

FC NO MORE HOMELESS PE
6817 NORWOOD AVE
JACKSONVILLE, FL 32208

04/07/2012
Merchant ID:
Terminal ID:
376240866990

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02985654

ore Homeless Pets
re
32208

CREDIT CARD
VISA SALE

CARD #
INVOICE
Batch #:
Approval Code:
Entry Method:
Mode:
Tax Amount:

XXXXXXXXXXXX7816
0010
000273
134421
Manual
Online
\$0.00

Apr 07, 2012

**Invoice Number
2279**

SALE AMOUNT

\$161.04

EX: *nk*

Rabies Vaccine: 04/06/2013
DHLPP Vaccine: 04/06/2013
City License Due: 04/06/2013
Heartworm Test: 03/09/2013
Skin Scrape: 05/05/2012

CUSTOMER COPY

Microchip #:

Date	Description	Qty	Price
04/07/2012	Advanced Dog Vaccine Pkg	1.00	\$ (25.00)
	♦ OFFICE VISIT/PHYSICAL EXAM	1.00	\$ 25.00
	♦ ADVP discount	1.00	\$ 0.00
	♦ Rabies vaccine- 1 year	1.00	\$ 14.00
	♦ DHLPP yearly	1.00	\$ 16.00
	♦ Fecal Float- neg	1.00	\$ 15.00
	♦ Heartworm Test- neg	1.00	\$ 22.00
	♦ City License- Jacksonville	1.00	\$ 20.00
	ResiCORT lotion	1.00	\$ 22.00
	Phamaseb Shampoo 8oz	1.00	\$ 12.04
	Clotrimazole 1% with Baytril/dexamethaso	1.00	\$ 16.00
	Skin Scrape	1.00	\$ 12.00
	Ear cytology	1.00	\$ 12.00

Dr. Sarah K. Paschall

Total for Jeter: \$ 161.04
Total Invoice: \$ 161.04
Previous Balance: \$ 0.00
Total Amount Due: \$ 161.04
Visa(7816) \$ 161.04
Total Payments - Thank you: \$ 161.04
New Balance Due: \$ 0.00



First Coast No More Homeless Pets
6817 Norwood Ave
Jacksonville, FL 32208
904-425-0005
Fax 904-520-7934

Karin Pitzel (# 23264)
2280 Fallen Tree Drive w
Jacksonville, FL 32246

Apr 07, 2012

Invoice Number
2279

Jeter (# B)

Species: Canine

Sex: *nl*

Age: *3-8 lbs*

Breed: Shar Pei

Coat Color: Fawn

Weight: *89.9 lbs* *28 lbs*

Rabies Tag Number: 015133

Rabies Serial Number:

Rabies Brand Name:

Tattoo #:

Microchip #:

Rabies Vaccine: 04/06/2013

DHLPP Vaccine: 04/06/2013

City License Due: 04/06/2013

Heartworm Test: 03/09/2013

Skin Scrape: 05/05/2012

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Dr. Sarah K. Paschall

Total Invoice: \$ 161.04

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Visa(7816) \$ 161.04

Total Payments - Thank you: \$ 161.04

New Balance Due: \$ 0.00

Current Accounts Receivable Status

Current Invoice:	0 to 30 Days	31 to 60 Days	61 to 90 Days	Over 90 Days	Total A/R
\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

GO HOME INSTRUCTIONS

1. Flush ears twice weekly with ketomax flush x 3 weeks
2. Bathe twice weekly with pharmaseb shampoo, let suds sit for 15 minutes before rinsing (flush ears after bathing)
3. Ciprofloxacin 250mg tab #33 - give 1.5 tablets once daily x 3 weeks (until gone)
4. Resicort conditioner - apply to damp skin and allow to dry, use after bathing; can be used up to once daily as needed for itching
5. Trifexis - use once monthly for flea AND heartworm prevention
6. Clotrimazole 1% + baytril + dex SP - put 7-10 drops in both ears twice daily x 3 weeks
7. Recheck ears and skin in 3 weeks; booster DHLPP at that time; IF EARS AREN'T MUCH BETTER, a culture and sensitivity may be strongly recommended with a deep ear flush under anesthesia (#171)

RX Numb	Code	Description	Expire Date	Refills Left
Jeter (# B)				
1068	RESICO	ResiCORT lotion		0
1069	APH123	Phamaseb Shampoo 8oz	04/07/2013	12
1070	CLOTRIMPL	Clotrimazole 1% with Baytril/dexamethaso	04/07/2013	0

First Coast No More Homeless Pets
6817 Norwood Ave.
Jacksonville, FL 32208

*** Rabies Certificate and Animal Health Statement ***

Owner: Karin Pitzel

2280 Fallen Tree Drive w
Jacksonville, FL 32246
(904) 316-5207

Pro 12 Jeter
Sex 11 Canine
Age 11 15 1989 Shar Pei
015 330 189 39.9lbs.
Fawn



<u>VACCINATION</u>	<u>DATE GIVEN</u>	<u>DATE DUE</u>
Rabies Vaccine	04/07/2012	04/06/2013
Bordetella Vaccine		
DHLPP Vaccine	04/07/2012	04/06/2013
City License Due	04/07/2012	04/06/2013
Fecal		
Heartworm Test	04/07/2012	03/09/2013
County License		
Lepto Vaccine		

RABIES INFORMATION:

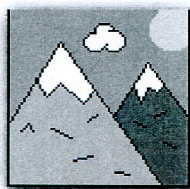
Date Given: 04/07/2012
Date Due: 04/06/2013
Tag Number: 015133

TESTING PROCEDURES

EXPIRATION

Heartworm Blood Test 03/09/2013
Fecal Exam

I her
and
com



Signature: _____

I have examined the above described animal
and found it to be free of infectious, contagious or
(Last examination date:)

Sub. P. H. C. O. A. M.

Vn 9715

First Coast No More Homeless Pets
6817 Norwood Ave.
Jacksonville, FL 32208

***** Rabies Certificate and Animal Health Statement *****

Owner: Karin Pitzel
2280 Fallen Tree Drive w
Jacksonville, FL 32246
(904) 316-5207
Patient: Jeter
Species: Canine
Breed: Shar Pei
Weight: 89.9lbs.
Color: Fawn
Sex:
Age:

<u>VACCINATION</u>	<u>DATE GIVEN</u>	<u>DATE DUE</u>
Rabies Vaccine	04/07/2012	04/06/2013
Bordetella Vaccine		
DHLPP Vaccine	04/07/2012	04/06/2013
City License Due	04/07/2012	04/06/2013
Fecal		
Heartworm Test	04/07/2012	03/09/2013
County License		
Lepto Vaccine		

RABIES INFORMATION:

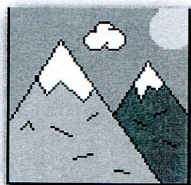
Date Given: 04/07/2012
Date Due: 04/06/2013
Tag Number: 015133

TESTING PROCEDURES

EXPIRATION

Heartworm Blood Test 03/09/2013
Fecal Exam

I her
and
com



Signature: _____

C

III

I have examined the above described animal
and found it to be clinically free of infectious, contagious or
(Last examination date:)

[Handwritten Signature]

VA 9715



Florida Shar-Pei Rescue

Foster Agreement

This foster agreement is made this day, 16th May 2010, between Diane Hollister / Dan Purvis hereinafter known as the FOSTERER, and Florida Shar-Pei Rescue, hereinafter known as RESCUE, for the foster care of Rescue Dog described below:

Name Jeter Sex: (M)F Age 3-6

Breed Shar-Pei

Color Fawn / Tan Coat Type brush

Other identifying marks Mark around neck where collar was

TERMS of FOSTER

RESCUE requires that the aforementioned rescue dog be provided human attention, food, water, and applicable medications. Food must be a premium brand recommended b RESCUE.

FOSTERER agrees to keep the dog as a household companion. To ensure the dog's safety when left outside unattended, the dog will be in a secure area with adequate shelter and water provided. The dog must never be allowed to run loose except in a secured area.

FOSTERER is required to contact RESCUE immediately should the rescue dog present with poor health or injury requiring veterinary attention. RESCUE assumes responsibility for costs, unless said costs are a direct result of negligence or mistreatment on behalf of the FOSTERER.

RESCUE requests that FOSTERER provide monthly flea/tick and heartworm preventatives. RESCUE will provide information for discounted purchasing and, under certain circumstances such as multi-dog foster environments, provide these products. FOSTERER is responsible for assuring the dog receives these necessary monthly treatments.

FOSTERER will liaise with a RESCUE representative to assure the dog remains current with vaccinations and is transported to veterinary appointments. Attempts will be made to ensure scheduled appointments (e.g. with specialists, for spay/neuter, or for other treatments) are made at agreed-upon convenience of both FOSTERER and RESCUE.

If, at any time, the FOSTERER cannot, for any reason, properly care for the dog, RESCUE must be notified immediately and will take the dog to place it. The FOSTERER is NOT to find the dog a new foster arrangement or home. All potential foster situations and adoptions must be approved through RESCUE.

FOSTERER agrees to follow and obey all animal control laws and regulations in the area where the dog will live. The FOSTERER also agrees to provide the dog with some sort of identification, i.e. ID tag, or to apply identification provided by RESCUE, such that a lost dog can be returned.

FOSTERER agrees that this dog will not be used for any illegal acts such as dog fighting including but not limited to actual fighting, training to fight, or the promotion of dog fighting.

If RESCUE finds that the dog not being cared for in a humane manner, the dog will be returned to RESCUE, and the FOSTERER will be dealt with in accordance to local anti-cruelty laws.

The FOSTERER agrees that said dog is a rescue and will not hold RESCUE liable in any way for actions or deeds done by said animal during foster care, including but not limited to bites or property damage. RESCUE attempts to do temperament and health screenings on all dogs coming into the program, but it is not always possible to foresee all potential problems. A RESCUE representative will be available at all times to provide advice or help with the dog in matters of behavior and health.

Both the RESCUE and FOSTERER have read and agree to all terms of this contract and consider it to be a binding agreement between as witnessed by their respective signatures.

Florida Shar-Pei Rescue Representative: _____

Date: 5-16-2012

FOSTERER Signature: Melanie L Hollister + Daniel R Purvis

Address: 3057 Shady Dr Jacksonville, FL 32257

Phone #s: Primary 904-448-8158 Alternate 904-962-4748

Witnessed by: _____