

**Transfer Out Contract - Nov 5 2010**

Tel.: 817-459-5898 | Fax:817-459-5698



**Lorri Schoeni**  
409 Connally  
Arlington, Texas 76010 USA

**Arlington Animal Services**  
1000 South East Green Oaks Boulevard  
Arlington, Texas 76018 USA  
animalservices@arlingtontx.gov  
http://www.arlingtontx.gov/animals/index.html  
**Person ID: P09637378 Agency: Red Collar Rescue, Inc.**  
Tel:817-821-1593

**Animal Information**

<b>Name:</b>	<b>Animal ID:</b> A11735801	<b>Color:</b> Golden/White	<b>Color Pattern:</b> Solid
<b>ARN: Type:</b> Dog	<b>Breed:</b> Retriever, Golden/Mix	<b>Sex:</b> Male	<b>Age Group:</b> Adult
<b>Approx DOB:</b>	<b>Age:</b>	No	<b>Currently S/N?:</b> No
<b>Name:</b>	<b>Animal ID:</b> A11735813	<b>Color:</b> Golden/White	<b>Color Pattern:</b> Solid
<b>ARN: Type:</b> Dog	<b>Breed:</b> Retriever, Golden/Mix	<b>Sex:</b> Female	<b>Age Group:</b> Adult
<b>Approx DOB:</b>	<b>Age:</b>	No	<b>Currently S/N?:</b> No
	<b>Size:</b> Medium		

**ARLINGTON ANIMAL SERVICES DIVISION  
ANIMAL RESCUE/PLACEMENT ORGANIZATION  
ADOPTION AND STERILIZATION AGREEMENT**

**1. Rabies Vaccination: (Cross out paragraph that does not apply. Initial the applicable paragraph)**

\_\_\_\_\_ The adopting person (Animal Rescue/Placement Representative) agrees to have the adopted animal vaccinated against rabies no later than 11-12, 2010. The adopting person (Animal Rescue/Placement Representative) further agrees to present proof of such to the Animal Services Center within ten (10) days of the date of adoption.

\_\_\_\_\_ The adopting person (Animal Rescue/Placement Representative) agrees to have the adopted infant animal vaccinated against rabies no later than 11-12, 2010. The adopting person (Animal Rescue/Placement Representative) further agrees to present proof of the vaccination to the Animal Services Center.

**2. Failure to Vaccinate:**

The adopting person agrees that if he/she fails to present proof of rabies vaccination to Animal services within the time limits set out in paragraph 4, then Animal Services may reclaim the adopted animal., there will be no refund of the adoption fee and the ownership of the adopted animal will revert back to the City of Arlington.

**3. Sterilization Date:**

The sterilization date for the adopted animal is herein determined to be 12-5, 2010. The adopting person (Animal Rescue/Placement Representative) agrees to have the animal sterilized on or before the sterilization date. (If said date falls on a Sunday or legal holiday, the sterilization date will be extended to the first day that is not a Sunday or legal holiday).

**4. Proof of Sterilization:**

The adopting person (Animal Rescue/Placement Representative) agrees to deliver to the Animal Services Center no later than the seventh (7<sup>th</sup>) day after the day the adopted animal is sterilized, a letter signed by the veterinarian who performed the sterilization surgery. The letter shall state that the animal has been sterilized, the date of sterilization and shall briefly describe the animal.

**5. Failure to Sterilize:**

The adopting person (Animal Rescue/Placement Representative) understands that the Animal Services

Manager is authorized to prosecute the adopting person (Animal Rescue/Placement Representative) if he/she fails to have the animal sterilized by the sterilization date (unless extended). The adopting person (Animal Rescue/Placement Representative) understands that by law he/she is presumed not to have had the animal sterilized if he/she fails to deliver a letter required by paragraphs 14 or 15 of this agreement. The adopting person may rebut this presumption at trial by presenting to the court proof of the animal's loss, theft, death or sterilization within the sterilization date.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 2010

Adopting person \_\_\_\_\_  
(Animal Rescue/Placement Representative)

By (Arlington Animal Services Center) \_\_\_\_\_.

In accordance with Section 3.05 D. 3. Of the Animals Chapter of the City of Arlington, your new pet, who is at least six (6) weeks of age has been vaccinated today for the following:

- |                 |         |                         |                 |                       |
|-----------------|---------|-------------------------|-----------------|-----------------------|
| <b>Canines:</b> | (DA2PP) | Distemper (MLV)         | <b>Felines:</b> | Panleukopenia (MLV)   |
|                 |         | Adenovirus Type 2 (MLV) |                 | Calicivirus (MLV)     |
|                 |         | Hepatitis (MLV)         |                 | Rhinotracheitis (MLV) |
|                 |         | Parainfluenza (MLV)     |                 |                       |
|                 |         | Parvovirus (MLV)        |                 |                       |
|                 |         | Bordatella (Intranasal) |                 |                       |

**If your new pet is less than six weeks of age, please return with your pet on \_\_\_\_\_ in order for your new pet to receive his/her vaccinations. In order to have your pet vaccinated, you will need to display this contract to the technician.**

***(To be completed by Animal Services Staff)***

Vaccinated on: \_\_\_\_\_, 2010      Employee ID No.: \_\_\_\_\_

Microchip Identification No.:

Medical History Report

Animal



Printed:11/05/2010 05:45PM

Animal Details

A11735801

Dog  
Male  
Adult

Retriever, Golden/Mix, Golden/White/Solid, Medium, 36.00 pound  
Currently Altered: No  
Medium Wiry Coat, Brown Eyes, Droopy Ears, Long Tail, Declawed:None  
Dist.Marks: neg scan, Collars: None, Bitten: No Bite History

Animal Point In Time

Date Source	Size BCS	Animal Condition Asilomar	Medical Status Age Group	Temp. Status Weight	Bitten Danger	S/N Pulse	Temp Resp.
11/05/2010 05:44PM Transfer Out	Medium	Healthy Treatable-Rehabilitatable	Adult		No Bite History N	N	
11/03/2010 06:53PM PreEuthanasia	Medium	Healthy Treatable-Rehabilitatable	Adult		No Bite History N	N	
10/22/2010 07:42PM EXAM	Medium	Healthy Healthy	Adult		No Bite History N	N	
10/22/2010 07:39PM Stray	Medium	Healthy Healthy	Adult	36.00 pound	No Bite History N	N	

Exam

ExamID: E10024452

Exam Date: 10/22/2010 7:42:00 PM

Exam Type: Vaccine Only

Performed By: John Armstrong

Entered By: armstrongj

Weight:

BCS:

Medical Status:

Temperament Condition:

Body Temperature:

Pulse:

Respiration:

Vaccine

Vaccine	Manufacture	Lot Number	Expiration /Re-Vac Dates	Pet ID Number /Type	Route /Body Part
Bordetella Intra Nasal, Canine	Schering-Plough		10/22/2011 07:42PM		
DA2PP	Schering-Plough		11/05/2010 07:42PM		

Medication

Medication	Dose	Frequency	Duration	Review Date	Route	Lot # /Body Part
Pyrantel Pamoate	4.00 cc	0	0 Days			