# Dog Surrender Form

## Surrender Profile - DOG

Dog's name: Rocky (Male) Female

Approximate age or exact birth date if known: 5 yrs. Dec. 25, 2006

Is your dog spayed/neutered? Yes (No)

Breed: Shar-Pei Approximate weight: 43.2

How long have you had this dog? 5 yrs. since puppy.

Where did you get her/him? Breeder

Please tell us why you need to give up your dog : Lost my Home

Is your dog licensed? Yes No N/A
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 Heart worms.
*If yes, please provide details:

Is this dog current on vaccinations? (Yes) No
Please provide the name and phone number of your veterinarian:

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? in Patio

Do you use, or have you ever used, a dog crate for this dog? ○Yes (No)

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.
used to live Peacefully

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

Elizabeth Dyer — Signature
319 Sand Pine Trl. — Address
Winter Haven FL 33880 — City/State/Zip
863 interl - 2488 — Phone
4/14/12. — 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.**

# RECEIPT

**SPCA**
5650 Brannen Road South
Lakeland, FL 33813
863-646-7722

"Our Goal Is To Make Your Pet Happy"

**FOR:** Elizabeth Guzman
319 Sand Pine Trail
Winter Haven, FL 33880
(863) 661-2498

**Printed:** 04-13-12 at 6:48p
**Date:** 04-13-12
**Account:** 57785
**Invoice:** 292726

| Date | For | Qty | Description | Price | Discount | Net Price |
|---|---|---|---|---|---|---|
| EXAMS/CONSULTS | | | | | | |
| 04-13-12 | | 1 | Exam/Consultation | 28.00 | 5.19 | 22.81 |
| LABORATORY, IN-HOUSE | | | | | | |
| 04-13-12 | | 1 | DECLINED: Microfilaria - Direct Ex | | | 0.00 |
| 04-13-12 | | 1 | Skin Scraping | | | 14.00 |
| | CMB: 04-13-12 at 6:41p: Negative for mites. | | | | | |
| 04-13-12 | | 1 | Heartworm Antigen Test (Abaxis) | 24.50 | 4.54 | 19.96 |
| | CMB: 04-13-12 at 6:18p: Positive | | | | | |
| LABORATORY, REFERRED | | | | | | |
| 04-13-12 | | 1 | OVA PARASITE* - Fecal Test | 18.00 | 3.33 | 14.67 |
| TECHNICIANS | | | | | | |
| 04-13-12 | | 1 | Callie was your technician today | | | 0.00 |
| VACCINATIONS - RABIES | | | | | | |
| 04-13-12 | | 1 | 1yr Rabies | 14.00 | 2.59 | 11.41 |
| VACCINATIONS | | | | | | |
| 04-13-12 | | 1 | DHLPP | 20.00 | 3.70 | 16.30 |
| 04-13-12 | | 1 | Bordatella | 17.00 | 3.15 | 13.85 |
| | Total of services for ROCKIE | | | | | 113.00 |
| 04-13-12 | | | Visa payment | | | -113.00 |

Merchant ID: 117859524, Approval code: 034660, Transaction ID: 676381912
Ref #: 7006, Acct #: **********7013, Exp: XX/XX, Entry: SWIPED, Card: VISA
I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

X _____

| Old balance | Charges | Payments | New balance |
|---|---|---|---|
| 0.00 | 113.00 | 113.00 | 0.00 |

| Reminders for: **Rockie** (Weight: 43.2 lbs - 5y) | | Last done |
|---|---|---|
| 04/13 | DHLPP | 04-13-12 |
| 04/13 | 3 year rabies vaccination | |
| 04/13 | Heartworm Test (Abaxis) | 04-13-12 |
| 04/13 | Bordatella | 04-13-12 |

## *Doctor's Instructions*

**Callie was your technician today**

I thank you for allowing us to take care of Rockie today. If you have any questions about today's procedures, please do not hesitate to give us a call at (863) 646-7722 and ask for me personally.

**Rockie's weight history** (in lbs)

| | |
|---|---|
| 04-13-12 | 43.20 |

Dental Disease is a Silent Killer!!!!!!!!

Has Rockie had their teeth cleaned this year?

Ask a staff member to make a dental exam for Rockie.

# CERTIFICATE OF VACCINATION

**Date of Rabies Vaccination:** 04-13-12
**Next Rabies Vaccination On:** 04-13-13

**Previous Rabies Vaccination:**

**VETERINARY CLINIC**
S P C A
5850 Brannen Road South
Lakeland, FL 33813
863-646-7722

**OWNER OF ANIMAL**
Elizabeth Guzman
319 Sand Pine Trail
Winter Haven, FL 33880
County: Polk
Phone Number: 661-2498

This is to certify...

**THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.**

**Patient Information...**
**PATIENT:** Rockie
**SPECIES:** Canine
**BREED:** Chinese Shar Pei
**SEX:** M
**Color and markings... Red & Tan**

**Client Number:** 57785
**WEIGHT:** 43.20
**AGE:** 5 years

Signed Courtney Carroll DVM

Courtney Carroll, DVM

**License:** VM8951

**Vaccinations done...**

| | | | |
|---|---|---|---|
| 04-13-12 | CC | Bordatella | 04-13-13 |
| 04-13-12 | CC | 1yr Rabies, #3-17452 | |
| 04-13-12 | CC | DHLPP | 04-13-13 |

**Rabies Vaccine Information...**
**MFG BY:** PFI
**SER.NO:** S174159
**LOT EXP:** 04/30/13
**ADM:** RR

**Where to Send this Certificate of Vaccination:**
*POLK COUNTY SHERIFF'S OFFICE*
*ANIMAL CONTROL SECTION*
Attn: Tag Office
7115 De Castro Road
Winter Haven, Florida 33880

**Price List for Valid Polk county Licenses (Tags):**

| Type | 1 Year | 3 Year |
|---|---|---|
| Altered Cats and Dogs | $10.00 | $15.00 |
| Unaltered Cats and Dogs | $25.00 | $60.00 |

R.