

Rescue - May 10 2016

Tel.: 910-895-0335



The Richmond County Animal Shelter
529 West Hwy 74
Rockingham, North Carolina 28379 USA
hsrc@carolina.rr.com
www.Humanesocietyofrichmondcounty.org

Judy Sims

2010 Wilshire Court
Concord, North Carolina 28025 USA

Person ID: P23984979 Agency:
Humane Society of Concord &
Greater Cabarrus Co.
Tel:704-763-8550

Animal Information

Animal ID: A31524658	Name: Raggs	Types: Dog	Gender: Male
ARN:	DOB: 5/6/2011	Breeds: Shih Tzu/Mix	Altered: Yes
Chip #:	Current Age: 5 y 0 m 4 d	Colors: White	Size: Small
Type:	Age Group: Adult	Pattern:	Weight:

I have received the animal(s) listed above from the Richmond County Animal Shelter.
I and or the rescue group I am with, take on full responsibility of the animal(s).

Transporter:

Hanna M.

Employee:

C. Charles

①



The Richmond County Animal Shelter
 529 W Hwy 74
 ROCKINGHAM, NC 28379
 910-895-0335

Raggs

Animal #: A31524658

ARN:

Chip #:



Adopt and Protect this pet with the 24PetWatch Gift of Pet Insurance. Visit us at www.24PetWatch.com or call 1.877.291.1524.

Make sure they can always find their way home with 24PetWatch lost pet recovery services. For more information visit www.24PetWatch.com or call 1.866.597.2424.

Animal Description:

Stage: Waiting for Pick Up

Review Date:

Location: Quarantine/Treatment -
 Quarantine/Treatment

Intake Type: Stray / Public Drop Off

Intake Date: 05/06/2016
 01:38PM

Breeds: Shih Tzu/Mix

Age: 5 y 0 m 4 d

Sex: Male/Neutered

Colors: White

Marks:

Weight:

Petango/Adoption Description:

Pet ID's

Pet ID Number	ID Type	Issue Date	Expiry Date	Issuer	Issuer Phone Number
Y-238296	Rabies Tag	5/10/2016	5/10/2017		910-895-0335

Medical Summary

Medical Record #	Type	Subtype	Medical Status	Temperament Status	Exam/ Surgery Date	Review Date
M34313963	Exam	Intake Exam			05/10/2016 10:22 AM	

Vaccinations	Type	Vaccination Date	Re-Vacc Date	Pet ID	Pet ID Type	Record #
Bordetella	Not Set up	05/10/2016 10:22AM				M34313963
Canine Vaccine	Not Set up	05/10/2016 10:22AM	05/31/2016 10:22AM			M34313963
Rabies	Not Set up	05/10/2016 10:22AM	05/10/2017 10:22AM	Y-238296	Rabies Tag	M34313963

Treatments	Type	Dose/Recurrence	For	Treatment Date	Review Date	Record #
Strongid T	Medication	2 cc		05/10/2016 10:22AM		M34313963

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Public Surrender - May 6 2016

Tel.: 910-895-0335



The Richmond County Animal Shelter
529 West Hwy 74
Rockingham, North Carolina 28379 USA
hsrc@carolina.rr.com
www.Humanesocietyofrichmondcounty.org

Shequita Brewington
801 Armstead Street
Rockingham, North Carolina 28379 USA

Person ID: P24757543
Tel:910-206-2704 Ext.

Animal Information

Animal ID: A31524658	Name: <i>Rags</i>	Types: Dog	Gender: Male
ARN:	DOB: 5/6/2011	Breeds: Lhasa Apso/Mix	Altered: Yes
Chip #:	Current Age: 5 y 0 m 0 d	Colors: White	Size: Small
Type:	Age Group: Adult	Pattern:	Weight:

I certify that I have had the animal(s) in my possession no more that 14 days
To your knowledge has this animal bitten anyone in the past 14 days Yes No

In order to protect your feelings, the legal rights and privacy of future owners, and our staff's well-being, please be sure before you leave the shelter that your decision to transfer the animal(s) to the Humane Society of Richmond Co. is final and definite. After you sign the animal(s) over to us they belong to the Humane Society of Richmond Co.

- * We adopt out as many animals as possible but still might euthanize (put to sleep) many of them. After you leave the shelter, we will not give out any information about the animal(s). We appreciate your cooperation and understanding.
- * I understand and agree to the above animal acceptance policy, and I give the animal(s) permanently to the HSRC for whatever the disposition the society deems best.
- * I understand that providing false information on this contract is unlawful and could result in prosecution.

Signed *Shequita Brewington* Staff: *C. Charles*

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Animal ID's		Animal Info		Location Info	
A31524658	Raggs - Dog Male - Adult	Shih Tzu/Mix - White 5y 7d, DOB: 05/06/2011, Altered: Yes, Size: Small, Bitten: No Bite History, Danger: No,			Released

Animal Point In Time

Exam/Surgery #: M34313963

Exams

Type:	Exam	Subtype:	Intake Exam	Status:	Completed	Status Date:	05/10/2016 10:22 AM
Provider:	Mike Miller	Assistant:		Review Date:			
Exam/Surgery #:	M34313963	Recorded By:	Cindy	Recorded Date:	05/10/2016 10:22 AM	Site:	The Richmond County Animal Shelter
Notes:							
Date Source	Animal Condition Asilomar	Size BCS	Medical Status Age Group	Temp. Status Weight	Bitten Danger	S/N Pulse	Temp. Resp.
05/10/2016 10:23 AM EXAM	Appears Normal	S	Adult		No Bite History	Y	

Vaccinations

Vaccine:	Bordetella	Status:	Completed	Status Date:	05/10/2016 10:22 AM	Dose:	1.00 vial
Length:	0	Re-Vac Date:		Body Part:		Route:	
Exam/Surgery #:	M34313963	Provider:	Mike Miller	Assistant:		Type:	Not Set up
Product:	Vanguard B IN	Recorded By:	Cindy	Recorded Date:	05/10/2016 10:23 AM	Site:	The Richmond County Animal Shelter
Mfg:	Zoetis	Serial / Lot #:		Expiry Date:		Container #:	
Notes:							

Vaccine:	Canine Vaccine	Status:	Completed	Status Date:	05/10/2016 10:22 AM	Dose:	1.00 vial
Length:	3	Re-Vac Date:	05/31/2016 10:22 AM	Body Part:		Route:	
Exam/Surgery #:	M34313963	Provider:	Mike Miller	Assistant:		Type:	Not Set up
Product:	Vanguard Plus 5	Recorded By:	Cindy	Recorded Date:	05/10/2016 10:23 AM	Site:	The Richmond County Animal Shelter
Mfg:	Zoetis	Serial / Lot #:		Expiry Date:		Container #:	
Notes:							

Vaccine:	Rabies	Status:	Completed	Status Date:	05/10/2016 10:22 AM	Dose:	1.00 vial
Length:	1	Re-Vac Date:	05/10/2017 10:22 AM	Body Part:		Route:	
Exam/Surgery #:	M34313963	Provider:	Cindy Chambers	Assistant:		Type:	Not Set up
Product:	Defensor 1	Recorded By:	Cindy	Recorded Date:	05/10/2016 10:25 AM	Site:	The Richmond County Animal Shelter
Mfg:	Zoetis	Serial / Lot #:	117133A	Expiry Date:		Container #:	
Notes:							

Treatments

Type:	Medication	Status:	Completed	Status Date:	05/10/2016 10:22 AM	For:	
Treatment:	Strongid T	Review Date:		Body Part:		Route:	
Exam/Surgery #:	M34313963	Provider:	Mike Miller	Assistant:		Method:	Treat
Product:	Strongid T	Recorded By:	Cindy	Recorded Date:	05/10/2016 10:23 AM	Site:	The Richmond County Animal Shelter
Mfg:	Zoetis	Serial / Lot #:		Expires:		Container #:	
Dose:	2.00 cc	Recurrence:		Details:			
Instructions:							
Notes:							

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Name: Bonnie Wilde
Address: 529 US HWY 74 West Rockingham, NC 28379

Facility Name: Richmond County Animal Shelter
Facility Address: 529

Date: 5-13-16

Written Statement:

May 10-2016 -

A stray male dog was brought in by an individual and stated the paw was scraped. However when myself and Mike looked at after bandage was removed it was a degloved foot. We cleaned and bandaged it gave pain medication. "Raggs" showed no signs of pain or discomfort.

He was very content and happy. We held the animal for 72 hours and released to Hanna Marks to go to Judy Summs - HSCC. An treatment lead did not release because it was a stray and the owner could come in for it.

At anytime he showed signs of infection or pain we would have taken him to the vet right then.

ps The entire weekend his wound/foot was cleaned and bandaged daily. Came in Friday and he left Monday 5/16/16

Bonnie Wilde



The Richmond County Animal Shelter
 529 W Hwy 74
 ROCKINGHAM, NC 28379
 910-895-0335

Thomas

Animal #: A31569178

ARN:

Chip #:



Adopt and Protect this pet with the 24PetWatch Gift of Pet Insurance. Visit us at www.24PetWatch.com or call 1.877.291.1524.

Make sure they can always find their way home with 24PetWatch lost pet recovery services. For more information visit www.24PetWatch.com or call 1.866.597.2424.

Animal Description:

Stage: New Arrival (stray)

Review Date: 05/14/2016
03:36PM

Location: Quarantine/Treatment -
Quarantine/Treatment

Intake Type: Stray / Public Drop Off

Intake Date: 05/11/2016
03:35PM

Breeds: Domestic Medium
Hair/Mix

Age:

Sex: Male

Colors: Grey/Tabby

Marks:

Weight:

Petango/Adoption Description:

Medical Summary

<u>Medical Record #</u>	<u>Type</u>	<u>Subtype</u>	<u>Medical Status</u>	<u>Temperament Status</u>	<u>Exam/ Surgery Date</u>	<u>Review Date</u>
M34345233	Exam	Intake Exam			05/11/2016 05:09 PM	

<u>Vaccinations</u>	<u>Type</u>	<u>Vaccination Date</u>	<u>Re-Vacc Date</u>	<u>Pet ID</u>	<u>Pet ID Type</u>	<u>Record #</u>
Rabies	Not Set up	05/11/2016 05:09PM	05/11/2017 05:09PM			M34345233

*Hanna with HSRC Has Taken
 Him To Dr. Cooley on The Evening of 5/11/16
 (CC)*

(4)

Public Surrender - May 11 2016

Tel.: 910-895-0335



The Richmond County Animal Shelter
529 West Hwy 74
Rockingham, North Carolina 28379 USA
hsrc@carolina.rr.com
www.Humanesocietyofrichmondcounty.org

David Vandermast
237 Dockery Road
Rockingham, North Carolina 28379 USA

Person ID: P24793626
Tel:910-461-3409 Ext.

Animal Information

Animal ID: A31569178	Name: <i>Thomas</i>	Types: Cat	Gender: Unknown
ARN:	DOB:	Breeds: Domestic Medium Hair/Mix	Altered: No
Chip #:	Current Age:	Colors: Grey	Size: Medium
Type:	Age Group: Juvenile	Pattern: Tabby	Weight:

I certify that I have had the animal(s) in my possession no more than 14 days
To your knowledge has this animal bitten anyone in the past 14 days Yes _____ No

In order to protect your feelings, the legal rights and privacy of future owners, and our staff's well-being, please be sure before you leave the shelter that your decision to transfer the animal(s) to the Humane Society of Richmond Co. is final and definite. After you sign the animal(s) over to us they belong to the Humane Society of Richmond Co.

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- * I understand and agree to the above animal acceptance policy, and I give the animal(s) permanently to the HSRC for whatever the disposition the society deems best.
- * I understand that providing false information on this contract is unlawful and could result in prosecution.

Signed *[Signature]* Staff: *C. [Signature]*

(7)

RABIES VACCINATION CERTIFICATE
 NASPHV FORM 51 (revised 2007)

Owner's Name & Address Print Clearly		RABIES TAG #
LAST	FIRST	M.I.
NO.		STREET
CITY		STATE ZIP
SPECIES Dog <input checked="" type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: <input type="checkbox"/> (specify)	AGE Months <input type="checkbox"/> Years <input type="checkbox"/> SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered	SIZE Under 20 lbs. <input checked="" type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/>
Animal Control License	<input checked="" type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other	PREDOMINANT BREED <u>DMH</u>
DATE VACCINATED <u>5-11-16</u> Month / Day / Year	Product Name: <u>Defensor 1</u> Manufacturer: <u>ZOE</u> (First 3 letters)	PREDOMINANT COLORS/MARKINGS <u>Grey Tabby</u>
NEXT VACCINATION DUE BY: <u>5-11-17</u> Month / Day / Year	<input checked="" type="checkbox"/> 1 Yr USDA Licensed Vaccine <input type="checkbox"/> 3 Yr USDA Licensed Vaccine <input type="checkbox"/> 4 Yr USDA Licensed Vaccine <input checked="" type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose <u>125585C</u> Vaccine Serial (lot) Number	ANIMAL NAME <u>Thomas</u>
		Veterinarian's Name: <u>Cindy Chambers</u> License Number: <u>Cindy Chambers CRV</u> Veterinarian's Signature Address: <u>Richmond County Animal Shelter</u> <u>329 Hwy 74 West</u> <u>Rockingham NC 28379</u> <u>P.O. Box 604 Rockingham 28379</u>

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Zachs Rescue

ROCKINGHAM VETERINARY HOSPITAL
 464 W. US 74 Hwy P. O. Box 218
 ROCKINGHAM, N. C. 28380
 (910) 895-2428

OWNER/PATIENT RECORD

OWNER MS. MISS MR. DR. Subil Keach PATIENT'S NAME Thomas
 ADDRESS _____ CITY _____ ZIP _____
 PHONE HOME 704 622-4348 BUSINESS 704 2416-6778 CELL 704 Laura 800-09110 ACCT # 1889

Species feline Sex M Birth Date _____
 Breed dsh Color grey tabby

	HISTORY									
DHLPP										
Rabies	5/11/16									
Bordetella										
FVRCP										
FelV										
HW										
Fecal										

Current Medication Laura / Director / Zachs Rescue ext 110
PCHS / Hannah P.V: PCHS / Cindy Chambers

CURRENT PROBLEMS

Date Mo/Day/Yr.	T°	Wt.	Progress Notes	Payment Method: M/C VISA CHECK CASH
5/11/16		6.4	Check left front + rear leg	1d front + ex am FV IVing EIV-ing FVing
			Call rescue w/ estimate	
			Fi ABC today? presented 5:25 pm O: H/L; mump on H/L; Abcd; soft tissue Swelling and warmth: BL leg; suspect for LF leg; B/R: 2/5 bcs; fleas R: ABC P: Convena 0.3ml SQ @ hosp overnight for roads, possible sx tomorrow FL @ for cuts @	0.3ml Convena
5/12/16			Roads ill - fx of left humerus - injury to left hock - medial aspect - can't rule out ligament damage also well today	(4) X-Rays

(9)

§ 19A-32.1. Minimum holding period for animals in animal shelters; public viewing of animals in animal shelters; disposition of animals.

(a) Except as otherwise provided in this section, all animals received by an animal shelter or by an agent of an animal shelter shall be held for a minimum holding period of 72 hours, or for any longer minimum period established by a board of county commissioners, prior to being euthanized or otherwise disposed of.

(b) Before an animal may be euthanized or otherwise disposed of, it shall be made available for adoption under procedures that enable members of the public to inspect the animal, except in the following cases:

- (1) The animal has been found by the operator of the shelter to be unadoptable due to injury or defects of health or temperament.
- (2) The animal is seriously ill or injured, in which case the animal may be euthanized before the expiration of the minimum holding period if the manager of the animal shelter determines, in writing, that it is appropriate to do so. The writing shall include the reason for the determination.
- (3) The animal is being held as evidence in a pending criminal case.

(c) Except as otherwise provided in this subsection, a person who comes to an animal shelter attempting to locate a lost pet is entitled to view every animal held at the shelter, subject to rules providing for such viewing during at least four hours a day, three days a week. If the shelter is housing animals that must be kept apart from the general public for health reasons, public safety concerns, or in order to preserve evidence for criminal proceedings, the shelter shall make reasonable arrangements that allow pet owners to determine whether their lost pets are among those animals.

(d) During the minimum holding period, an animal shelter may place an animal it is holding into foster care by transferring possession of the animal to an approved foster care provider, an approved rescue organization, or the person who found the animal. If an animal shelter transfers possession of an animal under this subsection, at least one photograph depicting the head and face of the animal shall be displayed at the shelter in a conspicuous location that is available to the general public during hours of operation, and that photograph shall remain posted until the animal is disposed of as provided in subsection (f) of this section.

(e) If a shelter places an animal in foster care, the shelter may, in writing, appoint the person or organization possessing the animal to be an agent of the shelter. After the expiration of the minimum holding period, the shelter may (i) direct the agent possessing the animal to return it to the shelter, (ii) allow the agent to adopt the animal consistent with the shelter's adoption policies, or (iii) extend the period of time that the agent holds the animal on behalf of the shelter. A shelter may terminate an agency created under this subsection at any time by directing the agent to deliver the animal to the shelter. The local government or organization operating the shelter, as principal in the agency relationship, shall not be liable to reimburse the agent for the costs of care of the animal and shall not be liable to the owner of the animal for harm to the animal caused by the agent, absent a written contract providing otherwise.

(f) An animal that is surrendered to an animal shelter by the animal's owner and not reclaimed by that owner during the minimum holding period may be disposed of in one of the following manners:

- (1) Returned to the owner.
- (2) Adopted as a pet by a new owner.
- (3) Euthanized by a procedure approved by rules adopted by the Department of Agriculture and Consumer Services or, in the absence of such rules, by a procedure approved by the American Veterinary Medical Association, the Humane Society of the United States, or the American Humane Association.

(g) An animal that is surrendered to an animal shelter by the animal's owner may be disposed of before the expiration of the minimum holding period in a manner authorized under subsection (f) of this section if the owner

provides to the shelter (i) some proof of ownership of the animal and (ii) a signed written consent to the disposition of the animal before the expiration of the minimum holding period.

(h) If the owner of a dog surrenders the dog to an animal shelter, the owner shall state in writing whether the dog has bitten any individual within the 10 days preceding the date of surrender.

(i) An animal shelter shall require every person to whom an animal is released to present one of the following valid forms of government-issued photographic identification: (i) a drivers license, (ii) a special identification card issued under G.S. 20-37.7, (iii) a military identification card, or (iv) a passport. Upon presentation of the required photographic identification, the shelter shall document the name of the person, the type of photographic identification presented by the person, and the photographic identification number.

(j) Animal shelters shall maintain a record of all animals impounded at the shelter, shall retain those records for a period of at least three years from the date of impoundment, and shall make those records available for inspection during regular inspections pursuant to this Article or upon the request of a representative of the Animal Welfare Section. These records shall contain, at a minimum:

- (1) The date of impoundment.
- (2) The length of impoundment.
- (3) The disposition of each animal, including the name and address of any person to whom the animal is released, any institution that person represents, and the identifying information required under subsection (i) of this section.
- (4) Other information required by rules adopted by the Board of Agriculture. (2013-377, s. 2.)

§ 130A-192. Animals not wearing required rabies vaccination tags.

(a) The Animal Control Officer shall canvass the county to determine if there are any animals not wearing the required rabies vaccination tag. If an animal required to wear a tag is found not wearing one, the Animal Control Officer shall check to see if the owner's identification can be found on the animal. If the animal is wearing an owner identification tag with information enabling the owner of the animal to be contacted, or if the Animal Control Officer otherwise knows who the owner is, the Animal Control Officer shall notify the owner in writing to have the animal vaccinated against rabies and to produce the required rabies vaccination certificate to the Animal Control Officer within three days of the notification. If the animal is not wearing an owner identification tag and the Animal Control Officer does not otherwise know who the owner is, the Animal Control Officer may impound the animal. The duration of the impoundment of these animals shall be established by the county board of commissioners, but the duration shall not be less than 72 hours. During the impoundment period, the Animal Control Officer shall make a reasonable effort to locate the owner of the animal. If the Animal Control Officer has access at no cost or at a reasonable cost to a microchip scanning device, the Animal Control Officer shall scan the animal and utilize any information that may be available through a microchip to locate the owner of the animal, if possible. If the animal is not reclaimed by its owner during the impoundment period, the animal shall be disposed of in one of the following manners: returned to the owner; adopted as a pet by a new owner; or put to death by a procedure approved by rules adopted by the Department of Agriculture and Consumer Services or, in the absence of such rules, by a procedure approved by the American Veterinary Medical Association, the Humane Society of the United States or of the American Humane Association.

(a1) Before an animal may be put to death, it shall be made available for adoption as provided in G.S. 19A-32.1.

(a2) Repealed by Session Laws 2013-377, s. 3, effective July 29, 2013.

(a3) The Animal Control Officer shall maintain a record of all animals impounded under this section which shall include the date of impoundment, the length of impoundment, the method of disposal of the animal and the name of the person or institution to whom any animal has been released.

(b) through (e) Repealed by Session Laws 2013-377, s. 3, effective July 29, 2013. (1935, c. 122, s. 8; 1983, c. 891, s. 2; 2009-304, s. 1; 2009-327, s. 7; 2013-377, s. 3.)



The Richmond County Animal Shelter
 529 W Hwy 74
 ROCKINGHAM, NC 28379
 910-895-0335

Eeyore

Animal #:A30697054

ARN:

Chip #:



Adopt and Protect this pet with the 24PetWatch Gift of Pet Insurance. Visit us at www.24PetWatch.com or call 1.877.291.1524.

Make sure they can always find their way home with [24PetWatch](http://www.24PetWatch.com) lost pet recovery services. For more information visit www.24PetWatch.com or call 1.866.597.2424.

Animal Description:

Stage: Released

Review Date:

Location: Released

Intake Type: Seized / Custody / Stray

Intake Date: 01/26/2016
11:46AM

Breeds: Chinese Shar-Pei/Mix

Age: 2 y 2 m 24 d **Sex:** Male

Colors: Tan/White

Marks: **Weight:**

Petango/Adoption Description:

Pet ID's

Pet ID Number	ID Type	Issue Date	Expiry Date	Issuer	Issuer Phone Number
Y-238001	Rabies Tag	1/29/2016	1/29/2017		910-895-0335

Emancipation Date:

Medical Summary

<u>Medical Record #</u>	<u>Type</u>	<u>Subtype</u>	<u>Medical Status</u>	<u>Temperament Status</u>	<u>Exam/Surgery Date</u>	<u>Review Date</u>
M33332547	Exam	Intake Exam			02/14/2016 05:30 PM	

<u>Tests</u>	<u>Test For Condition</u>	<u>Result</u>	<u>Test Date</u>	<u>Result Date</u>	<u>Re-Test Date</u>	<u>Record #</u>
Heartworm	Heartworm	Negative	02/14/2016 05:30PM	02/14/2016 05:30PM		M33332547

<u>Vaccinations</u>	<u>Type</u>	<u>Vaccination Date</u>	<u>Re-Vacc Date</u>	<u>Pet ID</u>	<u>Pet ID Type</u>	<u>Record #</u>
Rabies	Not Set up	01/29/2016 05:30PM	01/29/2017 05:30PM	Y-238001	Rabies Tag	M33332547
Bordetella	Not Set up	02/14/2016 05:30PM				M33332547
Canine Vaccine	Not Set up	02/14/2016 05:30PM	03/06/2016 05:30PM			M33332547

<u>Treatments</u>	<u>Type</u>	<u>Dose/Recurrence</u>	<u>For</u>	<u>Treatment Date</u>	<u>Review Date</u>	<u>Record #</u>
Strongid T	Medication	3 cc		02/14/2016 05:30PM		M33332547

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Rescue - Feb 19 2016

Tel.: 910-895-0335



The Richmond County Animal Shelter
529 West Hwy 74
Rockingham, North Carolina 28379 USA
hsrc@carolina.rr.com
www.Humanesocietyofrichmondcounty.org

Hanna Marks

Person ID: P16369135 Agency:
Humane Society of Richmond
County
Tel:910-434-8073

Rockingham, North Carolina 28379 USA

Animal Information

Animal ID: A30697054	Name: Eeyore	Types: Dog	Gender: Male
ARN:	DOB: 2/19/2014	Breeds: Chinese Shar-Pei/Mix	Altered: No
Chip #:	Current Age: 2 y 0 m 0 d	Colors: Tan/White	Size: Large
Type:	Age Group: Adult	Pattern:	Weight:

I have received the animal(s) listed above from the Richmond County Animal Shelter.
I and or the rescue group I am with, take on full responsibility of the animal(s).

Transporter: Hanna Marks Employee: C. Chubus

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"Eeyore" #30697054

Richmond County Sheriff Department Animal Control

Officer Name: Chappell Date: 1-26-15

Address: 128 Dodson Rd City: Rocky Hill

Reason for pick up: stray

Dog: 1 Cat: (how many) Male: 1 Female:

Description of Animal(s): Tan/wht mix bull
injured / shot?

Animal(s) Name (if known):

Name of person reporting: Dallas Hughs

Phone Number: 406-860-0931 ID# Mont. S.S.#7557

Animal Surrender Statement: I hereby release the animal(s) described Above to the Richmond County Sheriff department and Richmond County Animal Shelter, For whatever the disposition the shelter deems best.

I certify that I, (circle one) Do -or- Do Not own the animal(s)

Signature: Dallas Hughs

Animal ID's	Animal Info	Location Info
A30697054	Eeyore - Dog Male - Adult Chinese Shar-Pei/Mix - Tan/White 2y 2m 24d, DOB: 02/19/2014, Altered: No, Size: Large, Bitten: No Bite History, Danger: No,	Released

Animal Point In Time

Exam/Surgery #: M33332547

Exams

Type:	Exam	Subtype:	Intake Exam	Status:	Completed	Status Date:	02/14/2016 05:30 PM
Provider:	Jennifer Rubio	Assistant:		Review Date:			
Exam/Surgery #:	M33332547	Recorded By:	Cindy	Recorded Date:	02/18/2016 05:31 PM	Site:	The Richmond County Animal Shelter
Notes:							
Date Source	Animal Condition Asilomar	Size BCS	Medical Status Age Group	Temp. Status Weight	Bitten Danger	S/N Pulse	Temp. Resp.
02/18/2016 05:31 PM EXAM	Injured	L	Adult		No Bite History	N	

Tests

Test:	Heartworm	Status:	Completed	Status Date:	02/14/2016 05:30 PM	Dose:	1.00 package
Re-Test:		Re-Test Date:		Body Part:			
Exam/Surgery #:	M33332547	Provider:	Jennifer Rubio	Assistant:			
Product:	Anigen Rapid Canine Heartworm Antigen Test Kit	Recorded By:	Cindy	Recorded Date:	02/18/2016 05:41 PM	Site:	The Richmond County Animal Shelter
Mfg:	Modern Veterinary Therapeutics	Serial / Lot #:		Expires:			
Notes:							
	Test For	Result	Result Date	Comments			
	Heartworm	Negative					

Vaccinations

Vaccine:	Bordetella	Status:	Completed	Status Date:	02/14/2016 05:30 PM	Dose:	1.00 vial
Length:	0	Re-Vac Date:		Body Part:		Route:	
Exam/Surgery #:	M33332547	Provider:	Jennifer Rubio	Assistant:		Type:	Not Set up
Product:	Vanguard B IN	Recorded By:	Cindy	Recorded Date:	02/18/2016 05:32 PM	Site:	The Richmond County Animal Shelter
Mfg:	Zoetis	Serial / Lot #:		Expiry Date:		Container #:	
Notes:							
Vaccine:	Canine Vaccine	Status:	Completed	Status Date:	02/14/2016 05:30 PM	Dose:	1.00 vial
Length:	3	Re-Vac Date:	03/06/2016 05:30 PM	Body Part:		Route:	
Exam/Surgery #:	M33332547	Provider:	Jennifer Rubio	Assistant:		Type:	Not Set up
Product:	Vanguard Plus 5	Recorded By:	Cindy	Recorded Date:	02/18/2016 05:33 PM	Site:	The Richmond County Animal Shelter
Mfg:	Zoetis	Serial / Lot #:		Expiry Date:		Container #:	
Notes:							
Vaccine:	Rabies	Status:	Completed	Status Date:	01/29/2016 05:30 PM	Dose:	1.00 vial
Length:	1	Re-Vac Date:	01/29/2017 05:30 PM	Body Part:		Route:	
Exam/Surgery #:	M33332547	Provider:	Cindy Chambers	Assistant:		Type:	Not Set up
Product:	Defensor 1	Recorded By:	Cindy	Recorded Date:	02/19/2016 10:52 AM	Site:	The Richmond County Animal Shelter
Mfg:	Zoetis	Serial / Lot #:	107417C	Expiry Date:		Container #:	
Notes:							

(16)

Treatments

Type:	Medication	Status:	Completed	Status Date:	02/14/2016 05:30 PM	For:	
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COOLEY VETERINARY HOSPITAL
 464 W. US 74 Hwy P. O. Box 218
 ROCKINGHAM, N. C. 28380
 (910) 895-2426

OWNER/PATIENT RECORD

OWNER MS. MISS MRS. MR. DR. RCHS PATIENT'S NAME ECLIPSE
 ADDRESS _____ CITY _____ ZIP _____
 PHONE: HOME _____ BUSINESS _____ CELL _____ ACCT # 23

Species RG Sex M Birth Date _____
 Breed building mix Color White / tan

	HISTORY
DHLPI/P	1-29-16
Rabies 1yr	1-29-16
Bordetella	
FVRCP	
FelV	
HW	
Fecal	

Current Medication Brandi Alfredson OK'd
ZOC: PV

CURRENT PROBLEMS

Date Mo/Day/Yr.	T°	Wt.	Progress Notes	Payment Method: M/C VISA CHECK CASH
1 29 16		32.9	gun shot wound? - was tied up and shot? - large infected drain wound over right shoulder - VBay - birds shot in cervical area and over shoulder - chest ok	Exam (1) XRay Sx DHPARVO Enrofloxacin 68 Amox 500 1/2 9.10 (14) Vetproten 100 kasp 1.50
2 2 16			R/drain drain	
2 8 16			RIS looks good	11.5

(17)

Cooley Veterinary Hospital

Patient Chart

P.O. Box 218, HWY 74 West
Rockingham, NC 28379
(910) 895-2426

Printed: 05-13-16 at 12:13p

CLIENT INFORMATION

Name Humane Society Richmond County (23)
Address P. O. Box 2064; 529 US Hwy 74 West
Rockingham, NC 28379
Phone 910 895-0335

PATIENT INFORMATION

Name	Eeyore	Species	Canine
Sex	Male	Breed	Basenji Mix
Birthday	01-30-16	Age	14w
ID		Rabies	
Color	White and tan	Weight	0.00 lbs
Reminded	(none)	Codes	

Reminders for: Eeyore		Last done
01-29-17	DA2P/P, Adult Booster	01-30-16

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
01-30-16	WC	IH22	Hospitalization		
01-30-16	MM	9999	Vetprofen 100mg (Chewable)	14	
		9760	Amoxicillin Capsules 500mg	28	
		9937	Enrofloxacin 68	28	
		VA04	DA2P/P, Adult Booster		
		XR18	Survey View - Radiograph		
		S265	Surgery		
		OV01	Office Visit, Comprehensive Exam		

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MAY-28-2015 THU 01:16 PM

P. 002

Annual Program of Veterinary Care

PURPOSE: This form is to be used for documenting the program of veterinary care in facilities required to be licensed/certified under the Animal Welfare Act. Items below are to be completed with the assistance of a veterinarian licensed in NC. If space is not adequate, use the back of this page or attach additional page(s). This form must be signed by the owner or manager of the facility and the veterinarian.

Name of facility Richmond County Animal Shelter

Facility license # 142

Veterinarian's Information

Name of Veterinarian Ralph A. Souder, Jr. Veterinarian's NC license # 2,811

address Gandy Animal Hospital, 601 Rockingham Road

City Rockingham NC ZIP Code 28379 Phone Number +1 (910) 997-2518

1. Disease Prevention and Control

The facility and primary enclosures are to be cleaned daily (NCAC 52J .0205, .0207). Describe your procedures for disinfecting the following: primary enclosures, feed & water bowls and bedding (if provided).

(1). Utilizing a commercial grade solution of Roccal and Nilium as well bleach in metered sprayer attached to a hot water hose, a metered amount of the cleaning solution is hosed onto primary enclosures/kennels, scrubbed and then using clear water. All drains are flushed with the same solution. (2). All foreign matter removed from all food /water bowls. Bowls are processed through a commercial dishwasher, heat dried, and stored in food preparation room. Water buckets scrubbed daily using chlorine based detergent solution, rinsed with clear water, and stored in food preparation room or returned to clean kennel. (3). Fiberglass beds/kennel decks are initially rinsed with Roccal and Nilium, scrubbed and rinsed with clear water and towel dried. Linens, when used, are cleansed with appropriately measured solution of bleach and washing detergent in Laundry Room. Questionable linens are discarded after one time use. Linens stored in separate indoor Linen Room. (4). Fenced outside exercise runs (18 areas at 10x42 contain 6" gravel. Fences removed manually and runs are disinfected with Roccal and Nilium solution in metered sprayer and cold water. Runs drain and dry prior to animals allowed in exercise runs.

2. Vaccination, Parasite Control

Current rabies vaccination is required for all dogs and cats 4 months of age and older. List any other vaccinations you require, specifying the age and species of the animal.

Rabies vaccinations are administered to all animals 16 weeks or older after initial 3 day holding period. Animals 12 to 15 weeks of age at adoption also receive a rabies vaccine. All animals are given de wormer when processed for placement in adoption area. Distemper vaccines are given to all adult dogs and cats, puppies seven to eight weeks of age or older and teenage kittens 10 weeks of age and older. All animals are scanned for microchips and blue lighted for ringworm.

All animals are bathed, treated for fleas and /or ticks and minor skin conditions.

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Owner/manager initials

BSW

Annual Program of Veterinary Care (continued)

Name of facility **Richmond County Animal Shelter**

Facility license # **142**

3) Medical Records

Describe how treatments, medications and immunizations are documented. Describe how long records are retained.

Each animal received into the shelter is given a case number that is placed on a cage card, file and listed in the Pet Point program. Adoptable animals are processed using a standard protocol listing necessary procedures such as de worming, vaccines, special medications required, bathing, eye/ear treatments, etc. Staff sign-off on all procedures performed. Date of de worming, lab tests, etc. logged on an animal medication card and animal file. Canines 6 months of age or older receive and Idexx SNAP heartworm test. We keep all records for 1 year unless otherwise stated.

4) Isolation

Describe your provisions and procedures for isolation of incoming or sick animals.

Intake rooms/ares are separate from general public ares. Isolation cages are set-up for new cats and kittens in the feline room; cats held in this room for a minimum of 72 hours prior to adoption or euthanasia. Large dogs are held in intake area kennels for 72 hours prior to adoption or euthanasia. High risk canines or "bite dogs" are held in Isolation kennel areas in the shelter; six indoor/outdoor kennels available-weather permitting. During extremely hot or cold weather, high risk area is moved from hanger to the indoor/outdoor kennels on the intake side of building. All sick animals are held in isolation kennels or in treatment room. Access to high risk areas and treatment room restricted to staff only.

5) Diseased or deformed animals

Detail the protocol for the sale of diseased animals &/or deformed animals, including any health guarantees or refunds.

~~Not applicable - not practicing at this facility.~~ Euthanized frozen cats are sold to a research laboratory for a fee.
Any and all animals who are diseased are given veterinary care. When our means are exhausted after 72 hours they are euthanized. We do not adopt out any deformed animals we try to find a rescue. All HW Positive dogs are being sent to a Rescue. We make every attempt to help them by net care, rescue or foster.
faw

(20)

Owner/manager initials

Blw

Annual Program of Veterinary Care (continued)

Name of facility **Richmond County Animal Shelter**

Facility license # **142**

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(Handwritten initials)

(Handwritten circled number 2)

Annual Program of Veterinary Care (continued)

Name of facility **Richmond County Animal Shelter**

Facility license # **142**

6) Veterinary Care

Detail your protocol for providing adequate veterinary care. Ill or injured animals subject to 19A-32.1 that are not deemed to be seriously ill or injured are to be provided with adequate veterinary care. Animals not subject to 19A-32.1 are to be provided with adequate veterinary care or euthanized.

When an animal arrives at the facility and appears to be injured or ill we evaluate the animal. If the animal requires Veterinary care we contact the Humane Society of Richmond County to assist in obtaining Veterinary care for the sick or injured animal. If it is within the means and we are able to help the animal we will go directly to the vet, however if we find the animal can not be saved through Veterinary care we will euthanize to prevent any suffering. Document all available care given to the animal. We would use our Vet of Record, Dr. Ralph A. Souder, Jr. (DVM) of Gandy Animal Hospital, Rockingham, NC 28390

7) Emergency Veterinary Care

Detail your protocol for providing emergency veterinary care.

Twenty-four hour emergency provided by Dr. Ralph A. Souder, Jr. (DVM) of Gandy Animal Hospital or after-hours/holiday care by Small Animal Emergency Services, 5091 US Hwy 1, Vass, NC 28394, (910)-246-0405

8) Surgical Veterinary Care

If surgical veterinary care is provided, detail your protocol for providing surgical veterinary care.

We do not provide Surgical Veterinary Care at the Richmond County Animal Shelter.

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