

St. Pete Beach Veterinary Clinic

Patient Chart

6605 Gulf Blvd.
St. Pete Beach, FL 33706
727-367-0096

Printed: 06-12-10 at 9:31a

CLIENT INFORMATION

Name	Mr/Mrs. Susan Melton (2293)	Spouse	
Address	6722 5th Ave N St. Petersburg, FL 33710	Balance	194.17 (0.00) 06-12-10
Phone	727 343-2260 Work: 341-7753		

09-05-09 8:09a: Foster mother is Linda Grant.

DO NOT MAKE TAYLOR'S CHART INACTIVE - HAS CREDIT CARD INFO

PATIENT INFORMATION

Name	New Rescue	Species	Canine
Sex	Male	Breed	Shar Pei
Birthday	06-11-10	Age	1d
ID		Rabies	
Color		Weight	0.00 lbs
Reminded	(none)	Codes	

MEDICAL HISTORY - Public View

Date	By	Code	Description	Qty (Variance)	Amount
06-12-10	KMR	100	Examination		37.80
		201	Fecal Flotation		10.80
		D10	Preanesthetic Profile in house		41.85
		414	Clip Nails		7.20



0010214362

ENTER MICROCHIP ID OR PLACE MICROCHIP ID STICKER HERE



4B01085E0F

IMPOR

pedited
ss network.

HomeAgain®

ALWAYS LOOKING OUT FOR YOUR PET

PET/PRIMARY CONTACT INFORMATION

Pet Information

Pet name Dog ☐ Cat ☐ Other Pet date of birth - -

Primary contact

First name Last name Address Apt. City State ZIP E-mail Phone 1 () - Ext. Phone 2 () - Ext.

I understand I will receive service-related communications. However, I may choose not to receive other HomeAgain communications.

Please do not send me: (check all that apply)

☐ PetRescuer email alerts when a pet is lost in my neighborhood☐ Email special offers☐ Email newsletters with articles on pet protection and safety

Alternate contact

First name Last name Phone 1 () - Ext. Phone 2 () - Ext.

DO NOT SEND CASH. DEBIT CARDS ARE NOT ACCEPTED.

PAYMENT OPTIONS

HomeAgain® membership services are \$16.99 per year.*

VISA ☐ M/C ☐ AMEX ☐ DISCOVER ☐ Account # - - - Expiration date mm - yy

Complete if address is different than above.

Billing address Apt. City State ZIP ☐ Check enclosed for annual membership fee

Make check payable to HomeAgain® and mail to: HomeAgain®, P.O. Box 28153, Miami, FL 33102-8153

Enrollment paid by clinic ☐Promotion code (if applicable) Signature Print name Date

You understand that once charged, membership fees are non-refundable.

*Membership fees are subject to change.

IMPORTANT Please return this form to the HomeAgain Pet Recovery Service or we will not be able to identify your pet if lost.To enroll, mail this form to HomeAgain, P.O. Box 28153, Miami, FL 33102-8153, visit www.homeagain.com or call 1-888-HOMEAGAIN (1-888-466-3242).PET NAME MICROCHIP ID OR GT#

IMPORTANT: Enter the correct microchip number for proper and expedited enrollment in the HomeAgain® pet safety and wellness network.

HomeAgain® offers high quality collar tags engraved with your pet's name and microchip ID number.

View additional styles and order at HomeAgain.com.

See other side for ordering information.

Stamped Round

(1 1/8" - up to 12 characters for name)

I - Blue/Yellow - \$14

J - Pink - \$14



Stamped House

(1 1/8" - up to 10 characters for name)

K - Nickel - \$14

L - Pink - \$14

M - Yellow w/Diamond Rhinestones - \$23



KENNEL Q28B	ANIMAL NO. A548537	HOLD? N - RESCUE	TAG NO. 4B01085E0F	TAG TYPE	ACTIVITY NO. A10-013551
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<u>SEX</u>	<u>AGE</u>	<u>ANIMAL SIZE</u>	<u>COLOR</u>	<u>BREED</u>
Neutere	ADULT	MED	TAN	CHINESE SHARPEI
<u>STATUS</u>	<u>BY</u>	<u>INTAKE DATE</u>	<u>DUE OUT</u>	
UNAVAIL	5877	6/4/10 @ 1:37 pm	06/09/2010	
<u>INTAKE TYPE</u>	<u>COLLAR TYPE/COLOR</u>			
STRAY	OTC	NONE	/	
<u>CROSSING/COMMENTS</u>	<u>JURISDICTION</u>	<u>TOTAL</u>		
SAME ADDRESS	HIGHLAND CITY	1		
<u>MARKINGS/ BITE INFO</u>				
HEARTWORM TEST SNAP NEGATIVE				

VC6287

OWNER

P231828
FL SHAR PEI RESCUE

Address

5514 99TH TER
GAINESVILLE, FL 32653

ADOPTION Outcome:

By: VC

Phone
(352) 332-3732

Second Phone #

, FL

COMMENTS

K10-038902



ANIMAL LICENSE CERTIFICATE
Polk County Animal Control
7115 DeCastro Rd.
Winter Haven, FL 33880
(863) 499-2600

FL SHAR PEI RESCUE
5514 99TH TER
GAINESVILLE, FL 32653

P231828
(352) 332-3732

This is to certify that the person listed above has furnished Polk County Animal Control with proof the animal described below has been vaccinated against rabies in accordance with the Polk County Animal Control and Animal Services Ordinance and Florida Statute 828.30, and has purchased the required county license tag.

6/4/2008 ID# A548537 Neutered Male DOG TAN, CHINESE SHARPEI Animal Name:

License number	License Type	Date Issued	License Expiration Date	Receipt Number	Price
L10-071345	LIC ADP DOG A	6/9/2010	<u>6/9/2011</u>	0.00	

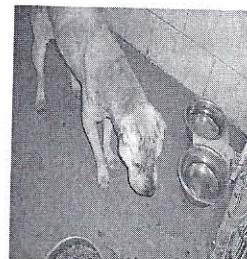
Vet ID	Vaccination Date	Vaccine Expires	Vaccine	Serial Number	Certificate Number
G007660	6/9/2010	6/9/2011	MER	11098A	

Date of Birth	Current Age
6/4/2008	2Y

Tag Status: **CURRENT**

DR ERTEL / POLK COUNTY SHERIFF'S OFFICE

ID Number: G007660
7115 DE CASTRO RD
WINTER HAVEN, FL 33880
(863) 499-2600



Animal Adoption Contract Continued

- Int 9. I understand the Polk County Sheriff's Office Animal Control cannot make any promises or guarantees concerning the health, temperament or condition of the animal. Many of the animals impounded have been medically neglected by their owners and may be suffering from common pet diseases. **The Polk County Sheriff's Office Animal Control strongly recommends taking the newly adopted pet to a veterinarian within ten (10) days for further examination, treatment, medical recommendations and advice.** (Please give your veterinarian the medical sheet that is provided when you pick up your pet. This medical sheet contains important treatment and vaccination information that your pet has received from the Polk County Sheriff's Office Animal Control.) **The Polk County Sheriff's Office Animal Control will NOT treat the above described adopted pet for any illness.**
- Int 10. I understand that refunds are given if the animal is sick or aggressive. The sick or aggressive animal must be returned within ten (10) days of the animal being picked up by the adopter to obtain the refund.
- Int 11. I understand that revenues received for animals are reconciled and reported to the auditing department daily and that in the event of a refund, it could be up to three (3) weeks for the refund check to be processed and mailed.
- Int 12. I understand that If the animal I am adopting bites or scratches anyone and dies within ten (10) days of this exposure, I must not dispose of the body until I have contacted the Polk County Sheriff's Office Animal Control. The Polk County Sheriff's Office Animal Control will need to test the animal for rabies.
- Int 13. I understand that I may choose the option to have this pet tested for either the Parvo Virus (for dogs) or Feline Leukemia (for cats). I have been further advised that in the earlier stages of these diseases, the test may not show a positive result; therefore, it is always possible that I may take home a sick pet.
- Int 14. I understand that if I am taking home a new pet, I should be sure that all pets at home are vaccinated against all pet diseases to prevent them from catching any diseases from my newly adopted pet.

Please initial your choice for each of the following items.

_____ I choose to have my pet dog Parvo tested. Int I decline to have my pet dog Parvo tested.

P231828 Sergeant Travis
FL SHAR PEI RESCU
5514 99TH TER
GAINESVILLE FL 32653
Telephone # (352) 332-3732

6/9/2010

DMoyaw
Clerk

Contact telephone # _____

Tag L10-071345

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P231828

FL SHAR PEI RESCU
5514 99TH TER
GAINESVILLE FL 32653

Telephone # (352) 332-3732

6/9/2010

Clerk

Contact telephone # _____

Tag L10-011345

YOUR PET 'S MEDICAL HISTORY

6/9/2010

A548537 DOG TAN&TAN N CHINESE SHARPEI

6/4/2010

No weight recorded for this treatment

QTY Cycle #Days Medication Dose

NORMAL

Treated by: STAFF

Vaccination- DA2PPv

Vaccination- Bordetella (Canine Adenovirus Type 2- Parainfluenza-Botdetella Bronchiseptica)

Deworming- Pyrantel

Deflea- Frontline Spray



6/9/2010

27.50LBS

QTY Cycle #Days Medication Dose

NORMAL

Treated by: ERTEL

Dog/puppy neuter

Anesthesia - Ket/Val IV, Isoflurane/O2 maint.

Sx. - Routine castration, absorbable subcuticular closure.

Ketophen

Penicillin

Microchip 4B01085E0F

Rabies (3 months or older) 11098A

Capstar

Heartworm test snap negative

The above treatments have been performed at the Polk County Sheriff's Office Animal Control Shelter

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED PLEASE
CALL US AT (863) 499-2600

MEDHIST2.RPT

YOUR PET 'S MEDICAL HISTORY

A548537 DOG TAN&TAN N CHINESE SHARPEI

6/11/2010

6/4/2010

No weight recorded for this treatment

NORMAL	QTY	Cycle	#Days	Medication	Dose
Vaccination- DA2PPv					
Vaccination- Bordetella (Canine Adenovirus Type 2- Parainfluenza-Botdetella Bronchiseptica)				Treated by: STAFF	
Deworming- Pyrantel					
Deflea- Frontline Spray					

6/9/2010

27.50LBS

NORMAL	QTY	Cycle	#Days	Medication	Dose
Dog/puppy neuter					
Anesthesia - Ket/Val IV, Isoflurane/O2 maint.				Treated by: ERTEL	
Sx. - Routine castration, absorbable subcuticular closure.					
Ketophen					
Penicillin					
Microchip 4B01085E0F					
Rabies (3 months or older) 11098A					
Capstar					
Heartworm test snap negative					


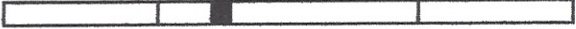


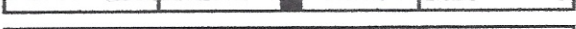




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ST PETE BEACH VETERINARY CLINIC
6605 GULF BLVD
ST. PETE BEACH, FL 33706

Species : Adult Canine
Patient : NewRescue
Client : Susan Melton

Ver: 8.23A
Date : 12-Jun -2010 09:14AM

Test	Results	Reference Range	Indicator		
			LOW	NORMAL	HIGH
ALKP	= 51 U/L	23 - 212			
ALT	= 32 U/L	10 - 100			
BUN	= 18 mg/dL	7 - 27			
CREA	= 1.5 mg/dL	0.5 - 1.8			
GLU	= 110 mg/dL	74 - 143			
TP	= 7.5 g/dL	5.2 - 8.2			
Na	= 159 mmol/L	144 - 160			
K	= 5.2 mmol/L	3.5 - 5.8			
Cl	= 116 mmol/L	109 - 122			



Polk County Sheriff's Office, Animal Control

7115 de Castro Road, Winter Haven, FL 33880

(863) 499-2600 (863) 499-2603 FAX

Receipt Number **R10-044407**

Receipt Date: Friday, June 11, 2010

Person Information: FL SHAR PEI RESCUE
5514 99TH TER
GAINESVILLE, FL 32653

PID: P231828

Received From: JACQUELINE TRAUTWEIN

Check No: 1084

Phone: (352) 332-3732

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
RES DOG ADPT	A548537		\$20.00	1	\$20.00
LIC ADP DOG A	A548537	L10-071345	.00	1	.00
ADP MIC CHIP	A548537	4B01085E0F	5.00	1	5.00

Total Fees Due: **\$25.00**

Payments: Cash: \$0.00
Check: \$25.00
Credit Card: \$0.00

Total Payments Received: **\$25.00**

Thank You!

Change: \$0.00
Balance Due: \$0.00

Animal Information:

A548537 A548537 - 2YNEUTERED, CHINESE SHARPEI, TAN AND TAN DOG

License Information:

Tag Number:	Expires:	Animal#	Vacc Date:	Term:	Expires:	Amount:	Type:
L10-071345	06/09/11	A548537	06/09/10	12	06/09/11	\$0.00	LIC ADP DOG
4B01085E0F	02/09/27	A548537				\$5.00	ADP MIC CHIP
TOTAL LICENSE FEES:						\$5.00	

Shelter Hours

Monday - Saturday 10:00AM - 4:00PM*

Shelter is CLOSED Sundays and Holidays

Clerk: VC6287 SHELTER

PCSO Form 1720 (09/06/05)

6/11/2010 3:50:48PM

Print Date: 06/11/10

3:53:10 PM

C:\Program Files\Chameleon Software\Chameleon\Crystal\user\rec2.rpt