

# Affiliated Veterinary Specialists

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Jacksonville  
3444 Southside Blvd Ste 103  
Jacksonville, FL 32216  
(904) 646-1287

Shar Pei Rescue  
1024 Nelson St.  
Jacksonville, FL 32205

Client ID: 15559  
Invoice #: 15429  
Date: 5/5/2012

Patient ID: 18326	Species: Canine	Weight: 23.00 pounds
Patient Name: Angel	Breed: Shar Pei	Birthday: 11/02/2009 Sex: Female

	Description	Staff Name	Quantity	Total
5/3/2012	Biochemistry Panel/CBC	Jay B. Erne, DVM	1.00	\$142.03
	Simplicef 100 mg		14.00	\$48.70
	Previcox 57mg		7.00	\$21.61
	Fracture		1.00	\$0.00
	Fracture		1.00	\$0.00
	Radiographs: Digital - 2 Views		1.00	\$180.00
	Additional Radiographic Views		2.00	\$160.00
	Intravenous Fluid Therapy: Initial		1.00	\$36.75
	Intravenous Catheter		1.00	\$57.50
	Anesthesia Induc: Propofol mls		4.20	\$25.57
	Monitoring Support CO2,SpO2,EKG,BP		1.00	\$80.00
	Surgical Pack: Level 3		1.00	\$460.00
	Anesthetic Time/Minute		90.00	\$180.00
	Professional Surgical Fee Level 2		1.00	\$645.00
	Injectable: Hydromorphone 2mg/ml		1.10	\$51.37
	Surgical Biohazard Fee	AVS - JAX	1.00	\$15.00
	Hospital: Day Level 2	Jay B. Erne, DVM	1.00	\$65.00
	Overnight Hospital: Level 1(ER)	ER	1.00	\$78.00
	call backs	Jay B. Erne, DVM	1.00	\$0.00
	Rescue discount 25%		1.00	(\$1,000.00)
	Plate LC-DCP 2.0mm 10 hole		1.00	\$335.00
	Screw 2.0mm Cortical		14.00	\$359.10
	Suture PDS 2-0		1.00	\$19.31
	Plate LC-DCP 2.0mm 5 hole		1.00	\$262.50
	Overnight Hospital: Level 1(ER)	ER	1.00	\$78.00
5/4/2012	Invoice	Jay B. Erne, DVM	1.00	\$0.00
	Overnight Hospital: Level 1(ER)	ER	1.00	\$78.00

**Patient Subtotal: \$2,378.44**

**Invoice Total: \$2,378.44**

Total: \$2,378.44

Balance Due: \$2,378.44

Previous Balance: (\$1,250.00)

**Balance Due: \$1,128.44**

Affiliated Veterinary Specialist  
3444 Southside Blvd. Ste. 103  
Jacksonville, FL 32216  
(904) 646-1287

May 5, 2012 9:12:57

\*\*\* CREDIT SALE \*\*\*

Transaction #: 2347  
Batch #: 1  
Card Type: AMEX  
Card #: xxxxxxxxxxxx2022  
Exp Date: xxxx  
Entry Mode: Keyed  
Reference #: 001

Authorization Code:  
AUTH/TKT 263102 0

AVS Result:  
AVS PARTIAL MATCH Z

V-Code Result:  
V-CODE MATCH M

SALE AMOUNT: \$1128.44

NO SIGNATURE REQUIRED

Have a nice day

\*\*\* CUSTOMER COPY \*\*\*

furry family member.  
ncerns.

Affiliated Veterinary Specialists  
Jacksonville  
3444 Southside Blvd Ste 103  
Jacksonville, FL 32216  
(904) 646-1287

Payment On Account

Jhar Pei Rescue  
1024 Nelson St.  
Jacksonville,FL 32205

Client ID: 15559

Previous Balance:	\$1,128.44
American Express, :	(\$1,128.44)
Subtotal:	\$0.00
Change Given:	
Balance Due:	\$0.00

1

Thank You!

Current	30 Days	60 Days	90 Days
\$0.00	\$0.00	\$0.00	\$0.00

Affiliated Veterinary Specialist  
3444 Southside Blvd. Ste. 103  
Jacksonville, FL 32216  
(904) 646-1287

May 3, 2012 10:03:06

\*\*\* CREDIT SALE \*\*\*

Transaction #: 2328  
Batch #: 9  
Card Type: VISA  
Card #: xxxxxxxxxxxx7816  
Exp Date: xxxx  
Entry Mode: Keyed  
Reference #: 002

Authorization Code:  
AUTH/TKT 685356 0

AVS Result:  
AVS PARTIAL MATCH Z

V-Code Result:  
V-CODE MATCH M

SALE AMOUNT: \$1250.00

NO SIGNATURE REQUIRED

Have a nice day

\*\*\* CUSTOMER COPY \*\*\*

Affiliated Veterinary Specialists  
Jacksonville  
3444 Southside Blvd Ste 103  
Jacksonville, FL 32216  
(904) 646-1287

## Payment On Account

Client ID: 15559

---

Previous Balance:	\$0.00
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Visa, :	(\$1,250.00)
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Subtotal:	(\$1,250.00)
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Change Given:

Balance Due:	(\$1,250.00)
--------------	--------------

Thank You!

Current	30 Days	60 Days	90 Days
(\$1,250.00)	\$0.00	\$0.00	\$0.00

# Affiliated Veterinary Emergency Center

Page 1 / 1

Jacksonville  
3444 Southside Blvd Ste 101  
Jacksonville, FL 32216  
(904) 642-5911

Shar Pei Rescue  
1024 Nelson St.  
Jacksonville, FL 32205

Client ID: 15559  
Invoice #: 15386  
Date: 5/3/2012

Patient ID: 18326	Species: Canine	Weight: 23.00 pounds
Patient Name: Angel	Breed: Shar Pei	Birthday: 11/02/2009 Sex: Female

	Description	Staff Name	Quantity	Total
5/3/2012	AVEC Emergency Fee	Mace Barton, DVM	1.00	\$80.00
	Hospitalization - Weekday Routine		1.00	\$65.00
Patient Subtotal:				\$145.00
Invoice Total:				\$145.00
Total:				\$145.00
Balance Due:				\$145.00
Previous Balance:				\$0.00
Balance Due:				\$145.00
Visa:				(\$145.00)
Less Payment:				(\$145.00)
Balance Due:				\$0.00

05/03/2012

Merchant ID:

Terminal ID:

425229605992

07:31:29

000000002488814

03697183

AVEC

3444 SOUTHSIDE BLVD STE

JACKSONVILLE, FL 32216

CREDIT CARD

VISA SALE

XXXXXXXXXXXX7816

0010

000068

610116

Manual

Online

\$0.00

CARD #

INVOICE

Batch #:

Approval Code:

Entry Method:

Mode:

Tax Amount:

Card Code: M

SALE AMOUNT

\$145.00

904-642-5911

THANK YOU FOR YOUR BUSINESS

CUSTOMER COPY

Thank you for allowing us to provide surgical care to your furry family member.  
Please call us if you have any questions or concerns.



**Affiliated Veterinary Specialists  
Jacksonville**

3444 Southside Blvd Ste 103  
Jacksonville Florida 32216  
904.646.1287 Fax 904.645.5585  
email: avsjaxfl@gmail.com  
www.avsjax.com



*Rescue - copy*  
**W. Thomas McNicholas, Jr., D.V.M.**  
Diplomate,  
American College of Veterinary Surgeons

**Jay B. Erne, D.V.M.**  
Diplomate,  
American College of Veterinary Surgeons

**Discharge Instructions - Pelvic Fracture**

Patient's Name: **Angel**

Owner's Name: **Shar Pei Rescue**

**Diagnosis:** LEFT ilial fracture; skin lacerations; severe dermatitis and keratitis

**Procedure:** Open reduction and stabilization of the LEFT Ilium using bone plate and screws

**Procedure Date:** 05/03/2012

**Discharge Date:** 05/04/2012

**Unrestricted activity will result in failure of this procedure**

If the **IV site** still has a bandage on it, please remove 2 hours after you get home.

**Medications**

ITEM DESCRIPTION	QUANTITY	DIRECTIONS
<b>Rimadyl 25mg</b>	<b>Previous Rx</b>	<b>NSAID:</b> Give 1 tablet by mouth every 12 hours for 5 days, then as needed for discomfort. <b>*Discontinue if vomiting, diarrhea, or poor appetite. Do not combine this medication with any other NSAIDS (aspirin, ibuprofen).</b>
<b>Simplicef 100mg</b>	<b>14.00</b>	<b>Antibiotic:</b> Give 1 tablet by mouth every 24 hours until finished. <b>Give with food.</b>

To limit the possibility of adverse drug reactions, please consult Affiliated Veterinary Specialists or your referring veterinarian with questions about medications.

**Appointments**

- Suture removal at 10-14 days postoperatively
- X-rays and re-evaluation at 4 weeks after surgery - Do not feed the morning of this appointment as sedation may be required. **This visit will cost approximately \$250.00.**

**Incision**

- Ice pack the limb every 6-8 hours for 10-15 minutes for the next 48-72 hours.
- Monitor the surgical site for redness, swelling, separation, and discharge. Please contact Affiliated Veterinary Specialists if any of the above occurs.
- Do not allow to lick or chew at the bandage/surgical site. If needed, please obtain an E-Collar or cervical doughnut collar. You can obtain these from AVS, your veterinarian, or your local pet store.

**Activity**

- Absolutely no running, jumping, excessive activity, or playing with other animals!!! **Leash walks only for 10 weeks!**
- Restrict activity to strict house rest with short leash walks to eliminate only for 10 weeks. If too active in the house, confine to a small room or crate.

If any problems or questions arise associated with this surgical procedure, please do not hesitate to contact Affiliated Veterinary Specialists at (904) 646-1287. In case of emergency, if Affiliated Veterinary Specialists cannot be reached, please call the Affiliated Veterinary Emergency Center in Jacksonville at (904) 642-5911. **Please bring your surgery discharge instructions with you and ask them to contact Dr. Erne. The ER is a separate entity and charges will accrue should you need to be seen by them.**

Please note: Angel has undergone a major surgical procedure, which can on occasion result in significant postoperative discomfort. Please exercise caution when handling your pet. Children should not be allowed contact with your pet until behavior has returned to normal.

**Please note: After discharge from the hospital there may be additional expenses incurred.**

Surgical Nurse: Sofia Rivera

**Jay B. Erne, DVM (JE)**  
Diplomate, American College of Veterinary Surgeons

Animal Eye Clinic


3444 Southside Blvd #104 Jacksonville, FL 32216

vox: 904-998-7805 or 877-887-1914  
fax: 904-998-8705

Pet: <b>ANGEL ABEL</b>		Exam Date: <b>5/31/2012</b>		Discharge Date: <b>5/31/2012</b>	
Visit SubTotal	\$77.00	Visit Total	\$77.00	Amount Paid	\$77.00
Discount		Prev. Balance		Payment method	Credit card
Tax		Total Due	\$77.00	New Balance	\$0.00

Exams	Patient/Doctor Consult	5/31/2012	1	0.00
Diagnostics	Schirmer Tear Test - No Charge	5/31/2012	1	0.00
Medications	Tacrolimus 0.02% 15ml	5/31/2012	1	55.00
	I Drop Solution 10ml	5/31/2012	1	22.00
Surgeries				
Anesthesia and Pain Medications				
Procedures				

Recheck: please call to schedule an appointment for surgery if desired



ANIMAL EYE CLINIC  
3444 SOUTHSIDE BLVD 104  
JACKSONVILLE, FL 32216

Merchant ID: 8600

Ref #: 0008

Phone Order

XXXXXXXXXXXX7816  
VISA                      Entry Method: Manual

Total:                      \$                      77.00

05/31/12                      14:26:14  
Inv #: 000008                      Appr Code: 024833  
Transaction ID: 002152663748424  
Apprvd: Online                      Batch#: 000053  
AVS Code: VER UNVAL U  
CVV2 Code: MATCH M  
PO #: 1234

Customer Copy  
THANK YOU!





## Animal Eye Clinic

3444 Southside Blvd #104 Jacksonville, FL 32216

904-998-7805 or 877-887-1914

fax 904-998-8705

Pet: ANGEL ABEL

exam date 5/31/2012 and discharged

### Diagnoses Right Eye

Keratoconjunctivitis sicca

Entropion, moderate

### Diagnoses Left Eye

Keratoconjunctivitis sicca

Entropion, moderate

### Diagnostic Tests Performed:

Results: OD OS

### Surgeries Performed:

Biomicroscopy / Indirect Ophthalmoscopy

Schirmer Tear Test - No Charge

0 mm/60s 0 mm/60s

### Medications: (Please wait 5 minutes in between eye meds)

2 Tacrolimus 0.02% 15ml 1 drop in both eyes 3 times a day until recheck

1 I Drop Solution 10ml 1 drop in both eyes 4 times a day until recheck

Recheck: please call to schedule an appointment for surgery if desired

### Special Instructions and Comments:

The chronic mucoid discharge in ANGEL's eyes and the development of corneal cloudiness, redness, and pigmentation in the eye are due to keratoconjunctivitis sicca or decreased tear production. When an inadequate level of tears are present, the eye produces a thick mucous. The lack of tear production not only leads to mucous production but also scarring and pigmentation of the surface of the eye. This eventually leads to loss of vision and is uncomfortable.

Most forms of dry eye are spontaneous. However, we see the disease more commonly in dogs with skin allergies and/or chronic ear disease. In addition, we can see the disorder associated with certain oral medications or low thyroid production.

There are 3 therapies for poor tear production in dogs. The first is artificial tears. Artificial tears are helpful in that they increase the comfort of the eye and help decrease the level of mucous. However, it is nearly impossible to give artificial tears often enough to prevent vision loss.

The second therapy is the use of tear stimulators. Topical cyclosporine (Optimmune) has been used for many years and is a successful tear stimulator. However, not all dogs respond to therapy and some patients find the medication irritating. A newer tear stimulator called Tacrolimus is now available. This medication will work in approximately 40% of patients who do not respond to cyclosporin.

We have initiated topical Tacrolimus for ANGEL today. If successful, the level of mucous from eyes will dramatically decrease during the next month and she will be more comfortable.

\*\*\*Please wait at least 5 minutes between eye drops\*\*\*

WATCH FOR: 1) increased cloudiness, 2) holding the eyes closed most of the time, 3) marked discharge from the eyes

The excessive tearing and squinting in ANGEL's eyes is due to entropion. Entropion is rolling in of the eyelids resulting in facial hair rubbing on the cornea. This is irritating and leads to corneal scarring and impaired vision. The problem is



## Animal Eye Clinic

3444 Southside Blvd #104 Jacksonville, FL 32216

904-998-7805 or 877-887-1914

fax 904-998-8705

**Pet: ANGEL ABEL**

exam date **5/31/2012** and discharged

inherited and due to weak cartilage in the eyelids. Correction of the problem requires surgically rolling the eyelid out. Correction of secondary problems such as excessive fore head skin or skin infections is also important. The disease can recur over time in some breeds.

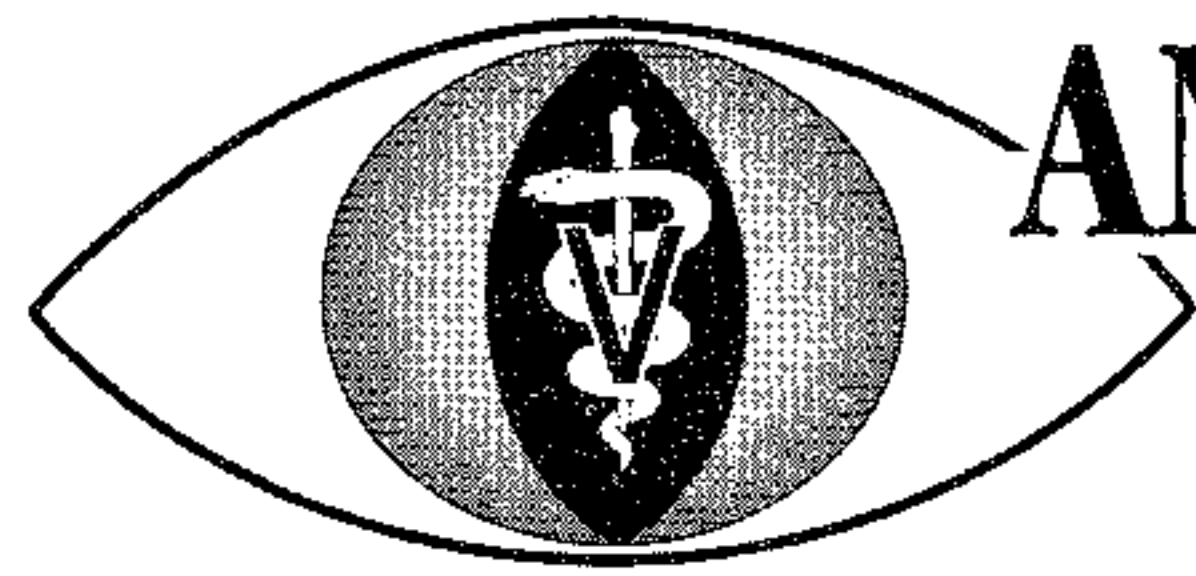
The use of antibiotic ointments in the eye helps improve comfort but surgical correction of the entropion is recommended. Please call us to schedule surgery if desired.

---

If you have any questions about your pets progress or any therapy, please do not hesitate to call. Thank you for letting us help your pet.

Your pet was examined by Daniel R. Brown DVM, Diplomate, American College of Veterinary Ophthalmologists





# ANIMAL EYE CLINIC

Board Certified Ophthalmologists, ACVO

Jacksonville

Orange Park

Tallahassee

Pensacola

Daniel R. Brown, DVM

Toll Free: (877) 887-1914

Matthew J Chandler, DVM

Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Dr.: \_\_\_\_\_

Patient Name: \_\_\_\_\_

## SURGERY CONSENT FORM

(Please Check)

Procedure cost includes Surgeon's Fee, Anesthesia, Sedation, Surgical Supplies, Standard Pre-Op Medications, Initial Post-Op Medications, IV Fluids and One (1) Post Op Surgery Recheck Exam.

Initial \_\_\_\_\_

\_\_\_\_\_  
Chem CB Ablation  
\_\_\_\_\_  
Conjunctival Graft  
\_\_\_\_\_  
Cryo Therapy/General  
\_\_\_\_\_  
Cryo Therapy/Local  
\_\_\_\_\_  
Diode Laser  
\_\_\_\_\_  
Ectopic Cilia  
\_\_\_\_\_  
Entropion

\_\_\_\_\_  
Enucleation  
\_\_\_\_\_  
Gland of Third Eye Lid  
\_\_\_\_\_  
Glaucoma Treatment  
\_\_\_\_\_  
General Ocular SX  
\_\_\_\_\_  
ISP  
\_\_\_\_\_  
Parotid Duct  
\_\_\_\_\_  
Scleral Biopsy  
\_\_\_\_\_  
Ocular Biopsy

\_\_\_\_\_  
Orbital Workup  
\_\_\_\_\_  
Superficial Keratectomy  
\_\_\_\_\_  
Mult. Punctate/Grid  
\_\_\_\_\_  
Temp Third Lid Flap  
\_\_\_\_\_  
Temp Tarsorrhaphy  
\_\_\_\_\_  
Tumor Removal  
\_\_\_\_\_  
Miscellaneous  
\_\_\_\_\_  
Laser/Cryo Retina

Procedure Cost \$ \_\_\_\_\_

Initial \_\_\_\_\_

**Please Note: Ongoing treatment is advised for many procedures. Your estimate includes one post-op visit. Normal office visit rates will apply thereafter.**

### ADDITIONAL TREATMENT (If Required):

Blood Chemistry \_\_\_\_\_  
Histopathology \_\_\_\_\_  
Cytology \_\_\_\_\_  
Culture & Sensitivity \_\_\_\_\_  
Glucose Check \_\_\_\_\_

Hospitalization \_\_\_\_\_  
Emergency Fee \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Treatment Cost \$ \_\_\_\_\_

Initial \_\_\_\_\_

**TOTAL SURGICAL ESTIMATE: \$** \_\_\_\_\_

Initial \_\_\_\_\_

### Treatment Authorization

I certify I am the Owner/Agent of the above named pet and give consent to the Animal Eye Clinic to perform the surgical procedure(s) listed above.

Initial \_\_\_\_\_

I have been advised regarding the nature of the procedure(s) and any risk involved. I understand that results cannot be guaranteed and complications can occur.

Initial \_\_\_\_\_

I authorize the use of general anesthesia and understand a risk is involved with the administration of any type of anesthesia.

Initial \_\_\_\_\_

Initial medications and follow up exams as stated above are included in the TOTAL SURGERY ESTIMATE.

Additional medications, if required, and post op medications refills are extra.

Initial \_\_\_\_\_

This estimate will be within 20% of your final bill unless you are contacted prior to surgery OR an emergency situation arises during surgery and we cannot reach you.

Initial \_\_\_\_\_

I understand that professional services are to be paid in full upon release of the patient. Any other financial arrangements must be made prior to surgery.

Initial \_\_\_\_\_

Date

Owner/Agent Signature

**Affiliated Veterinary Specialists  
Jacksonville**

3444 Southside Blvd Ste 103  
Jacksonville Florida 32216  
904.646.1287 Fax 904.645.5585  
email: avsjaxfl@gmail.com  
www.avsjax.com



**W. Thomas McNicholas, Jr., D.V.M.**  
*Diplomate,  
American College of Veterinary Surgeons*

**Jay B. Erne, D.V.M.**  
*Diplomate,  
American College of Veterinary Surgeons*

**Re-Check Examination and Correspondence**

**Date: 5/31/2012**

**Patient's Name:** Angel

**Owner's Name:** Shar Pei Rescue

**Referring Veterinarian:** Dr. Kandra Jones

**Reason for Visit:** D/O X-rays

**Previous Surgery (date):** 5-3-12 Open reduction and stabilization of the LEFT Ilium using bone plate and screws

**Date of Last Exam:** 5-4-12 discharge

**Current Medications:** None

**Status Since Last Exam:** Doing very well. Possibly in heat?

**Attitude:** Alert and responsive

**Pulse Rate:** Within normal limits

**Respiratory Rate:** Within normal limits

**Rectal Temp:**

**Weight:** 23 pounds

**Examination Findings:** Weightbearing on the operated limb with minimal lameness noted. Good range of motion of the left hip.

**Diagnostics:** Pelvic radiographs - fracture site is healing, implants are stable, single migrated screw, good alignment

**Recommendations:** Angel appears to be healing without complication. 10 to 15 minute leash walks are allowed. Avoid off leash activity for the next 4 weeks.

**Medications Prescribed:** None needed

**Advise Recheck in:** 4 to 6 weeks for final radiographs

**Veterinary Nurse:** Sofia Rivera

**Jay B. Erne, DVM (JE)**  
*Diplomate, American College of Veterinary Surgeons*

Affiliated Veterinary Specialists

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3444 Southside Blvd Ste 103  
Jacksonville, FL 32216  
(904) 646-1287

Shar Pei Rescue  
1024 Nelson St.  
Jacksonville, FL 32205

Client ID: 15559  
Invoice #: 15903  
Date: 5/31/2012

Patient ID: 18326	Species: Canine	Weight: 24.00 pounds
Patient Name: Angel	Breed: Shar Pei	Birthday: 11/02/2009 Sex: Female

	Description	Staff Name	Quantity	Total
5 5 2012	Sling	Jay B. Erne, DVM	1.00	\$60.00
	Hospital: Day Level 1		1.00	\$45.00
5/31/2012	Injectable: Torbugesic 10mg		0.15	\$14.75
	DexDomitor		0.20	\$12.72
	Antisedan		0.20	\$13.21
	Injection Biohazard Fee	AVS - JAX	1.00	\$10.00
	Additional Radiographic Views	Jay B. Erne, DVM	2.00	\$160.00
Patient Subtotal:				\$315.68

Invoice Total: \$315.68

Total: \$315.68

Balance Due: \$315.68

Previous Balance: \$0.00

Balance Due: \$315.68

Visa: (\$315.68)

Less Payment: (\$315.68)

Balance Due: \$0.00

Affiliated Veterinary Specialist  
3444 Southside Blvd. Ste. 103  
Jacksonville, FL 32216  
(904) 646-1287

May 31, 2012 14:24:00

\*\*\* CREDIT SALE \*\*\*

Phone Order

Transaction #: 2572  
Batch #: 1  
Card Type: VISA  
Card #: xxxxxxxxxxxxx7816  
Exp Date: xxxx  
Entry Mode: Keyed  
Invoice #: 2572  
Reference #: 005

Authorization Code:  
AUTH/TKT 073348 0

AVS Result:  
AVS UNSUCCESSFUL U

V-Code Result:  
V-CODE MATCH M

SALE AMOUNT: \$315.68

NO SIGNATURE REQUIRED

Have a nice day

\*\*\* CUSTOMER COPY \*\*\*

Thank you for allowing us to provide surgical care to your furry family member.  
Please call us if you have any questions or concerns.