

INVOICE

Monterey Animal Clinic

2251 S. Kanner Hwy.
Stuart, FL 34994
772-283-3756

Myla

FOR: Candace Mildner
1862 NE Crabtree Lane
Jensen Beach, FL 34957

Printed: 02-25-11 at 3:26p
Date: 02-25-11
Account: 5209
Invoice: 168257

Date	For	Qty	Description	Net Price
02-25-11			Visa payment <i>ed</i>	-350.05

*****7816 Approval code: 433970

X

I agree to pay above total amount according to card issuer agreement. (Merchant agreement if credit voucher).

Old balance	Charges	Payments	New balance
350.05	0.00	350.05	0.00

The highest compliment our clients can give is the referral of their family and friends.
Thank you for your trust!

INVOICE

Monterey Animal Clinic

2251 S. Kanner Hwy.
Stuart, FL 34994
772-283-3756

Myla

FOR: Candace Mildner
1862 NE Crabtree Lane
Jensen Beach, FL 34957

Printed: 02-25-11 at 3:25p
Date: 02-23-11
Account: 5209
Invoice: 168149

Date	For	Qty	Description	Net Price
Services by Troy D Stinman, DVM				
02-22-11	Myla	2	Hospitalization 31-60/lbs-Day	61.20 **
02-22-11		6	Hosp-Antibiotic Inj	66.96 **
02-22-11		1	Fluids-IV w/Infusion Set	45.00 **
02-22-11		4	Nebulization	118.80 **
02-23-11		2	Hosp-Antibiotic Inj	22.32 **
02-23-11		1	Intestinal Parasite Exam	35.82 **
<hr/>				
Old balance		Charges	Payments	Discount
0.00		350.10	0.00	38.90 **
				New balance
				350.10

Your invoice total reflects our **Multiple Pet** discount.

Monterey Animal Clinic reserves the right to assess and collect late fees.

The highest compliment our clients can give is the referral of their family and friends.
Thank you for your trust!

Barb,
what do you think about the charge for:
1 parasite Exam = \$35.82

Bark. 2-25-11

MYLA

Sophie

\$ 300.

pd. 2-25-11
ck # 1130

myla

- payments by me:

2-16-11 1st visit Vet \$ 197.78
2-18-11 2nd Vet visit \$ 247.08

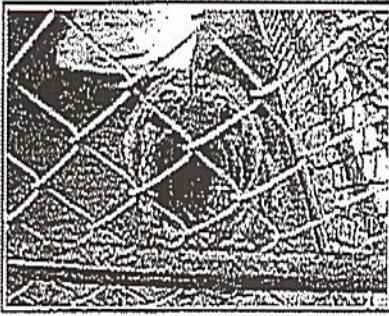
\$ 444.86

myla - payments by FCSR

2-20-11 \$ 561.00
2-22-11 216.00
2-25-11 350.05

Medical History

"myla"



Name:
UNKNOWN

Animal ID:
A541724

Color:
BROWN

Breed:
CHINESE SHARPEI

Sex:
FEMALE

Age:
6 YRS 1 MO

A541724 40.20LBS DOG BROWN F CHINESE SHARPEI

02/15/11

1/31/2011

VACCINATION NORMAL 40.20LBS Treated by: LM

HGARD 26-50 - 02/10/2011
HEARTWORM TST - 2/10/11 NEG
PRO >22-55 - 1/31/11
STRONGID-T - 1/31/11
BORDETELLA - 1/31/11
DAPP - 1/31/11

2/8/2011

EXAM DERMATITIS Treated by: DRA

Purulent discharge both eyes. Mild entropion lower lids.
Skin - hairloss generalized - more significant on limbs and caudal lumbar area. Skin is thickened and black in coloration. Yeast present.

Recommend medicated baths once weekly, good flea control, and ketoconazole for skin.

fostering:
Candace Muldner

352 333 2987

"Myla"

Animal

A541724 - No Name
CHINESE SHARPEI
BROWN
F

Rescue Person

FLORIDA SHARPEI RESCUE
5514 NW 99TH TER
GAINESVILLE FL 32653
(352) 332-3732

Receipt # R11-003715

Date 02/15/2011

Rescue Agreement

I, FLORIDA SHARPEI RESCUE, as a recognized Rescue for the North Animal Care and Adoption Center, understand that the Rescue Fee is waived. Due to this I am responsible for all medical expenses to include, surgical sterilization, vaccinations, internal and external parasiticide, and any other necessary treatment while in my care and prior to permanent placement.

I, FLORIDA SHARPEI RESCUE, as a recognized Rescue for the North Animal Care and Adoption Center, understand that under Brevard County Code Chapter 14 Sec. 14-45 (c) (1) I agree to record the name and address of the new owner upon subsequent transfer of ownership of the animal. In addition I understand that the North Animal Care and Adoption Center or their designee may ask to see these records at any time and will make them available to them.


Signature

2/15/11
Date

John LINDHEIMER
1391 SONN CT. NW
PALM BAY, FL 32907

Clerk: kgrady

NACC

Transaction Date: 02/15/11

All locations CLOSED Sundays and Holidays

Print Date: 02/15/11 relChameleon\CRYSTAL\RECEIPT.RPT



BREVARD COUNTY ANIMAL SERVICES
NORTH ANIMAL CARE AND ADOPTION CENTER
 2605 Flake Road, Titusville, FL 32780
 (321) 264-5119

'Myla'

Receipt Number: **R11-003715**

Receipt Date: Tuesday, February 15, 2011

Person Information: **FLORIDA SHARPEI RESCUE**
 5514 NW 99TH TER
 GAINESVILLE, FL 32653

PID: P297200

Received From: _____ Check No: _____ Phone: (352) 332-3732

Item:	Animal ID:	Animal Name:	Reference No:	Price:	Each:	Amount:
RABIES	A541724			\$5.00	1	\$5.00
RESCUE	A541724			.00	1	.00

Total Fees Due: **\$5.00**

Payments: Cash: \$5.00
 Check: \$0.00
 Credit Card: \$0.00

Total Payments Received: **\$5.00**

Thank You!

Change: \$0.00
 Balance Due: \$0.00

Animal Information:

A541724 A541724 - 6 YEARS OF AGE, FEMALE, CHINESE SHARPEI, BROWN DOG

Clerk: kgrady

NACC

Transaction Date: 02/15/11

Hours of Operation: Shelter
 Monday, Wednesday, Friday and Saturday 10:00AM - 5:00PM Tuesday and Thursday 11:00 AM - 6:00 PM
 Administration
 Monday thru Friday 8:00AM - 5:00PM
 All locations CLOSED Sundays and Holidays

Print Date: 02/15/11 r:\Chameleon\CRYSTAL\RECEIPT.RPT

for your records

RABIES VACCINATION CERTIFICATE

Myla

LICENSE TAG #

MICROCHIP #

LAST		FIRST		MIDDLE		TELEPHONE	
RESCUE		FLORIDA SHARPEI				(352) 332-3732	
NO.	STREET	CITY			STATE	ZIP	
5,514	5514 NW 99TH TER	GAINESVILLE			FL	32653	
SPECIES	AGE	SIZE	BREED	COLOR			
DOG <input checked="" type="checkbox"/>	6 yrs and 1 mo	Under 20 lbs. <input checked="" type="checkbox"/>	CHINESE SHARPEI	BROWN			
CAT <input type="checkbox"/>	SEX <input type="checkbox"/> Male	20 - 50 lbs. <input type="checkbox"/>	NAME				
FERRET <input type="checkbox"/>	<input checked="" type="checkbox"/> Female	Over 50 lbs. <input type="checkbox"/>					
OTHER <input type="checkbox"/>	<input type="checkbox"/> Neutered						
DATE VACCINATED	Product Name:			Veterinarian's Name:			
02/15/2011	FT DODGE			Robbie Asher, DVM			
Month / Day / Year	<input checked="" type="checkbox"/> 1 YR USDA Licensed Vaccine <input type="checkbox"/> 3 YR USDA Licensed Vaccine			License Number: <i>Robbie Asher, DVM</i> 8250			
NEXT VACCINATION DUE BY:	Vaccine Serial Number 1213194B 06JUL12			Address: South Animal Care & Adoption Center 5100 W. Eau Gallie Blvd. Melbourne, FL 32935 (321) 253-6608			
02/15/2012	Lot Number Lot Expiration						
Month / Day / Year							

MONTEREY ANIMAL CLINIC
2251 S KANNER HIGHWAY
STUART, FL 34994
(772) 283-3756

Species : Adult Canine
Patient : Myla
Client : Candace Mildner

Ver: 8.26A

Date : 18-Feb -2011 11:58AM

*Myla**pg 1 of 2*

Test	Results	Reference	Range	Indicator		
				LOW	NORMAL	HIGH
ALB	= 2.0 g/dL	2.3 -	4.0			
ALKP	= 74 U/L	23 -	212			
ALT	= 74 U/L	10 -	100			
AMYL	= 892 U/L	500 -	1500			
BUN	= 8 mg/dL	7 -	27			
Ca	= 8.2 mg/dL	7.9 -	12.0			
CREA	= 0.4 mg/dL	0.5 -	1.8			
GGT	= 0 U/L	0 -	7			
GLOB	= 4.1 g/dL	2.5 -	4.5			
GLU	= 73 mg/dL	74 -	143			
LIPA	= 322 U/L	200 -	1800			
TBIL	< 0.1 mg/dL	0.0 -	0.9			
TP	= 6.1 g/dL	5.2 -	8.2			
Na	= 148 mmol/L	144 -	160			
K	= 5.1 mmol/L	3.5 -	5.8			
Cl	= 117 mmol/L	109 -	122			

*Myla &
Sophie*

MONTEREY ANIMAL CLINIC
2251 S KANNER HIGHWAY
STUART, FL 34994
(772) 283-3756

Species : Adult Canine
Patient : Myla
Client : Candace Mildner

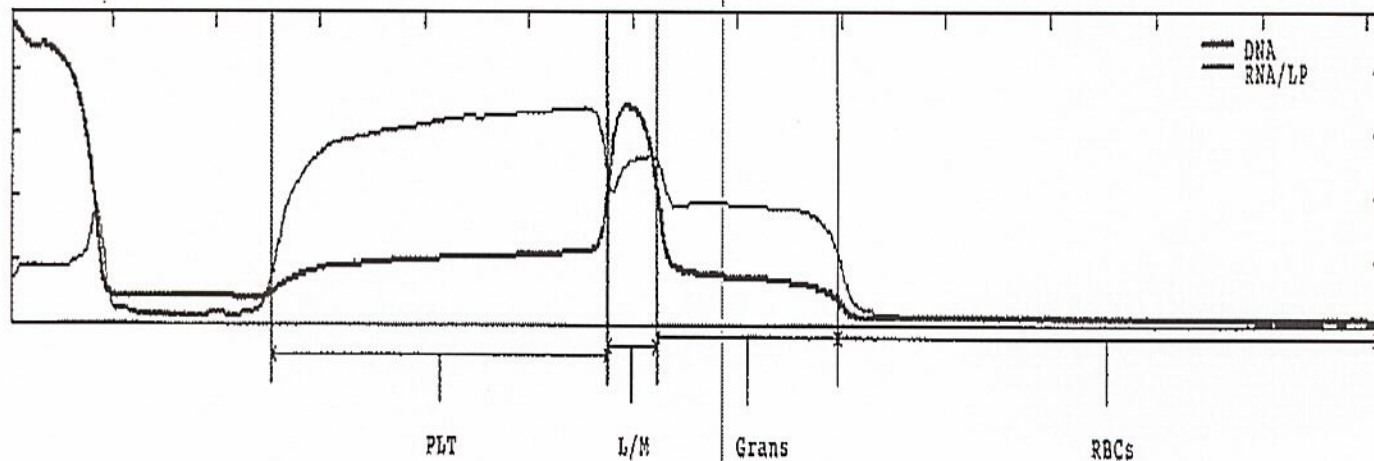
Ver: 8.26A

Date : 18-Feb -2011 11:58AM

*Myla**pg. 2 of 2*

Test	Results	Reference Range	Indicator		
			LOW	NORMAL	HIGH
HCT	= 55.0 %	37.0 - 55.0			
HGB	= 17.7 g/dL	12.0 - 18.0			
MCHC	= 32.2 g/dL	30.0 - 36.9			
WBC	= 17.7 x10 ⁹ /L	6.0 - 16.9			
GRANS	= 12.2 x10 ⁹ /L	3.3 - 12.0			
%GRANS	= 69 %				
L/M	= 5.5 x10 ⁹ /L	1.1 - 6.3			
%L/M	= 31 %				
PLT	= 541 x10 ⁹ /L	175 - 500			

Buffy Coat Profile



Pet Emergency of Martin County

Myla

2239 S. Kanner Highway
Stuart, FL 34994

Tel: 772-781-8302

Candace Mildner
1852 NE Crabtree Lane
Jensen Bch, FL 34957
772-334-7988

Bill for Services

DATE

02/22/11

INV. NUM

20601

Acct no.: 6071

Crystal Kolleda-Welling, DVM

Qty	Date	Patient	Description	Staff	Price	Ext	Tx
1	2/21/11	Myla	Exam - Transfer	CKW	\$0.00	\$0.00	
1	2/21/11	Myla	Biomedical Waste Fee	CKW	\$6.00	\$6.00	
1	2/21/11	Myla	Hospitalization- 0-12 hours	CKW	\$41.00	\$41.00	
1	2/21/11	Myla	Hospitalization- ICU Setup	CKW	\$39.00	\$39.00	
1	2/21/11	Myla	Fluids - Initial Liter	CKW	\$40.00	\$40.00	
1	2/21/11	Myla	Nebulization 21-50# - multiple/daily	CKW	\$69.00	\$69.00	
1	2/22/11	Myla	Ampicillin inj- Additional	CKW	\$30.00	\$30.00	
1	2/22/11	Myla	Baytril 100mg/ml inj-additional	CKW	\$0.00	\$30.00	
1	2/22/11	Myla	15 % discount	CKW	(\$39.00)	(\$39.00)	

Subtotal \$216.00

Tax \$0.00

Bill total \$216.00

Prev balance \$0.00

Payment (\$216.00)

Paid in full!

NEW BALANCE \$0.00

Pmnt 1: Visa Amt: (\$216.00)

Note: Visa

Pmnt 2: Amt: \$0.00

Note:

Thank you for choosing our clinic to serve your pet's health care needs. Your confidence is appreciated.

Pet Emergency of Martin County

2239 S. Kanner Highway = Stuart, FL 34994 = 772-781-3302

Myla

February 22, 2011 6:42 AM

Client:: Candace Mildner1852 NE Crabtree Lane
Jensen Bch, FL 34957
772-334-7988
Client ID#: 6071Patient:MylaSpecies: Canine
Breed: Shar Pei
Color: Red
Age: 4 yrs
Sex: female intact
Weight: 35.1 Lbs
Patient ID#: 6237

Discharge Instructions

Initial Complaint:

2/21/11: Exam - History/TPR - Temperature: 101.2 FJb / Pulse: 100 BPM / Respiration: 44 / Mucous
Membranes: pk / Staff: srb

Examination:

2/21/11: Exam - Transfer - History: Transfer from rdvm for continued care for URI and pneumonia. Last doses of baytril 100 mg and ampicillin 400 mg given IV at 6 PM. Coupaged and kept on IV fluids at rdvm. / EENT: mm pink/slightly tacky. PEARL. green/yellow mucupurulen discharge bilateral nostrils. / MS: BCS 3-4/9. No lameness / INTEG: thinning hair dorsal base of tail. Patient cephalic catheter / Heart: no murmur. HR 108 / Lungs: no crackles ausculted. Breathing comfortably. / ABD: nsf / GU: small soft urinary bladder / LN: wnl / NEURO: wnl / Assessment: Continued care for pneumonia and URI. / Plan: IV fluids, P-148 @ 75 ml/hr, ampicillin 400 mg IV TID, Baytril 100 mg IV BID. Nebulize/coupage Q6h. Food/water. Keep nostrils clean. Monitor RR/RE. Transfer to rdvm in AM.

Patient's Diagnosis:

2/21/11: Pneumonia-Bacterial -

Prescriptions:

[There are no Pharmacy log entries for this patient.]

Recommendations/Comments:

2/21/11 - Please take Myla directly to your vets office for further care this morning. The IV catheter has been left in place for further use at your evts office. We have seen no complications at this time, and she is eating well. She has been breathing more comfortably through the night, and we have seen no distress. She has been able to sleep well. We recommend that her IV fluids and injectable antibiotic be continued for the next 36 hours. Please call if there are any questions or concerns. ;
2/22/11 - Please take Myla directly to your veterinarian for continued care.

Myla

Pet Emergency of Martin County

2239 S. Kanner Highway
Stuart, FL 34994

Tel: 772-781-3302

Candace Mildner
1852 NE Crabtree Lane
Jensen Bch, FL 34957*Estimate ONLY*

Estimate for Treatment

DATE	EST. NUM
02/20/11	20560

Acct no.: 6071

Michael E. Geraghty, DVM

Patient	Description	Low Qty	High Qty	Low Ext	High Ext
Myla	Exam/Emergency Visit	1	1	\$85.00	\$85.00
Myla	Biomedical Waste Fee	1	1	\$6.00	\$6.00
Myla	Catheter-IV w/T-port	1	1	\$64.00	\$64.00
Myla	Fluids - Initial Liter	1	1	\$40.00	\$40.00
Myla	Fluids - Additional Liter	1	1	\$30.00	\$20.00
Myla	Fluids-Additive (multiple)	1	1	\$20.00	\$20.00
Myla	Xray 2 View	1	1	\$163.00	\$163.00
Myla	Istat Test EC8	0	1	\$0.00	\$62.00
Myla	Injectable Medications - Initial	1	1	\$42.00	\$42.00
Myla	Injectable Medications - Additional	2	3	\$60.00	\$90.00
Myla	Nebulization 21-50# - multiple/daily	1	1	\$69.00	\$69.00
Myla	Hospitalization- ICU Setup	1	1	\$39.00	\$39.00
Myla	Hospitalization- 0-12 hours	1	1	\$41.00	\$41.00
Myla	Misc. Professional Services	0	1	\$0.00	\$50.00

Low/High Subtotal: \$659.00 \$801.00

\$0.00

Tax: \$0.00 \$0.00

Low/High Total: \$659.00 \$801.00

Deposit method: Visa

Deposit note: Visa

Previous Balance: \$0.00 \$0.00

Deposit: (\$561.00) (\$561.00)

Low/High Balance after Deposit: \$98.00 \$240.00

I, the undersigned, do hereby certify that I am the owner (or authorized agent of the owner) of the above described animal, and I authorize the performance of diagnostic, therapeutic, anesthetic, surgical and preventative procedures listed above or emergency procedures as may be deemed necessary by the veterinarian.

I have been advised as to the nature of the above procedures or operations and of the risks involved. I realize that results can not be guaranteed.

I understand the above quoted cost may vary, depending upon the extent of treatment required. A veterinarian or member of the staff will make reasonable efforts to notify me prior to any additional treatment when the actual cost is expected to exceed this estimate by 10% unless the additional treatment is required as an immediate life saving measure.

I have crossed out and initialed any recommended treatments and/or services that I am declining. These procedures have

Pet Emergency of Martin County

Myla

2239 S. Kanner Highway
Stuart, FL 34994

Tel: 772-781-3302

Candace Mildner
1852 NE Crabtree Lane
Jensen Bch, FL 34957
772-334-7988

Bill for Services

DATE

02/21/11

INV. NUM

20559

Acct no.: 6071

Michael E. Geraghty, DVM

Qty	Date	Patient	Description	Staff	Price	Ext	Tx
1	2/20/11	Myla	Exam/Emergency Visit	MEG		\$85.00	
1	2/20/11	Myla	Biomedical Waste Fee	MEG	\$6.00	\$6.00	
1	2/20/11	Myla	Hospitalization- ICU Setup	MEG	\$39.00	\$39.00	
1	2/20/11	Myla	Hospitalization- 0-12 hours	MEG	\$41.00	\$41.00	
1	2/20/11	Myla	Catheter-IV w/T-port	MEG		\$64.00	
1	2/20/11	Myla	Fluids - Initial Liter	MEG	\$40.00	\$40.00	
1	2/20/11	Myla	Ampicillin Inj- Initial	MEG	\$0.00	\$42.00	
1	2/20/11	Myla	Fluids-Additive (multiple)	MEG	\$20.00	\$20.00	
1	2/20/11	Myla	Baytril 100mg/ml inj-additional	MEG	\$0.00	\$30.00	
1	2/20/11	Myla	Nebulization 21-50# - multiple/daily	MEG	\$59.00	\$59.00	
1	2/20/11	Myla	Xray 2 View	MEG	\$163.00	\$163.00	
1	2/21/11	Myla	Ampicillin Inj- Initial	MEG	\$0.00	\$42.00	
1	2/21/11	Myla	Baytril 100mg/ml inj-additional	MEG	\$0.00	\$30.00	
1	2/21/11	Myla	Discount Professional Services	MEG	(\$100.00)	(\$100.00)	

Subtotal \$561.00

Tax \$0.00

Bill total \$561.00

Prev balance (\$561.00)

Payment \$0.00

NEW BALANCE \$0.00

Paid in full!

Pmnt 1: Amt: \$0.00

Note:

Pmnt 2: Amt: \$0.00

Note:

Thank you for choosing our clinic to serve your pet's health care needs. Your confidence is appreciated.

Monterey Animal Clinic*Myla***INVOICE**

2251 S. Kanner Hwy.
Stuart, FL 34994
772-283-3766

FOR: Candace Mildner
1862 NE Crabtree Lane
Jensen Beach, FL 34957

Printed: 02-18-11 at 5:02p
Date: 02-18-11
Account: 5209
Invoice: 167947

Date	For	Qty	Description	Net Price
Services by Charles D Hooks, DVM				
02-18-11	Myla	1	Chemistry Profile/CBC	139.50
02-18-11		1	Fluids-SQ Administration	34.00
02-18-11		1	Hosp-Antiemetic Inj	12.40
02-18-11		1	Hosp-Antibiotic Inj	12.40
02-18-11		1	Hospitalization 31-60lbs-Day	34.00
02-18-11		14	Clavamox 250mg	39.72
02-18-11		1	Rescue Discount	-27.20 **

Services by Troy D Stinman, DVM

02-18-11		1	K9 Can I/D*	2.12
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Services by

02-18-11			Visa payment	-247.08
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*****3269 Approval code: 06763A

X

I agree to pay above total amount according to card issuer agreement. (Merchant agreement if credit voucher).

Old balance	Charges	Tax	Payments	Discount	New balance
0.00	246.94	*0.14	247.08	27.20 **	0.00

Your invoice total reflects our Multiple Pet discount.

Next appointment for Myla

Qty

03-02-11 At: 3:00p With: Charles D Hooks, DVM

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772-283-3756

*Myla***INVOICE**

FOR: Candace Mildner
1862 NE Crabtree Lane
Jensen Beach, FL 34957

Printed: 02-16-11 at 5:44p
Date: 02-16-11
Account: 5209
Invoice: 167832

Date	For	Qty	Description	Net Price
Services by Charles D Hooks, DVM				
02-16-11	<u>Myla</u>	1	Consult/Exam	50.00
02-16-11		10	Metronidazole 500mg - <i>drained</i>	13.40
02-16-11		1.50	Drontal Plus 68mg <i>Dewormer</i>	33.63
02-16-11		30	Ketoconazole 200mg - <i>yeast</i>	21.00
02-16-11		1	Posatex Otic 15gm - <i>ears</i>	45.33
02-16-11		1	Anim Pharm Pharmaseb 16oz* <i>Shampoo</i>	32.32

Services by

02-16-11 Visa payment -197.78

*****3269 Approval code: 02452A

Candace Mildner
I agree to pay above total amount according to card issuer agreement. (Merchant agreement if credit voucher).

Old balance	Charges	Tax	Payments	New balance
0.00	195.68	*2.10	197.78	0.00

Next appointment for Myla Qty
03-02-11 At: 3:00p With: Charles D Hooks, DVM

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02-22-11		1	Fluids-IV w/Infusion Set	45.00 **
02-22-11		4	Nebulization	118.80 **
02-23-11		2	Hosp-Antibiotic Inj	22.32 **
02-23-11		1	Intestinal Parasite Exam	35.82 **
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0.00		350.10	0.00	38.90 **
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