Wesley Chapel Veterinary Hospital
3736 Turman Loop
Wesley Chapel, FL. 33544
Phone: (813)973-3951
Fax: (813)973-4860

FAX COVER SHEET

TO: Quail Hollow Animal Clinic

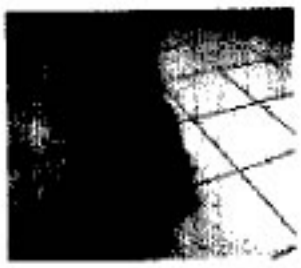
DATE: 4.19.10 TIME:

NUMBER OF PAGES: 5 9917236

NOTES: "Poncho" Wood

Quail Hollow Animal Hospital

5740 Wesley Brook Drive
Wesley Chapel, FL 33543
(813) 973-3010



Printed: 02-05-11 at 10:59a

CLIENT INFORMATION

Name	Mr/Mrs. Josh Wood (10886)	**Spouse**	
Address	4944 Pointe O Woods Dr. Wesley Chapel, FL 33543		
Phone	813 447-9103	**Balance**	0.00

PATIENT INFORMATION

Name	Pancho	**Species**	Canine
Sex	Male, Neutered	**Breed**	Sharpei
Birthday	06-01-08	**Age**	2y
ID		**Rabies**	11-38629
Color	Fawn	**Weight**	37.20 lbs
Reminded	(none)	**Codes**	

Reminders for: **Pancho**

		Last done
10-10-13	Rabies - 3 yr - Canine/Feline	10-11-10
10-11-11	Kennel Cough Para Annual Boost	10-11-10
10-11-11	Canine Influenza Annual Vaccin	10-11-10
10-11-11	DHPP Annual	10-11-10
10-11-11	Heartworm Test OCCULT	10-11-10
10-11-11	Weight Check	10-11-10
10-11-11	Intestinal Parasite Screen	10-11-10

Pancho's weight history (in lbs)

11-01-10	37.20
10-11-10	34.90

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
11-01-10	DF	BM	Bath Only Medium 21-49#		
Age: 2y **Weight:** 37.20					
SUBJECTIVE SECTION					
OBJECTIVE SECTION					
ASSESSMENT SECTION					
PLAN SECTION					
10-11-10	HG	MAEO	MalAcetic Otic 4oz		
		217	Urinalysis		
10-11-10	DF	134	License Neuter		
10-11-10	HG	202	Heartworm Test-Occult		
Results		Negative			

Date	By	Code	Description	Qty (Variance)	Photo
10-11-10	HG	201	Fecal Flotation/Direct		
Results		Negative			
		DI01	October Discount- CIV vaccine, booster		
		CIVH3N8	CIV Canine Influenza Annual Vaccine		
		1990A	Kennel Cough Vaccine Annual		
		407	Environmental Waste Inj		
		3304	DHPP Annual Booster		
		122A	Rabies - 3 yr - Canine/Feline, #11-38629		
ID: 11-38629 **Serial:** S846248			**Expires:** 2-22-11 **Type:** KV **Mfg:** INTER **Admin:** SQ		
10-11-10	DF	WC	Weight Check		
Age: 2y **Weight:** 3[illegible]0					
SUBJECTIVE SECTION					
OBJECTIVE SECTION					
ASSESSMENT SECTION					
PLAN SECTION					
10-11-10	HG	101H	Complimentary Physical Examination		
04-16-10	PT	WIA	Work In Examination		
04-16-10	DF	MRF	Medical Records Fee		

Owner's Name: Wood (Last) Josh (First) (Middle) Page 1

Pet's Name: Pancho Birth Date: 6/1/08

Species: (Canine, Feline, Other) Sex: (Male, Male Neut., Female, Fe. Sp.)

Color: Fawn Breed: Sharpei

Vaccines & Dates:

11/22/08 RVL
11/22/08 DHPP
11/22/08 Bordetella
11/22/08 HW
11/22/08 fecal

Surgical Background & Problem List:

Special Information:
Sharpei fever

Weight 35.0

Temp
Eyes
Teeth
Throat
Ears
Tic-FL

Skin
Heart
Palpa
Vac
Mam
Test

Prost
Fecal
Fil
Lungs
Nails

[illegible]

[illegible] Sharpei fever flare.

[illegible] Fil for sharpei fever flare.

[illegible]

-BAR
oral- mod/severe tarto- premolars + molars. res. dental pathology
OU- NSE, previous enthropion sx.
Au- NSE
Hrt- WNL
Abd- NSE
ambulates well, no limping

anal exam - NSE
slight response when medial metatarsal was palpated
no puncture wounds, lacerations, etc.

patient appears normal
no tx. at this time

limit activity and observe

10/11/08 annuals
HD: normal E but doesn't [illegible] often
CSVD: vomiting occasional 2 wks ago
UBM: WNL
Diet: Beneful + baby's [illegible]
Meds: none
HW/FC: none at moment
lives indoors
3 MK

Temp 103.2°F
Eyes
Teeth
Throat
Ears
Tic-FL

Skin
Heart
Palpa
Vac
Mam
Test

Weight 34.9
Prost
Fecal
Fil
Lungs
Nails

Used OTC - discussed importance of solid prevention

10/11/10 Continued...
Rx 3yr ☒ 02
DHPP ☒ 02
Ann Bord ☒ 02
CIV ☒
Fecal ☒ (IVD)
HWT ☒ (Weight)
License ☒ 11-3310

PE: mild dental tartar, severe stenotic ears HTLdx Abd dx – SL
Swollen nodes –

molacetic otic ear cleaner – use in both ears 2-3X/weekly to prevent ear infections

10/11/10 PRC to 5 @ 1100p w/results 1mom

10/11/10 Bath – CANS MC
P doing fine

Wt – 37.2

Owner's Name:

Pet's Name:

Reminder Letter Repo..t

Sorted by Client ID

Client ID	Client Name	Patient ID	Patient Name	Item ID/Description	Type	Date
Z3887	Paz, Paola			DUE DATES		
Phone:	(813) 453-3476					
		104	PANCHO	10816 Sentinel Yellow 6 month pk 26-50lb	L	4/22/2009
				12251 BORDETELLA VACCINATION	L	5/22/2009
				12244 RABIES VACCINATION/CANINE	L	11/22/2009
				12258 zDA2PPLC VACCINATION	L	11/22/2009
				12646 CANINE ANNUAL HEALTH EXAM	L	11/22/2009
				12855 INTESTINAL PARASITE CHECK T(	L	11/22/2009
				11311 BLOOD PARASITE SCREEN	L	11/22/2009

Patient History Report

Sorted by Patient ID

Patient: 104 PANCHO
Client: Z3887 Paola Paz

Species: Canine
DOB: 06/23/2007

Breed: Shar Pei, Chinese
Sex: Neutered Male

Date	Type	Staff	History
6/10/2009	B	JW	1.00 TRANSFER MEDICAL RECORDS (TRANSFE) by JW
11/22/2008	L	DNM	Microbiology results from IDEXX Reference Laboratory Requisition ID: 104 Posted Final Test Result Reference Range GIARDIA NEGATIVE OVA&PARA SEE NOTES Ascn: Q28[illegible]83 F MN CANINE In cases of acute or chronic diarrhea in addition to a fecal floatation for ova and parasites and Giardia ELISA consider testing for other protozoal, viral and bacterial infectious agents using RealPCR (canine diarrhea panel: test code 2625; feline diarrhea panel: test code [illegible]27). NO OVA OR PARASITES SEEN
11/22/2008	P	DNM	1.00 bottle of Cloofite lotion 1% (12498) Rx #: 21827 0 Of 0 Refills Apply 8 drops to the left ear TWICE daily for 14 days
11/22/2008	W		39.09 pounds
11/22/2008	P	DNM	1.00 bottle of Dermapet ear cleanser 16oz (12817) Rx #: 21826 0 Of 0 Refills Use as directed to clean ears
11/22/2008	L	DNM	SNAP Assays results from IDEXX VetLab In-clinic Laboratory Requisition ID: 3081 Posted Final Test Result Reference Range HW = Negative Lyme = Negative E. canis = Negative
11/22/2008	P	DNM	1.00 pack of Sentinel Yellow 6 month pk 26-50lb (10816) Rx #: 21820 0 Of 0 Refills GIVE 1 TABLET BY MOUTH EVERY MONTH TO PREVENT HEARTWORMS, FLEAS, AND INTESTINAL PARASITES. MUST BE GIVEN WITH A MEAL
11/22/2008	P	DNM	1.00 [None] of INTESTINAL PARASITE CHECK TO IDEXX (12855) Rx #: 21819 0 Of 0 Refills
11/22/2008	CK	DNM	ANNUAL dnm Reason for Visit: Annual Exam Date Patient Checked Out: 11/22/08
11/22/2008	B	DNM	1.00 CANINE ANNUAL HEALTH EXAM (12646) by KT
11/22/2008	B	DNM	1.00 INTESTINAL PARASITE CHECK TO IDEXX (12855) by KT
11/22/2008	B	DNM	1.00 BLOOD PARASITE SCREEN (11311) by KT
11/22/2008	B	DNM	1.00 pack of Sentinel 26-50lb Yellow (10816) by KT
11/22/2008	B	DNM	1.00 DA2PPLC VACCINATION (12258) by KT
11/22/2008	B	DNM	1.00 RABIES VACCINATION/CANINE (12244) by KT
11/22/2008	B	DNM	1.00 BORDETELLA VACCINATION (12251) by KT
11/22/2008	B	DNM	1.00 EAR SWAB CYTOLOGY (11247) by KT
11/22/2008	B	DNM	1.00 MEDICAL WASTE DISPOSAL FEE (12633) by KT
11/22/2008	B	DNM	1.00 each of Canine rabies tag/altered (11800) by KT
11/22/2008	B	DNM	1.00 bottle of Dermapet ear cleanser 16oz (12817) by KT

B-billing charges, C-medical notes, CB-call back, CK-check in, D-diagnosis, DH-declined to history, E-examination, I-departing instruction, L-lab result, M-image cases, P-prescription, PA-PVL Accepted, PB-problems, PP-PVL Performed, PR-PVL Recommended, R-referral document, T-images, TC-tentative medical note, W-weight

Patient History Report

Sorted by Patient ID

Patient: 104 PANCHO
Client: Z3887 Paola Paz

Species: Canine
DOB: 06/23/2007

Breed: Shar Pei, Chinese
Sex: Neutered Male

Date	Type	Staff	History
11/22/2008	B	DNM	1.00 bottle of Cerafite lotion 1% (12498) by KT
11/22/2008	B	DNM	1.00 each of Exam done by Dr. Nadia McLean. (10882) by KT
11/22/2008	B	DNM	1.00 each of Your Technician was Kim. (12591) by KT
5/16/2008	CK	KEN	bordetella Reason for Visit: Bath Date Patient Checked Out: 05/16/08
5/16/2008	W		39 pounds
5/16/2008	B	T	1.00 BORDETELLA VACCINATION (12251) by ME
5/16/2008	B	T	1.00 MEDICATED BATH (12467) by ME
5/16/2008	B	T	1.00 MANGE TREATMENT (12460) by ME
4/3/2008	CB	AMS	Callback - CALL BACK (14) ---- Note from Meghan F. on 4/3/2008 at 09:57:41 ----

Patient Medical History

WESLEY CHAPEL VETERINARY SERVICES

Paola Wood
30938 Wells Road
Wesley Chapel FL 33545

Acc. No: 3241
Phone: (813)447-9103 (813)453-[illegible]76

Patient: PONCHO
Species: CANINE
Breed: Shar Pei
Color: Fawn
Doctor: Andrew Kobell, DVM

DOB: 07/15/2007
Age: 2
Sex: MN
Tag:
Weight: 41.04

History Line Items: [Code, Description, Qty, Dr, Date]

OM908	Rimadyl 75mg (Chewable)	20.00	Andrew Kobell, DVM	06/12/2009
	RX Expiration: 02/01/2012 Quantity: 20.00 Dr: Andrew Kobell, DVM — Line Rx Date: 06/12/2009 Rimadyl 75mg (Chewable) Give 1/2 tablet by mouth twice a day			
PF999	Medical Record Fee	1.00	Andrew Kobell, DVM	06/12/2009
PF050	Cystocentesis	1.00	Andrew Kobell, DVM	06/12/2009
PF998	Biohazard Waste Disposal	1.00	Andrew Kobell, DVM	06/12/2009
LO113	General Senior Profile #952[illegible]	1.00	Andrew Kobell, DVM	06/12/2009
PF350	Examination-Basic	1.00	Andrew Kobell, DVM	06/12/2009
PF812	Office Visit	1.00	Andrew Kobell, DVM	06/12/2009

Breed Shar-Pei

Sex male D.O.B. 6/23/07

Color Fawn

I.D. # 17276 Date Sold 10-6-07

Price 999 Paid By mom

Comments: Fawn

Sire's Name Justin's Sharper Image

Sire's # 1A-ABA-0249785-001

Dam's Name Sophie Kruse

Dam's # 1A-ABA-0501037-008

Litter # 1A-ABA-0847675-00

Breeder Steve Kruse
W. Point IA

☑ ACA ☐ APR ☐ UKC ☐ CKC ☐ OTHER _____ ☐ NO PAPERS

☑ APPLICATION TO FOLLOW IN APPROXIMATELY 90 DAYS DATE MAILED _____

It is YOUR responsibility to contact customer service if the application is not received by 1-6-08
and to forward the application with any applicable fees to the designated kennel club.

14 DAY HEALTH WARRANTY

Your new pet is warranted against contagious infectious disease for 14 days from the date of purchase. Should your pet become ill during this time, please contact one of the veterinarians within our network for the treatment of covered illnesses free of charge. **IT IS YOUR RESPONSIBILITY TO CONTACT CUSTOMER SERVICE IMMEDIATELY TO DISCUSS YOUR OPTIONS PRIOR TO TREATMENT. All About Puppies does not cover other puppies in your household. Please isolate the new puppy for 14 days.**

1 YEAR EXTENDED WARRANTY

Your new pet is warranted for 1 year against hereditary and congenital defects that severely affect his or her ability to perform as a companion pet. **ONCE DIAGNOSED, IT IS YOUR RESPONSIBILTY TO CONTACT CUSTOMER SERVICE IMMEDIATELY TO DISCUSS YOUR OPTIONS PRIOR TO TREATMENT. REGISTRATION DOCUMENTS MUST BE RETURNED PRIOR TO ANY SETTLEMENT.**

GENERAL TERMS AND CONDITIONS

Our pets are sold as pet quality only and are not warranted for the purpose of showing, breeding or to meet all breed standards. There is no warranty for the owner's acceptance to include allergies, landlord disputes, animal's size, temperament, training or behavior problems or compatibility with owner, owner's family or other pets. **PETS MAY NOT BE RETURNED FOR ANY OF THESE REASONS.** All additional wormings and vaccines are the owner's responsibilty after purchase. There is no refund or exchange for hereditary or congenital conditions disclosed at the time of purchase. **VALID RETURNS OR EXCHANGES MUST BE MADE WITHIN 2 DAYS OF A VETERINARIAN'S DETERMINATION OF UNFITNESS.**

IMPORTANT

To validate this warranty your new pet must be examined by one of the veterinarians within our network, at no cost to you, or a veterinarian of your choice, at your expense, on or before 10-11-2007

TOTAL LIABILITY UNDER THIS WARRANTY IS LIMITED TO THE PURCHASE PRICE.

I understand that this written warranty is the entire agreement between myself and All About Puppies and supersedes any oral statements made prior to purchase. I understand that this warranty is non-transferable. **ALL PET SALES ARE FINAL.** Any pet accepted for return for reasons, other than those covered in this warranty, will be assessed a minimum $200.00 re-kennel fee and placed on consignment. This option is limited to 72 hours after purchase. **I HAVE READ AND COMPLETELY UNDERSTAND THE TERMS OF THIS WARRANTY, ALL OF WHICH I ACCEPT.**

New Owner PAOLA PAZ

Address 1334 Standridge Drive

City, State, ZIP Wesley Chapel, FL 33543

Home Phone 453-3476 Work Phone 983-4431

Signature Paola Paz

All About Puppies
13705 North Dale Mabry
Tampa, Florida 33618-2417
(813) 968-2670

Customer Service Mon-Fri 9-5
Emergency Service 24/7 - Leave Message
(727) 595-1474
FAX (727) 595-2375

Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Bureau of Animal Disease Control

212829

EXPIRES 30 DAYS FROM DATE OF ISSUANCE

CHARLES H. BRONSON
COMMISSIONER

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION FOR SALE OF A DOG OR CAT

Pursuant to Chapter 828.29, Florida Statutes

Note: All documents and attachments submitted with this request are subject to public review pursuant to Chapter 119, F.S.

[illegible] must be accompanied by a current Official Certificate of Veterinary Inspection [illegible] The Seller and Purchaser [illegible] that all of the information indicated herein is [illegible]

SELLER	PURCHASER
Name: [illegible] PUPPIES	Name:
Address: 13705 NORTH DALE MABRY	Address:
City: TAMPA, FLORIDA [illegible]3618	City: State: Zip Code:
Signature:	Signature: Purchase Date:

ANIMAL IDENTIFICATION

Species:	Age/Birth Date:	Sex:	Breed:	Color:	Tattoo or Microchip:
Dog	[illegible]	[illegible]	[illegible]	Fawn	[illegible]

VETERINARIAN'S COMMENTS: Stenotic nares / entropion #17276 9 lbs

IMMUNIZATION / ANTHELMINTIC RECORDS

VACCINE	MANUF	TYPE	LOT #	EXP. DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP. DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	[illegible]	[illegible]	[illegible]	6/[illegible]	8/29		Panleukopenia						
Hepatitis	/	/	/	/	/		Feline viral rhinotracheitis						
Parainfluenza							Calici virus						
Leptospirosis							Rabies						
Canine parvo	/	/	/		/		Feline Leukemia						
Rabies							Other:						
Bordetella	[illegible]	[illegible]	536329	5/[illegible]	/		Roundworm Tx:						
Other:							Hookworm Tx:						
Other:							Other:						

DIAGNOSTIC	TEST TYPE	MANUFACTURER	TEST DATE AND RESULTS
Canine heartworm			
Feline leukemia			
Fecal	Direct	Panalum	8/29/07 - Neg
Other:			

ISSUING VETERINARIAN'S CERTIFICATION: I hereby certify that the described animal was examined by me on the date shown; that the vaccines, anthelmintics, and diagnostic tests indicated herein, were administered by me, or under my direction; said animal exhibits no signs of contagious or infectious diseases, and shows no evidence of internal or external parasites, excluding fleas and ticks; and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies.

SIGNATURE: [illegible] EXAM DATE: 8/30/07

Typed/Printed Name: VILLAGE ANIMAL HOSPITAL FL Lic.#: 2552

Address (Street & No.): 13221 N. DALE MABRY City: State: Zip Code:

Name of Hosp/Clinic: TAMPA, FL [illegible]3618 Telephone:

(813) [illegible]

NOT FOR DUPLICATION

Questions: State Veterinarian's Office: Division of Animal Industry, 407 S. Calhoun St., Rm. 315, Tallahassee, FL 32399-0800 850/410-0900 www.doacs.state.fl.us/ai/

Distribution: White Copy: Purchaser Green Copy: Seller; Canary Copy: DVM

ALL ABOUT PUPPIES
Record of Health Care

Breed Shar-Pei Sex m D.O.B. 6/23/07 Color Fawn ID# 17276
Breeder Steve Kruse City+State W. Point, IA
Date Received 8/29/07 Kennel Breeder ID# SK07-401
micro# 101-124-838

Vaccinations & Wormings Prior to Arrival

Date	Type	Lot #
8/17/07	Neopar	7074
8/24/07	DA2PP	16005049
8/28/07	Strongid T	23110021

SURGICAL REPAIRS NOTED:

Vaccinations & Wormings After Arrival

Date		Lot #
8/29/07		
~~9/10/07~~ 9/17	Weight	101lbs.
101	wt	121bs.

FOR ALL ABOUT PUPPIES USE ONLY:

H.C. Expires: ~~9/30/07~~ 11-4-07

Next Vaccine: ~~9/10/07~~ ~~9/24~~ 9/10 10/1 101lS

Rabies Due: 10/23/07

I.D.# 17276

ANTECH DIAGNOSTICS
3350 Bu wood Park Drive Tampa FL 33618 Phone: 800-872-1001

Wesley Chapel Animal Clinic
3736 Turman Loop
Wesley Chapel, FL 335
Tel: 813-973-3951
Fax: 813-973-4880

Client # 8384
Chart #

pc ✓ Reported Results to O advised ↑ water intake

Accession No.	Doctor	Owner	Pet Name	Received
TPAA09137931	KOB	WOOD	PONCHO	06/12/2009

Species	Breed	Sex	Pet Age	Reported
Canine	SHA	CM	2Y	06/13/2009 04:53 AM

Test Requested	Results		Reference Range	Units
SUPERCHEM				
Total Protein	6.5		5.0-7.4	g/dL
Albumin	3.3		2.7-4.4	g/DL
Globulin	3.2		1.6-3.6	g/dL
Albumin/Globulin Ratio	1.0		0.8-2.0	RATIO
AST (SGOT)	24		15-66	U/L
ALT (SGPT)	31		12-118	U/L
Alkaline Phosphatase	35		5-131	U/L
GGTP	<5		1-12	U/L
Total Bilirubin	0.2		0.1-0.3	mg/dL
Urea Nitrogen	17		6-25	mg/dL
Creatinine	1.1		0.5-1.6	mg/dL
BUN/Creatinine Ratio	15		4-27	RATIO
Phosphorus	3.7		2.5-6.0	mg/dL
Glucose	99		70-138	mg/dL
Calcium	10.3		8.9-11.4	mg/dL
Corrected Calcium	10.5			
Magnesium	1.5		1.5-2.5	mEq/L
Sodium	149		139-154	mEq/L
Potassium	4.7		3.6-5.5	mEq/L
Na/K Ratio	32			
Chloride	112		102-120	mEq/L
Cholesterol	299		92-324	mg/dL
Triglycerides	73		29-291	mg/dL
Amylase	490		290-1125	U/L
Lipase	307		77-695	U/L
CPK	96		59-895	U/L
COMPLETE BLOOD COUNT				
Hemoglobin	15.9		12.1-20.3	g/dL
Hematocrit	46.4		36-60	%
WBC	9.8		4.0-15.5	$10^3/\mu L$
RBC	7.40		4.8-9.3	$10^6/\mu L$
MCV	63		58-79	fl
MCH	21.5		19-28	pg
MCHC	34.3		30-38	g/dl
Platelet Count	281		170-400	$10^3/\mu L$
Platelet Estimate	Adequate		Adequate	
Differential	**Absolute**	**%**		
Neutrophils	5782	59	2060-10600	
Bands	0	0	0-300	

FINAL

06/13/2009 04:53 AM

41:38 AM 9700

No.	Doctor	Owner	Pet Name
137981	KOBELL	WOOD	PONCHO

Requested	Results		Reference Range	Units
Lymphocytes	2842	29	690–4500	
Monocytes	196	2	0–640	
Eosinophils	980	10	0–1200	
Basophils	0	0	0–150	
T4				
T4	1.1		1.0–4.0	µg/dL
URINALYSIS				
pH	6.5		5.5–7.0	
Specific Gravity	1.052 (HIGH)		1.015–1.050	
Appearance	Cloudy		*Clear	
Color	Orange			
Protein	Neg		Neg	
Glucose	Neg		Neg	
Ketone	Trace		Neg	
Bilirubin	2+ (HIGH)		Neg To 1+	
VERIFIED BY ICTOTEST				
Blood	Neg		Neg	
WBC	0–3		0–3	HPF
RBC	0–3		0–3	HPF
Bacteria	None		None	HPF
Epithelia	None		None–Few	HPF
Renal Epithelia Cells	None		None–Rare	HPF
Transitional Epithelia Cells	None		None–Rare	HPF
Triple Phosphate Crystals	None			HPF
Amorphous Phosphates	None			HPF
Calcium Phosphate Crystals	None			HPF
Calcium Carbonate Crystals	None			HPF
Ammonium Biurate Crystals	None			HPF
Amorphous Urate	None			HPF
Calcium Oxalate Crystals	None			HPF
Uric Acid Crystals	None			HPF
Mucous	None		None–2+	STRANDS/HPF
Hyaline Casts	None Seen		0–3	LPF
Granular Casts	None Seen			LPF
RBC Casts	None Seen			LPF
Waxy Casts	None Seen			LPF
WBC Casts	None Seen			LPF
Budding Yeast	None		None	HPF
Oval Fat Body	None		None	HPF

Dog Surrender Form

Surrender Profile - DOG

Dog's name: Pancho ☐Male ☐Female

Approximate age or exact birth date if known: 3yrs

Is your dog spayed/neutered? ☐Yes ☐No

Breed: Shar Pei Approximate weight: 34lbs

How long have you had this dog? 3yrs

Where did you get her/him?
All About Puppies

Please tell us why you need to give up your dog
Allergies to pet hair and change in professional life

Is your dog licensed? ☐Yes ☐No
If yes, please provide license number and issuing city: _____

Has a complaint ever been filed with animal services regarding this dog?
☐Yes* ☐No *If yes, please provide details:

Does your dog have any medical/health issues? ☐Yes* ☐No
*If yes, please provide details: fever Shar pei

Is this dog current on vaccinations? ☐Yes ☐No
Please provide the name and phone number of your veterinarian:
813-973-3010

Has your dog nipped, mouthed, bruised or scratched with its teeth?
Yes* No *If yes, please provide details:

Where does your dog stay when you leave her/him alone at home?
At home with crate

Do you use, or have you ever used, a dog crate for this dog? Yes No
Did not work

Does your dog chew when left alone? Yes* No

Does your dog have experience with children and/or cats? Yes* No
*If yes, please provide ages and your dogs behavior with the children.
my 2 yr old son

PLEASE SIGN: *I certify that all statements above are true and correct.*

Signature

4944 Point O Woods Address

Wesley Chapel, FL 33543 City/State/Zip

813-447-9103 Phone

02-05-1

Signature Date

Thank you for completing the surrender profile. This certifies you are voluntarily surrendering your Shar Pei to Florida Shar-Pei Rescue and have no recourse in where she/he is fostered or adopted to. Florida Shar-Pei Rescue survives through donations made to our Rescue, and we would appreciate a donation to accept your surrender.