



Jacksonville Humane Society
Community Animal Hospital
One-of-a-kind-vets for one-of-a-kind pets.



P.O. BOX 2150
BUFFALO, NY 14240 -- 2150
TEL: 1-866-597-2424
FAX: 1-866-738-2327

www.24PetWatch.com

Your pet has been micro chipped today. We will register your information with 24PetWatch. Please allow 3-4 weeks for registration. After this time, please register or login to the 24PetWatch website at **www.24PetWatch.com** or call them at **1-866-597-2424** to verify your contact details.

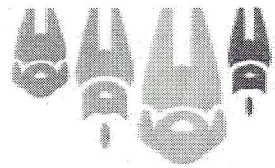
Please remember to keep your contact details up to date with 24PetWatch.

Your pet's microchip ID# is:



982000199041701

NEW TAG # 042420		FEE \$		Other		LICENSE TAG EXPIRES ANNUALLY	
ISSUE DATE 05/30/2013		DATE OF VACCINATION 05/30/2013		VACCINATION EXPIRES ON 05/30/2014		DATE TAG EXPIRES	
LAST NAME Clark				FIRST NAME Leigh			
ADDRESS 1024 Nelson St.						LAST YEARS TAG NUMBER	
CITY-STATE-ZIP Jacksonville FL 32205				PHONE # (904)382-6027		2ND PHONE # (352)332-3732	
ANIMAL NAME Grayson		TYPE FERRET <input type="checkbox"/> DOG <input checked="" type="checkbox"/>		SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> NEUTERED <input type="checkbox"/> SPAYED <input type="checkbox"/>			
D.O.B. 10/01/2012		COLOR Gray		BREED Shar Pei		SIZE S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> WEIGHT 31.70	
MICRO. CHIP OR TATTOO #		Dangerous Dog <input type="checkbox"/> Guide/Police Dog <input type="checkbox"/>		COUNTY Duval			
VACCINE MANUFACTURER & BRAND PF				VACCINE LOT # AND EXPIRATION DATE S285956A		JHS Community Animal Hospital 8464 Beach Blvd. Jacksonville, FL 32216	
VACCINE TYPE <input checked="" type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year				ROUTE IM <input type="checkbox"/> SQ <input type="checkbox"/>		TYPE OF VACCINE <input type="checkbox"/> KILLED <input type="checkbox"/> MLV	
DECEASED <input type="checkbox"/>		NO LONGER OWNED <input type="checkbox"/>		MOVED FROM COUNTY <input type="checkbox"/>		LICENSE # VM 9204	
						VETERINARIAN'S SIGNATURE <i>Chad S. Raulo, DVM</i>	



Jacksonville Humane Society

Account: 6948
Invoice: 22362
Date: 05/30/2013
Time: 3:43 PM
Page: 1

Ms. Leigh Clark
1024 Nelson St.
Jacksonville FL 32205
Patient: GRAYSON
Species: CANINE
Breed: Shar Pei
Color: Gray
Doctor: Christian Broadhurst, DVM

Phone: (904)382-6027 (352)332-3732

Age: 8m
Sex: MN
Tag: 042420
Weight: 31.70

Service/Item	Qty	Price	Amount
Canine Neuter 2-50 lbs	1.00	85.00	85.00
Pre-Op Veterinary Exam	1.00	0.00	0.00
Anesthesia	1.00	0.00	0.00
Biohazardous Waste Fee	1.00	0.00	0.00
DHP Boosters	1.00	14.00	14.00
Bordetella Booster	1.00	14.00	14.00
Rabies Vaccination, 1 Year	1.00	15.00	15.00
City Pet Licensing Fee	1.00	20.00	20.00
Canine HW Test	1.00	25.00	25.00
Fecal Flotation	1.00	15.00	15.00
Heartworm Test - Negative	1.00	0.00	0.00
Fecal - NPS	1.00	0.00	0.00
Micropip Application	1.00	25.00	25.00
Vetprofen 75mg	3.00	0.00	0.00

Tax	0.00
Net Invoice	213.00
Previous Balance	0.00
Payment	213.00 (VISA)
Balance Due	0.00

Reminders:

June 20, 2013 DHP Booster
June 20, 2013 Bordetella Annual Vaccination
May 30, 2014 Rabies Vaccination, 1 Year
May 30, 2014 Canine HW Test
May 30, 2014 Heartworm Test - Negative

Thank You

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