



Pasco Electronic Animal Registration & Licensing (PEARL)

Veterinary Offices - ANIMAL HOSPITAL OF REGENCY PARK

RABIES VACCINATION CERTIFICATE

				RABIES TAG #:	
				MICROCHIP #: 0A12570F51	
OWNER LAST NAME: Shar-pei	OWNER FIRST NAME: Rescue	M.I.:	TELEPHONE #:	ALTERNATE TELEPHONE #:	
STREET NO.: 5514	STREET NAME: NW 99th Terr	CITY: City Not Found	STATE: State Not Found	ZIP: 32653	
SPECIES: Dog	AGE: 1 YEARS SEX: Male	SIZE OF ANIMAL: 20-50 LBS	PREDOMINANT BREED: Shar Pei ANIMAL NAME: Jaxx	PREDOMINANT COLOR/MARKINGS: Black	
DATE VACCINATED: 09-09-2011	PRODUCT NAME: Defensor 3		VETERINARIAN'S NAME: DR COLLEEN ELLIGOTT		
NEXT VACCINATION DUE BY: 09-09-2012	MANUFACTURER/PRODUCER: PFI (first 3 letters)		LICENSE NUMBER: 9573		
	DURATION: 1 Yr USDA Licensed Vaccine		HOSPITAL/CLINIC NAME: ANIMAL HOSPITAL OF REGENCY PARK		
	INITIAL OR BOOSTER: Booster Dose		ADDRESS: 7741 CONGRESS ST NEW PORT RICHEY FL 34653 Phone:727-848-6247		
	VACC SERIAL (LOT) NO.: S165817A				

Printed on 9/16/2011 12:27:45 PM

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INVOICE

Animal Hospital of Regency Park

7741 Congress St.
New Port Richey , FL 34653
727-848-6247

"The Best in Quality Care and Customer Service"

FOR: Shar-pei Rescue

New Port Richey, FL 34653
(727)

Printed: 09-09-11 at 14:33
Date: 09-09-11
Account: 13000
Invoice: 237033

Date	For	Qty	Description	Net Price
Services by Colleen Elligott, DVM				
09-09-11	Jaxx	1	RESCUE Comprehensive Physical Exam	25.00
09-09-11		1	RESCUE DA2PPV CVK 4L	12.00
09-09-11		1	RESCUE Rabies Vaccine (1 yr)	5.00
09-09-11		1	RESCUE Bordetella Vaccine	7.00
09-09-11		1	RESCUE Heartworm Test	10.00
09-09-11		1	RESCUE Corneal Stain	12.00

Services by

09-09-11 Visa payment -71.00

Old balance	Charges	Payments	New balance
0.00	71.00	71.00	0.00

Patient	Total charges
Jaxx	71.00

Reminders for: **Jaxx** (Weight: 30.7 - 12m) Last done

09/11	Sero Occult HeartWorm Test
12/10	Rabies Vaccine
11/10	Bordatella Intranasal #1
11/10	Para Fecal Dir/Flo
09/10	Wellness Comprehensive Physica

Doctor's Instructions

Instructions for Jaxx

Thank you so much for bringing Jaxx in today for examination and vaccination! Blood was drawn for a heartworm test. We will call you once results are available.

Physical examination revealed inferior entropion as well as presumed cicatrix (scar)

formation. Skin cytology can be performed to rule out infectious causes if you so desire in the future. You may apply Genteel gel to both eyes for comfort several times daily.

Thank you for allowing us to participate in Jaxx's care!

Sincerely,
Dr. Elligott and AHRP Team

Jaxx's weight history

09-09-11	30.70
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CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 09-09-11
Next Rabies Vaccination On: (none)

Certificate No: 0
Previous Rabies Vaccination: <oldtag>

VETERINARY CLINIC

Animal Hospital of Regency Park
7741 Congress St.
New Port Richey , FL 34653
727-848-6247

OWNER OF ANIMAL

Shar-pei Rescue
New Port Richey, FL 34653
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Jaxx
SPECIES: Canine
SEX: Male
Color and markings: Black

TAG NO:
WEIGHT: 30.70
AGE: 12M

Signed : Colleen Elligott, DVM **License:** VM9573
(This serves as a electronic signature)

Vaccinations done...

09-09-11 CE RESCUE Bordetella Vaccine
09-09-11 CE RESCUE Rabies Vaccine (1 yr)
09-09-11 CE RESCUE DA2PPV CVK 4L

Rabies Vaccine Information...

MFG BY: PFIZE
LOT EXP: 11SEP12
SER.NO: S165817A
ADM: SQ

INVOICE

Animal Hospital of Regency Park

7741 Congress St.
New Port Richey , FL 34653
727-848-6247

"The Best in Quality Care and Customer Service"

FOR: Shar-pei Rescue

New Port Richey, FL 34653
(727)

Printed: 09-16-11 at 12:31
Date: 09-16-11
Account: 13000
Invoice: 237180

Date	For	Qty	Description	Net Price	
Services by Colleen Elligott, DVM					
09-16-11	Jaxx	1	Oph Neomycin Poly Bac Oint #70608	15.71 **	
Services by Michael S. Canfield, D.V.M.					
09-15-11		1	RESCUE Entropion Bilateral	250.00	
09-15-11		1	RESCUE Canine Castration 31-50lb	50.00	
09-15-11		1	RESCUE 24PetWatch Microchip	10.00	
09-15-11		1	RESCUE Ear Cleaning	5.00	
09-15-11		1	Rimadyl 100mg Caplets (Blister Pk) #7058	9.19 **	
09-15-11		1	Therapy Laser Post Surgery	10.00	
09-15-11		1	Elizabethian Collar Size 25 cm*	11.96 **	
09-16-11		1	Rx: Cephalexin 500 mg	0.00	
Services by					
09-16-11			Visa payment	-362.70	
Old balance	Charges	Tax	Payments	Discount	New balance
0.00	361.86	*0.84	362.70	12.29 **	0.00

Your invoice total reflects our **Professional Courtesy Discount** discount.

Patient	Total charges
Jaxx	361.86

Reminders for: **Jaxx** (Weight: 42.4 - 12m) Last done

09/11	Sero Occult HeartWorm Test
12/10	Rabies Vaccine
11/10	Bordatella Intranasal #1
11/10	Para Fecal Dir/Flo
09/10	Wellness Comprehensive Physica

Jaxx's weight history

09-15-11	42.40
09-09-11	30.70

Jaxx" Shar-Pei Rescue Procedure: Castration and Entropion Discharge Date: 9/16/11

Care of Your Pet Following Surgery or Hospitalization

Pets, like people, are made up of systems of delicate tissues. In order to minimize post-surgical complications, you will need to provide the proper conditions if we are to expect satisfactory healing of your pet.

Please read the following instructions for your pet's recovery. If you have any questions or concerns regarding these instructions, please bring them up with the doctor or technician at the time your pet is discharged from the hospital. Thank you for allowing the Animal Hospital-Regency Park to care for your pet.

Today and Tonight:

- ☒ Please protect your pet when leaving the hospital by using either a leash or a carrier.
- ☐ Until tomorrow, keep your pet quiet and confined in a warm environment, off of furniture and off high places where your pet could potentially fall.
- ☐ Normal activity may be resumed upon arriving home.
- ☐ After surgery, your pet may be inclined to drink and eat excessively, which may result in vomiting. To avoid this, do not offer food or water until _____, and then offer _____.
- ☐ Begin giving prescribed medications on _____, and continue as directed.

Exercise and Activity:

- ☐ Your pet should be under strict confinement to a cage or small room for _____ days/weeks. Carry outside for elimination. No running, jumping, or access to stairs should be permitted.
- ☐ Brief leash walks (on a short leash) only for _____ days. Avoid stairs and jumping on and off of furniture. Outdoor exercise must be limited to short periods on a short leash only when necessary.
- ☒ No bathing, grooming, or swimming for 14 days.
- ☐ It is okay to resume normal activity after _____.

Incision/Wound Care:

- ☒ Check the incision twice daily and notify us if you notice any swelling, redness, or drainage. Prevent licking, chewing, and/or scratching at the incision/bandage.
- ☐ Keep the bandage/splint clean and dry. Cover loosely with a plastic bag when outdoors. Call the hospital if the bandage/splint slips, becomes wet, soiled or if you notice any swelling above or below the bandage/splint.
- ☐ Use shredded paper in pet's litter box for _____ days.

Diet:

- ☒ Return to pet's normal diet.
- ☐ Feed softened or canned food for the next _____ days to allow your pet's mouth to heal.
- ☐ Feed _____ for _____ days.
- ☐ A permanent diet change to _____ is necessary. In order for this diet to be effective, it is imperative that you feed only this food. No table scraps or non-prescription treats allowed.

Medications:

- ☐ No medications are indicated.
- ☒ Give the prescribed medications as indicated (directions on label): Rimadyl 100 mg - 1/2 tablet by mouth
once daily, Neo Poly B ointment - 1/4 inch strip both eyes twice daily
- ☐ Administer the following additional medications: _____

Appointments:

- ☐ We need to see your pet back for a recheck exam in _____ days. You may schedule this today or call ahead for an appointment.
- ☒ Suture removal in 10-14 days: _____
- ☐ Drain removal in _____ days: _____
- ☐ Bandage/splint change/check in _____ days: _____

Monitor:

A decrease in activity or appetite for one or two days may be observed and patients may not have a bowel movement for 24 to 36 hours after surgery. This is normal. However, if your pet exhibits any of the following symptoms, please notify the hospital: (1) loss of appetite over two days, (2) refusal to drink water over one day, (3) weakness, (4) depression, (5) vomiting, or (6) diarrhea.

Special Instructions:

I have read and understand the above discharge instructions. The doctors and staff have answered my questions to my satisfaction.

Jenny Zink
Signature of owner or authorized agent

**AS ALWAYS, PLEASE CALL US AT (727) 848-6247 IF YOU HAVE ANY QUESTIONS OR CONCERNS.
PLEASE LEAVE A MESSAGE WITH YOUR NUMBER IF IT IS AFTER HOURS.**

Bushnell Animal Clinic

5899 S.W. 18th Terrace

Bushnell, FL 33513

(352) 793-7222

Account: 11498

Invoice: 81160

Date: 09/28/2011

Time: 1410

Page: 1

KRISTINA TAYLOR
7399 CR 627
BUSHNELL FL 33513

JAXX
CANINE
Shar Pei
Tag: None

Age: 1

Sex: MN

Phone: (352)793-1108

Doctor: DR. JOHN MOUNGER

Service/Item	Qty	Price	Amount
EXAMINATION/OFFICE VISIT	1.00	38.00	38.00
Tax			0.00
Net Invoice			38.00
Previous Balance			0.00
Payment 4576			38.00
Check 38.00			
Balance Due			0.00

Thank You

RETURNS/EXCHANGES MUST BE WITHIN 30 DAYS. THANK YOU FOR YOUR BUSINESS.