

Mobile County Animal Shelter

Animal No:

A036019

Tag:

4085

Intake Card:

19001

Weight:

30

Microchip:

NO CHIP

Release Date: _____

Released By: _____



Name:

CHARMIN

Color:

TAN

Breed:

CHINESE SHARPEI

Sex:

FEMALE

Age:

1 YR

Collar Color:

Collar Type: _____

Notes: _____

Markings: _____

Jurisdiction: **MOBILE**

Intake Date:

4/7/2011

Review Date:

4/8/2011

Intake Type:

OWNER SUR / OTC

Intake By:

DV

Activity #: _____

Found @ / Comments:

OWNER SURRENDER; CAN NO LONGER CARE FOR

Administered by shelter staff:

VACCINATED & WORMED ON: _____

BY: _____

Administered by Veterinarian:

RABIES TAG# _____

DATE GIVEN: _____

ALTERED DATE: _____

ALTERED BY: _____

Adopter Information:

Illinois Animal Rescue P036686

531 LAKE COURT

WAUCONDA, IL 60084

(815) 690-8216

NO ALT PHONE

INVOICE

Animal Care of Mobile County

3678 Oak Tree Dr.
Semmes, AL 36575
(251) 649-5556

We Care for You and Your Animal

FOR: Illinois Animal Rescue
531 Lake Court
Wauconda, IL 60084

Printed: 4/12/2011 at 16:08
Date: 4/12/2011
Account: 10588
Invoice: 93521

Date	For	Qty	Description	Net Price	
Services by Scott Owens, DVM					
4/11/2011	Charmin	1	Mobile County An.SheltS/N Prog K9 Spay	0.00	
4/11/2011		1	Canine Cough Yearly Bstr	0.00	
4/11/2011		1	Rabies MCAS	0.00	
4/11/2011		12	Rimadyl carprofen 25mg 180ct singles*	18.55	
Old balance	Charges	Tax	Payments	Discount	New balance
0.00	18.55	*1.48	0.00	73.95 **	20.03

Your invoice total reflects our **Regular Clients** discount.

Reminders for: **Charmin** (Weight: 25.0 lbs - 12m) Last done

4/10/2012	Canine Cough Yearly Bstr	4/11/2011
4/10/2012	Rabies	4/11/2011
7/13/2011	Heartworm Test Antigen CITE	
7/13/2011	Canine Annual Visit	
10/10/2010	Spay-female, Neuter-male	
5/23/2010	Fecal Flotation	
5/23/2010	DHLP-CPV (1st)	

Doctor's Instructions

Rabies MCAS

Rabies vaccination is required in Alabama every 12 months for all dogs and cats 3 months of age and older. Bats are a common and prevalent carrier of rabies in Mobile County, and bites from these animals are rarely discovered. Therefore, rabies vaccination should be kept current for public health, your protection, and the health of your pet.

Canine Cough Yearly Bstr

Kennel cough virus vaccine is required by most boarding kennels, and is recommended for dogs who are in contact with other dogs. It is an upper respiratory disease that causes severe coughing and is highly contagious.

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 4/11/2011
Next Rabies Vaccination On: 4/10/2012

Certificate No: 0
Previous Rabies Vaccination: <oldtag

VETERINARY CLINIC

Animal Care of Mobile County
3678 Oak Tree Dr.
Semmes, AL 36575
(251) 649-5556

OWNER OF ANIMAL

Illinois Animal Rescue
531 Lake Court
Wauconda, IL 60084
County: Mobile

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW

Patient information...

PATIENT: Charmin
SPECIES: Canine
SEX: Female
Color and markings: Tan

TAG NO: 2826-11
WEIGHT: 25.00
AGE: 12M

Signed

Scott Owens DVM

Scott Owens, DVM

License:

HWJ

Vaccinations done...

4/11/2011 SO Rabies

4/10/2012

Rabies Vaccine Information...

MFG BY: PFIZ
LOT EXP: 30 APR 1

SER.NO: 5835927B
ADM:

DISCHARGE INSTRUCTIONS AND AFTERCARE

for surgical and hospitalized patients ANIMAL CARE OF MOBILE COUNTY

Scott W. Owens, D.V.M.

Phone 251-649-5556 Fax 251-649-5506

Name of Pet "CHARMIN" Discharge Date 4-12-11
Procedure/Treatment Performed MCAS SPAY

Proper Restraint

Please protect your pet when leaving the hospital by using a leash or carrier. If your pet is recovering from surgery and gets loose, excessive activity may result in serious injury. Do not allow your pet to become overly active or excited when you pick him/her up from the hospital.

Food and Water

With the excitement of returning home after surgery or hospitalization, your pet may be inclined to drink and eat excessively, which may result in vomiting. To avoid this, we recommend restricting access to water for an hour or so until your pet has quieted down. Normal feeding may resume the next day.

Diet

Diet can be a very important part of recovery from surgery or hospitalization. Please follow these instructions:

- ☒ Feed your pet his/her regular diet.
- ☐ Feed your pet multiple smaller meals _____ times per day.
- ☐ Feed a special diet _____.

Eliminations

Many patients may not have a bowel movement for 24 to 36 hours after surgery or hospitalization. This is normal. If your animal does not have a BM after this period, or has difficulty in defecation or urination, please contact our office immediately.

Exercise/Activity

Patients recovering from surgery or illness should have limited exercise. Avoid giving your pet access to stairs or any other situation which may lead to injury. Due to the effects of anesthesia, he/she may be groggy for 12 hours after recovery from anesthesia and will need limited activity.

- ☐ Your pet may resume normal exercise and activity in _____ days.
- ☒ Keep your pet confined **INDOORS** and take outside on a leash for eliminations for 10 days.

☐ Keep your pet under **STRICT CONFINEMENT** to a **CAGE/KENNEL OR SMALL ROOM** for _____ days. Carry or walk on a leash **slowly** outside for eliminations. **DO NOT** permit running, jumping, or access to stairs.

352-333-2987

Medications

Please follow directions on any medications carefully:

- ☐ None dispensed.
☒ Medications dispensed, please follow label instructions.

RIMADYL 25mg

Sutures

Discourage your pet from licking or chewing at the sutured incision. Please check the incision daily for any swelling, redness, or discharge. If the area around the sutures appears irritated or infected, notify our office immediately.

- ☒ Suture Removal in 10 days.
☐ Additional sutures may need to be removed in _____ days.
☐ Sutures are absorbable and will not need to be removed.
☐ No sutures have been placed in the surgical wound, but the wound should re-examined in 10 days to ensure proper healing and absence of complications.

Appointments

Please make an appointment for the following:

- ☒ Suture Removal in 10 days.
☐ Drain Removal in _____ days.
☐ Bandage change or Splint check in _____ days.
☒ Recheck of condition in 10 days.

Monitoring

A decrease in activity or appetite for one or two days may be observed.

However, if your pet exhibits any of the following symptoms, please notify our office immediately:

- (1) Loss of appetite after more than 48 hours after discharge from the hospital.
- (2) Refusal to drink water for more than 24 hours.
- (3) Weakness, depression, or lethargy.
- (4) Vomiting or diarrhea.
- (5) Drainage or bleeding from the surgical wound.

Special Instructions

Discharging Veterinarian



GULF BREEZE ANIMAL HOSPITAL

2727 Gulf Breeze Parkway
Gulf Breeze, FL 32563
(850) 932-6116

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Zach Hansen
3336 Crestview Lane
Gulf Breeze, FL 32563

Client ID: 8319
Invoice #: 73915
Date: 4/23/2011

Patient ID: 17652	Species: CANINE	Weight:	
Patient Name: Charmin	Breed: SHAR PEI	Birthday: 04/21/2010	Sex: Spayed Female
<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
4/23/2011 Microchip Implant	Tim B. Gossman DVM	1.00	\$43.24 T
Patient Subtotal:			\$43.24

Instructions

YOUR PET HAD A MICROCHIP IMPLANTED TODAY BETWEEN IT'S SHOULDER BLADES THAT WILL ALLOW RAPID AND UNIQUE IDENTIFICATION IN CASE OF LOSS OR THEFT. IT IS VITAL THAT YOU SEND IN THE REGISTRATION FORM, OR THE ID NUMBER WILL NOT BE REGISTERED AND IT WILL BE USELESS.

Invoice Total:	\$43.24
Default Tax Rate :	\$2.81
Total:	\$46.05
Less Discount Professional Courtesy Per Dr. Gossman:	(\$9.21)
Balance Due:	\$36.84
Previous Balance:	\$0.00
Balance Due:	\$36.84
MasterCard:	(\$36.84)
Less Payment:	(\$36.84)
Balance Due:	\$0.00

INVOICE

Animal Hospital of Tiger Point

4118 Gulf Breeze Parkway
Gulf Breeze, FL 32563
850-934-7233

FOR: Mr. Mrs. Zack & Jennifer Hansen
3336 Crest View Ln
Gulf Breeze, FL 32563
(850) 281-3232

Printed: 05-12-11 at 4:12p
Date: 05-12-11
Account: 7418
Invoice: 206227

Date	For	Qty	Description	Net Price
05-12-11			Mastercard payment	-66.46

Merchant ID: 11631170, Approval code: 00316P, Transaction ID: 607511467
Ref #: 22771, Act #: *****4317, Exp: XX/XX, Entry: SWIPED, Card: MASTERCARD
I AGREE TO PAY ABOVE TOTAL AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

X

05-12-11	Charmin	1	Biohazardous Waste Disposal Fee	3.46
05-12-11		1	Idexx Young Canine Maintenance Profile	63.00

Old balance	Charges	Payments	New balance
0.00	66.46	66.46	0.00

Reminders for: Charmin		Last done
05-11-12	Wellness Profile/Heartworm Tes	05-12-11
05-11-11	Dental Cleaning	

Fido and Whiskers have bad breath?
We can help
www.petcarehospital.com

YOUNG CANINE MAINTENANCE PROFILE		YOUNG MAINT PANEL		
Test	Result	Reference Range	Flag	Bar Graph
ALK. PHOSPHATASE	86	10 - 150 U/L		
ALT (SGPT)	11	5 - 107 U/L		
ALBUMIN	2.4	2.5 - 4.0 g/dL	L	
TOTAL PROTEIN	6.5	5.1 - 7.8 g/dL		
GLOBULIN	4.1	2.1 - 4.5 g/dL		
BUN	25	7 - 27 mg/dL		
CREATININE	1.2	0.4 - 1.8 mg/dL		
GLUCOSE	71	60 - 125 mg/dL		
POTASSIUM	4.9	4.0 - 5.6 mEq/L		
A/G RATIO	0.6	0.6 - 1.6		
HEMOLYSIS INDEX	++			
Index of N,+,++ exhibits no significant effect on chemistry values.				
LIPEMIA INDEX	N			
Index of N,+,++ exhibits no significant effect on chemistry values.				

YOUNG CANINE MAINTENANCE PROFILE		CBC STANDARD		
Test	Result	Reference Range	Flag	Bar Graph
WBC	33.1	5.7 - 16.3 THOUS./uL	H	
RBC	6.16	5.5 - 8.5 MILLION/uL		
HGB	14.5	12 - 18 g/dL		
HCT	42.7	37 - 55 %		
MCV	69	60 - 77 fL		
MCH	23.5	19.5 - 26.0 pg		
MCHC	34.0	32 - 36 g/dL		
NEUTROPHIL SEG	76	60 - 77 %		
NEUTROPHIL BANDS	2	0 - 3 %		
LYMPHOCYTES	11	12 - 30 %	L	
MONOCYTES	6	3 - 10 %		
EOSINOPHIL	5	2 - 10 %		
BASOPHIL	0	0 - 1 %		

AUTO PLATELET	636	164 - 510 THOUS./uL	H	<input type="text"/>
REMARKS	SLIDE REVIEWED MICROSCOPICALLY. NO PARASITES SEEN NEUTROPHILS APPEAR SLIGHTLY TOXIC PLATELETS APPEAR INCREASED.			
ABSOLUTE NEUTROPHIL SEG	25156	3000 - 11500 /uL	H	<input type="text"/>
ABSOLUTE NEUTROPHIL BAND	662	0 - 300 /uL	H	<input type="text"/>
ABSOLUTE LYMPHOCYTE	3641	1000 - 4800 /uL		<input type="text"/>
ABSOLUTE MONOCYTE	1986	150 - 1350 /uL	H	<input type="text"/>
ABSOLUTE EOSINOPHIL	1655	100 - 1250 /uL	H	<input type="text"/>
ABSOLUTE BASOPHIL	0	0 - 100 /uL		<input type="text"/>

YOUNG CANINE MAINTENANCE PROFILE		HEARTWORM AG ELISA		
Test	Result	Reference Range	Flag	Bar Graph
HEARTWORM ANTIGEN - ELISA	NEGATIVE			

nonspecific LBL changes / stress