possum pup

ADAM H. PUTNAM
COMMISSIONER

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

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

EXPIRES 30 DAYS FROM DATE OF ISSUANCE

Pursuant to Section 828.29, F.S., Rule 5C-27 and Rule 5C-28, F.A.C.

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER			PURCHASER		
Name: Michele Curry			Name:	Purchase Date:	
Address: P.O. Box 2181 / 200 Havana S.			Address:		
City: Venice	State: Fl.	Zip Code: 34284	City:	State:	Zip Code:

ANIMAL IDENTIFICATION					Optional
Species: ☒ Dog ☐ Cat	Age or Birth Date: 8 wks	Sex: ☐ Male ☐ Female	Breed(s): Shar-pei	Color(s): Fawn	Tattoo:
					Microchip:

HEALTH RECORD INFORMATION

IMMUNIZATIONS

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					6/22/13		Bordetella						
Hepatitis							Rabies						
Parainfluenza							Panleukopenia						
~~Leptospirosis~~							Feline Viral Rhinotracheitis						
Canine Parvo							Calicivirus						

DIAGNOST		MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartwo...			
Feline Leukemia			
Fecal Test	Float	Sodium Nitrate	6/19/13 - neg
Other Test			

ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum	Panacur		within last month
Other Anthelmintic			

OTHER INFORMATION/COMMENTS: Shar-pei type lab

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 is found to be healthy in that to the best of my knowledge it exhibits no sign of contagious or infectious diseases and has no evidence of internal or external parasites, including coccidiosis and ear mites, but 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: [signature] **Exam Date:** 6/22/13

Printed Name: MYAKKA RIVER ANIMAL CLINIC DAWN E. SPAKOWSKI D.V.M. **FL Lic. No. :** 5454

Address: 3146 EAST VENICE AVE **City:** VENICE, FL 34292 **State:** **Zip Code:**

Hospital/Clinic: (941)488-1455 (FAX)485-4298 **Telephone:**

WWW.MYAKKARIVERANIMALCLINIC

Questions: State Veterinarian's Office: Division of Animal Industry, 407 S. Calhoun Street, Tallahassee, FL 32399-0800 Phone: 850-410-0900 Web: www.FreshFromFlorida.com/ai

Distribution: Original – Purchaser, One Copy – Seller, One Copy – Examining Veterinarian

Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.

FDACS-09085 Rev. 07/08

12 wks.

7/29/13

16 wks.

9/1/13

HW + Flea

Sentinel given on 9/2/13

Dog Surrender Form

Surrender Profile - DOG

2

Dog's name: _____ Male Female

Approximate age or exact birth date if known: 4/30/13

Is your dog spayed/neutered? Yes No

Breed: Chinese Shar-pei Approximate weight: 35-

How long have you had this dog? since 4/30/13

Where did you get her/him? from possum + taylor

Please tell us why you need to give up your dog
cant find homes

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:

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?

crate

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.

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

Michele Curry
Signature

P.O. Box 2181
Address

Venice, Fl. 34284
City/State/Zip

941-486-8619
Phone

9-16-13
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.

INVOICE

Englewood Animal Hospital
340 N. Indiana Ave.
Englewood, FL 34223
(941) 474-1295

Lisa

www.cheappetdrugs.com

FOR: Paula Cullison
870 Van Gogh Rd
Englewood, FL 34223

Printed: 09-17-13 at 6:07p
Date: 09-17-13
Account: 20820
Invoice: 457700

Date	For	Qty	Description	Net Price
09-17-13			Visa payment on (Barb's card)	-66.50
09-17-13	Lena		Biohazard Recycle Fee	3.50
09-17-13			Exam/Consult No charge	0.00

Everyday, we provide free exams as a way to give back to the community so that as many animals as possible can have quality care. Please consider giving a donation to the EAH Charitable Foundation so that we can continue to provide low cost care to those pet owners with financial constraints. You can make a tax deductible contribution on our website at www.cheappetdrugs.com under the charitable foundation tab. Thank you in advance.

09-17-13		Cremation 25-50lbs.	47.00
09-17-13		Euthanasia	16.00

Old balance	Charges	Payments	New balance
0.00	66.50	66.50	0.00

Patient	Total charges
Lena	66.50

WWW.CHEAPPETDRUGS.COM

Thank you for choosing Englewood Animal Hospital. If you have any comments, concerns, compliments or complaints, please contact the owner, Dr. Chris Gladieux, o his cell phone at 941-270-9953 or via email at glado1998@gmail.com.

Have you seen our new website? It is www.cheappetdrugs.com and you can order you heartworm, flea, and pain drugs online without having to come to the clinic. We now save you money and time!

ENGLEWOOD ANIMAL HOSPI
340 N INDIANA AVENUE
ENGLEWOOD, FL 34223

09/17/2013 18:07:25
Merchant ID: 000000002435425
Terminal ID: 03622074
367295529880

CREDIT CARD
VISA SALE

CARD # XXXXXXXXXXX7816
INVOICE 0066
Batch #: 000565
Approval Code: 849147
Entry Method: Manual
Mode: Online
Tax Amount: $0.00
Avs Code: NYZ

SALE AMOUNT $66.50

Donate to the EAHF_____.

CUSTOMER COPY

Florida Shar-Pei Rescue
Foster Agreement

This foster agreement is made this day, Sept. 16, 2013, between John + Wendi Hedges hereinafter known as the FOSTERER, and Florida Shar-Pei Rescue, hereinafter known as RESCUE, for the foster care of Rescue Dog described below:

Name Yanzi Sex: (M) F Age 4½ mos. DOB: 4-30-13

Breed Shar-Pei

Color Fawn Coat Type horse coat

Other identifying marks area of hair loss on (R) shoulder

TERMS of FOSTER

RESCUE requires that the aforementioned rescue dog be provided human attention, food, water, and applicable medications. Food must be a premium brand recommended b RESCUE.

FOSTERER agrees to keep the dog as a household companion. To ensure the dog's safety when left outside unattended, the dog will be in a secure area with adequate shelter and water provided. The dog must never be allowed to run loose except in a secured area.

FOSTERER is required to contact RESCUE immediately should the rescue dog present with poor health or injury requiring veterinary attention. RESCUE assumes responsibility for costs, unless said costs are a direct result of negligence or mistreatment on behalf of the FOSTERER.

RESCUE requests that FOSTERER provide monthly flea/tick and heartworm preventatives. RESCUE will provide information for discounted purchasing and, under certain circumstances such as multi-dog foster environments, provide these products. FOSTERER is responsible for assuring the dog receives these necessary monthly treatments.

FOSTERER will liaise with a RESCUE representative to assure the dog remains current with vaccinations and is transported to veterinary appointments. Attempts will be made to ensure scheduled appointments (e.g. with specialists, for spay/neuter, or for other treatments) are made at agreed-upon convenience of both FOSTERER and RESCUE.

If, at any time, the FOSTERER cannot, for any reason, properly care for the dog, RESCUE must be notified immediately and will take the dog to place it. The FOSTERER is NOT to find the dog a new foster arrangement or home. All potential foster situations and adoptions must be approved through RESCUE.

FOSTERER agrees to follow and obey all animal control laws and regulations in the area where the dog will live. The FOSTERER also agrees to provide the dog with some sort of identification, i.e. ID tag, or to apply identification provided by RESCUE, such that a lost dog can be returned.

FOSTERER agrees that this dog will not be used for any illegal acts such as dog fighting including but not limited to actual fighting, training to fight, or the promotion of dog fighting.

If RESCUE finds that the dog not being cared for in a humane manner, the dog will be returned to RESCUE, and the FOSTERER will be dealt with in accordance to local anti-cruelty laws.

The FOSTERER agrees that said dog is a rescue and will not hold RESCUE liable in any way for actions or deeds done by said animal during foster care, including but not limited to bites or property damage. RESCUE attempts to do temperament and health screenings on all dogs coming into the program, but it is not always possible to foresee all potential problems. A RESCUE representative will be available at all times to provide advice or help with the dog in matters of behavior and health.

Both the RESCUE and FOSTERER have read and agree to all terms of this contract and consider it to be a binding agreement between as witnessed by their respective signatures.

Florida Shar-Pei Rescue Representative: Paula Cullison

Date: 9-16-13

FOSTERER Signature: Wondi Hedges

Address: 865 Van Gogh Rd. Englewood, FL 34223

Phone #s: Primary Wondi 985-249-1841 Alternate John's cell 985-246-9475

Witnessed by: Paula Cullison

Foster Dog Veterinarian Checklist

Date: 9/16/13

Dog Name: Yanzi (DoB: 4/30/13)

Vet Name/Location: Myakka River Animal Clinic

Current Foster: Wendi + John Hedges

Completed By: Paula Cullison

Owner/Breeder: Vet Tech Michele Curry

Remember that every dog is different so these are just basic guidelines we have found useful.

✓ 1. Check incision sites for any signs of infection: slight redness at neutering suture line

____ 2. Pre-anesthetic blood work: _____
(Kidney liver function test. Not required on all dogs.)

____ 3. Entropion Surgery: _____

✓ 4. Neuter / Spay: done 9/13/13

✓ 5. Lumps, bumps, wounds: area of hair loss noted on (R) shoulder - owner thought it was from a previous bite

____ 6. Inoculations: Duramune Max 5 given 6/22/13 (6 wks); 7/29/13 (12 wks); 9/1/13 (16 wks)
(We need Rabies and DHPP. We do not need Bordetella or Corona.)

____ 7. Heartworm treatment / Test: Sentinel (HW + flea) given 9/2/13

____ 8. Micro-chip: _____

____ 9. Nails cut short: _____

____ 10. Ears checked and cleaned: _____

X 11. Other (Please Specify): Panacur (antihelmintic) given within last month (Aug → Sept)

The original of this checklist should be included in dog's adoption packet and a copy faxed, or scanned and emailed to FSPR.

Email to: info@floridasharpeirescue.com Or Fax to: 928-447-4727