



METRO NASHVILLE  
ANIMAL CARE & CONTROL

Receipt Number: R19-109851 **Metro Animal Care And Control**  
5125 Harding Place, Nashville, TN 37211  
(615) 862-7928

Person Information: FRIENDS OF MACC  
812 FATHERLAND ST  
NASHVILLE, TN 37206  
Phone: (615) 545-1675  
Check / Card No:

Receipt Date: Saturday, January 26, 2019  
PID: P207600

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
FRIENDS			\$10000.00	1	10,000.00
Total Fees Due:					<b>\$10000.00</b>
Payments:					
				Cash:	\$0.00
				Check:	\$10,000.00
				Credit Card:	\$0.00
Total Payments Received:					<b>\$10000.00</b>

**Thank You!**

Change: \$0.00  
Balance Due: \$0.00

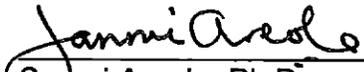
Despite our best efforts, we can not guarantee the health of the animal you have adopted. If your new pet becomes sick within 72 hours (3 working days), please return the animal to Metro Animal Care and Control and our veterinarian will examine the animal. If you choose to take your sick pet to a private veterinarian, you will be responsible for all costs incurred. **No refunds of the adoption fee offered after ten (10) days.**

Adoption and Reclaim Hours  
Sunday-Saturday 10 AM-4 PM  
Thursday 10 AM-6 PM

FRIENDS OF METRO ANIMAL CARE & CONTROL  
EMERGENCY MEDICAL FUND DONATION

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

**METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY**

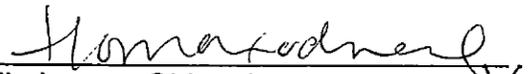
  
\_\_\_\_\_  
Janmi Areola, Ph.D.  
Interim Director, Metro Public Health Department

2/15/19  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Carol Etherington, MSN, RN, FAAN  
Chair, Board of Health

2/19/19  
\_\_\_\_\_  
Date

APPROVED AS TO AVAILABILITY OF FUNDS:

  
\_\_\_\_\_  
Talia Lomax-O'dneal  
Director, Department of Finance

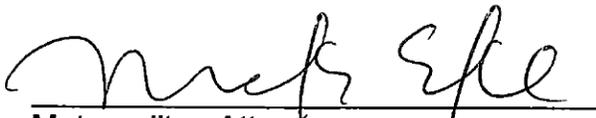
2-25-19  
\_\_\_\_\_  
Date

APPROVED AS TO RISK AND INSURANCE:

  
\_\_\_\_\_  
Director of Risk Management Services

2/27/19  
\_\_\_\_\_  
Date

APPROVED AS TO FORM AND LEGALITY:

  
\_\_\_\_\_  
Metropolitan Attorney

2/27/19  
\_\_\_\_\_  
Date

FILED:

\_\_\_\_\_  
Metropolitan Clerk

\_\_\_\_\_  
Date