

The Humane Society of Raleigh County<http://www.hsrgwv.org>

rcpets13@yahoo.com

(304) 253-8921

Lacey**Rescue ID** 13872**Breed** Unknown breed (short coat)**Color** Tan**Sex** Female**Current Size** 39 Pounds**Birthdate** 6/13/2018**Received Date** 6/13/2019

Date	Description	Comment	Reminder/Due Date
6/13/2019	Bordetella	Shelter administered	None / 12/13/2019
6/21/2019	Capstar		None / None
6/13/2019	DHPP	Shelter administered	None / 7/4/2019
6/13/2019	Drontal	Shelter Administered	None / None
6/20/2019	Heartworm Test	Shelter administered - negative	None / None
6/15/2019	Rabies	Beckley Vet	None / 6/15/2020



West Virginia

Department of Agriculture
Animal Health Division
1900 Kanawha Blvd., E.
Charleston, WV 25305
304-558-2214

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION

GOOD FOR 30 DAYS

(Only good for 10 days for entry into West Virginia GH0 tracks §178CSR2-12.6)

Date: 6/21/19
113728

1. Seller/Exhibitor/Consigner/Owner:
 Name: ASPA Phone: 3042538921
 Address: 325 Gray Flats Rd Beckley WV 25801
 Premise ID #:

2. Purchaser/Name of Show/Consignee:
 Name: 2nd Chance HLife Phone: 7175758704
 Address: 6030 Mulberry St. Elizabethtown PA 17022
 Premise ID #:

3. Species:
 One form per species
 Canine
 Feline
 Ferret
 Other

4. Purpose of Movement:
 Pet
 Breeding
 Exhibition
 Racing
 Travel with owner
 Other _____

5. Additional Comments:
 I hereby certify that the animal(s) in this shipment are, to the best of my knowledge, acclimated to air temperatures between 42°F and 87°F.

8. Individual Animal Identification:

Tag Numbers, Tattoo, Other Permanent ID	Name	Age	Sex	Breed	Color	9. Rabies/P Product:	10. Vaccine Bordetella	11. Temp	12. Other Tests and Vaccination Status
						Date	Lot #	Serial #	i.e., DHL, DHL, FHV, FVR, FVRCP
1.	Lacey	14F	X			10/19 717	12041		
2.									
3.									
4.									
5.									
6.									
7.									
8.									

6. Carrier:
 Air
 Truck/Auto
 Rail
 Water

7. Permit No. (if required)

13. Veterinary Certification: "I certify, as an accredited veterinarian, that the above described animal(s) have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccination and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirement. No further warranty is made or implied."

Signature of Issuing Accredited Veterinarian: _____ Date: 6/21/19
 Printed Name of Veterinarian: Asst. Farrah License# 27201
 Full Address: 77 Noll Ball Greenway Fayetteville, WV 25840
 Phone: 3045714838

14. State Certification
 Signature: Robert A. Janssen
 Commissioner of Agriculture

9. Rabies/P Product: _____
10. Vaccine Bordetella: _____
11. Temp: _____
12. Other Tests and Vaccination Status: _____

Original - State Veterinarian
Yellow - State Veterinarian
Pink - Accompany Shipment
Goldenrod - Issuing Veterinarian

West Virginia Department of Agriculture is an equal opportunity employer.



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COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION
GOOD FOR 30 DAYS

(Only good for 10 days for entry into West Virginia GHO tracks §178CSR2-12.6)

Date: 6/21/19

NO **115291**

1. Seller/Exhibitor/Consigner/Owner:
 Name: HSBC Phone: 304-253-8021
 Address: 325 Gray Fords Rd Beckley WV 25801
 Premise ID #: _____

2. Purchaser/Name of Show/Consignee:
 Name: Zachary White Phone: 717-515-8764
 Address: 130 Mulberry St Elizabethton TN 37602
 Premise ID #: _____

3. Species:
 One form per species
 Canine
 Feline
 Ferret
 Other

4. Purpose of Movement:
 Pet
 Exhibition
 Travel with owner
 Other _____

5. Additional Comments:
 I hereby certify that the animal(s) in this shipment are, to the best of my knowledge, acclimated to air temperatures between 42°F and 87°F.

6. Carrier:
 Air
 Truck/Auto
 Rail
 Water

7. Permit No. (if required) _____

8. Individual Animal Identification:

Tag Numbers, Tattoo, Other Permanent ID	Name	Age	Sex	Breed	Color	9. Rabies/Product:	10. Vaccine Bordetella	11. Temp	12. Other Tests and Vaccination Status										
						Date	Tag #	Lot #	Serial #										
1.	<u>honey</u>	<u>1yr F</u>	<u>MIX</u>	<u>Tan</u>		<u>6/15/19</u>	<u>6914</u>	<u>12</u>	<u>049</u>										
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			

13. Veterinary Certification: "I certify, as an accredited veterinarian, that the above described animal(s) have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccination and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirement. No further warranty is made or implied."

Signature of Issuing Accredited Veterinarian: _____ Date: 6/21/19

Printed Name of Veterinarian: Dr. H. Falkow Phone: 304-574-1888 License# 27200

Full Address: 77 N. Ball Greenway Fayetteville, WV 25840

14. State Certification

 Commissioner of Agriculture

Original - State Veterinarian Yellow - State Veterinarian Pink - Accompany Shipment Goldenrod - Issuing Veterinarian
 West Virginia Department of Agriculture is an equal opportunity employer.

HUMANE SOCIETY OF RALEIGH COUNTY, INC.

325 Grey Flats Road, Beckley West Virginia 25801

Telephone: (304) 253-8921 Facsimile: (304) 255-9134

ADOPTION CONTRACT

Date: 6/21/19 Time: _____ Dog Cat _____ Reference # **No. 013872**
Owned: _____ Stray: Sex: F Age: 1 Breed: Mix
Color: Tan Name Given: Lacey Number Assigned: 13872

I do hereby acknowledge receipt from the Humane Society of Raleigh County, Inc. (HSRC) this animal for adoption. I understand that the HSRC makes no warranty with regard to its health, condition, temperament, and I accept it in its present condition. HSRC cannot be held financially responsible for any veterinary expenses or services other than those specifically rendered at the time of adoption.
Initial here: _____

In adopting this animal, I understand that it must not be sold, traded, or given away. Within the first two weeks of adoption, if an adopted animal does not adjust to its new home, family, or other pet(s), becomes ill, or dies from disease, the animal may be exchanged for another animal. In any of the above circumstances, the adopted animal must be returned to the shelter except in the case of death, for which a veterinarian's statement is sufficient.

There is a thirty day waiting period for replacement of a diseased/dead animal unless the attending veterinarian indicated otherwise.
Initial here: _____

HSRC reserves the right to make a personal inspection after adoption to ensure that the adopted animal is receiving proper care. It is the legal right of HSRC to reclaim any animal harmed by neglect, mistreatment, or abuse, and to invoke statutory civil and criminal penalties where applicable. Failure to comply with mandatory neutering or spaying shall result in HSRC reclaiming the adopted animal.

NAME (please print): 2nd Chance 4 Life Rescue Home Phone: 717 575 8704

Mailing Address: PO Box 549 Elizabethtown, PA 17022

Cell Phone: _____ Email Address: _____ Proof of ID: _____

Physical Address: _____ Proof of Address: _____

Signature of Adoptive Owner: _____ Date: 6/21/19

Adoption Fee: _____ Signature of Shelter Staff: Maura Mitchem

FOR OFFICE USE ONLY ON RTO'S

Reference # **No. 013872**

Owner: _____ Vaccines: _____ Boarding Fee: _____

Proof of rabies vaccination? _____ City tag? _____ County tag? _____ Other? _____

Veterinarian: Detach and return receipt to HSRC 325 Grey Flats Road, Beckley, WV 25801

Owner's Name (print): 2nd Chance 4 Life Reference # **No. 013872**

Circle one: Dog or Cat? Male or Female? Type of Coat? Short, medium, long, curly, straight, etc.

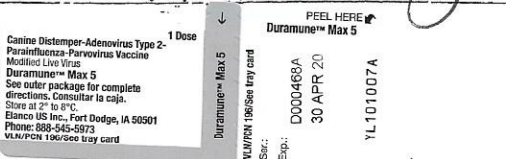
Breed (if known) or Description: Mix Age: 1

Spayed or neutered (date): 7/31/19 Rabies Due: 6/15/20 Wormed: 6/13/19

Immunizations given (date): Dogs 6/13/19 Cats _____ Bordetella 6/13/19

Signed by: _____ Date: _____

Animal Name: Lacey ID Number: 13872



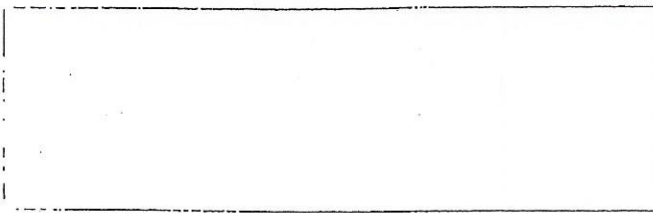
Date: 6-13-19
Vaccine: DHPP Bordetella Cat Vaccine

Staff Initials: RG



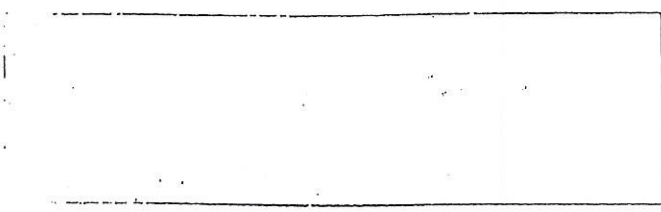
Date: 6-13-19
Vaccine: DHPP Bordetella Cat Vaccine

Staff Initials: RG



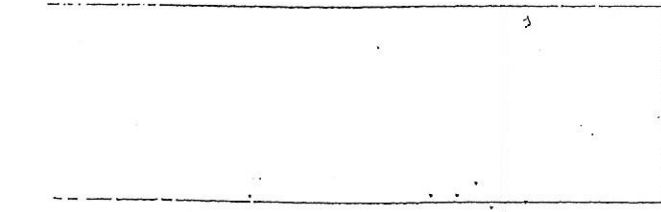
Date:
Vaccine: DHPP Bordetella Cat Vaccine

Staff Initials:



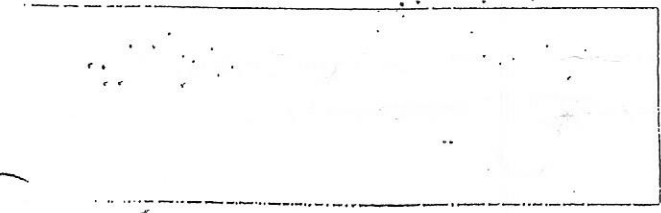
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Date:
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Staff Initials:



Date:
Vaccine: DHPP Bordetella Cat Vaccine

Staff Initials:

Humane Society of Raleigh County
325 Grey Flats Rd.
Beckley, WV 25801
(304) 253-8921

Beckley Veterinary Hospital
215 Dry Hill Rd.
Beckley, WV 25801
(304) 255-4159

Rabies Certificate

Patient ID: 116912
Patient Name: Lacey
Species: Canine
Breed: Mixed
Sex: Female
Color: Tan
Markings:
Birthday: 06/19/2018
Weight:
Microchip ID:

Humane Society



Tag Number: 6914
Lot Number: 12649
Rabie
Producer: merial
K / MLV / R: Killed Virus

Vaccination Date: 6/15/2019
Expiration Date: 6/15/2020

Staff Name: Roger L. Ward, DVM
License Number: 2000-12