@24petwatch.com

Owner's Signature / Firma del dueño

Date

Mail to / Mandar por correo a: **24PetWatch Microchip Identification, PO Box 2150, Buffalo, NY 14240-2150**
in the postage paid envelope provided / en el sobre que se proporciona con franqueo ya pagado

1) WHITECOPY – Return to 24PetWatch / COPIA BLANCA – Para regresarla a 24PetWatch 2) YELLOWCOPY – Retained by Animal Owner / COPIA AMARILLA – Para el propietario de la mascota
3) PINKCOPY – Retained by Dealer / COPIA ROSADA – Para el comerciante

SP-RRRRV4-MAN

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www.humane.org

Adoption Contract

Adopter: BABY

Entered Shelter **1/5/2010** Adopted Date **1/12/2010** Release No. **20100023** Donation:

Species: **Dog** Breed **Shar-Pei** Age: **3 1/2 YRS as of 1/5/2010**

Sex: **F** Color **Tan** 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). I agree to provide this pet with love and appropriate care. I further certify that I am financially able to provide the required medical attention.

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 replacement or 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, village, town, city, county and state.

I understand that Suncoast Humane Society, Inc. may make inquiries or examine this pet following adoption at a time and place 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 13 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 Adopter **X** _____ Date: **January 12, 2010**

Name (Printed) **Florida ShaPei Rescue** SHS Rep. _____

Address: **5514 Northwest 99th Terr** Total Adoption Donation: $ **$75.00**

City **Gainesville** State: **FL** Zip: **32653** Less Hold Deposit $ _____

Phone **(352) 332-3732** DL# _____ Net Amount Due: $ _____

Cash Check Credit Card

1937 Neptune Drive Englewood, FL 34223
(941) 375-3670
FAX (941) 474-0304

Paula M. Cullison

RABIES VACCINATION CERTIFICATE

ADAPTED NASPHV FORM 51

Tag type & Tag # Cert. Serial #

Print - use ball point pen or type

Owner's Name & Address

PRINT LAST FIRST MI TELEPHONE

NO STREET CITY STATE ZIP

Species: Dog ✓ Cat ☐ Other ☐ (Specify)

Sex: Male ☐ Female ☐ Altered ✓

Age: 3 Mo. to 12 Mo. ☐ 12 Mo. or older ✓

Size: Under 20 lbs. ☐ 20 - 50 lbs. ✓ Over 50 lbs. ☐

Predominant Breed Colors: Shar Pei TAN

NAME

DATE VACCINATED: 1 / 11 / 10 (Month / Day / Year)

VACCINATION EXPIRES: 1 / 11 / 11 (Month / Day / Year)

PRODUCER: FTD

First 3 Letters:

1 yr. Lic/Vacc ☐ 3 yr. Lic/Vacc ☐

12131 83A

Vaccine Serial # and Lot No.

Veterinarian's # 9438

License No.

Veterinarian

Signature

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

FDFC Form 51

VACCINATION RECORD

Name

- ☐ RABIES
- ☐ LYME DISEASE
- ☐ CANINE DISTEMPER
- ☐ CANINE PARAINFLUENZA
- ☐ CANINE ADENOVIRUS 2
- ☐ CANINE PARVOVIRUS
- ☐ CANINE CORONAVIRUS
- ☐ CANINE BORDETELLA
- ☐ LEPTOSPIROSIS
- ☐ CANINE GIARDIA
- ☐ FELINE LEUKEMIA
- ☐ FELINE PANLEUKOPENIA
- ☐ FELINE RHINOTRACHEITIS
- ☐ FELINE CALICIVIRUS
- ☐ FELINE CHLAMYDIA
- ☐ FELINE RINGWORM
- ☐ FELINE IMMUNODEFICIENCY VIRUS

FORT DODGE®

YOUR RECEIPT

THANK YOU

ESDCIF

01/12/2010 6:42PM 07 DRIVE
0000001332? LAURIE 34224

17:24.51

ADOPTIONS	$75.00	0000000119?315
		01?5670?
ITEMS 1@ CHARGE	$75.00	

VISA SALE

CARD #	XXXX-XXXX-XXXX-?816
INVOICE	0011
Batch #:	300284
Approval Code:	369346
Entry Method:	Manual
Approved	Online
Tax Amount:	$0.00
Avs Code: YYY	
SALE AMOUNT	**$75.00**

CUSTOMER COPY

IMPORTANT: Adopter, please return this form to SHS by January 28, 2010.

Suncoast Humane Society

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Dog/Puppy Adoption Follow-Up

Adoptee: BABY **Release No:** **20100023**

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.