.07 xe

FLORIDA VETERINARY LEAGUE
Surgical Release Form/Check List

CLIENT INFORMATION
OWNER'S NAME Sandra Forbus
ADDRESS 1895 10 PL
CITY Vero Bch STATE Fl ZIP 32960
PHONE#HM. (772) 567-1302 WK. (772) 473-4778
DRIVER'S LICENSE#

PET INFORMATION
PET'S NAME Rosie
PET'S WEIGHT 42.2 SEX F
D.O.B 3-05 AGE 1 1/2
FELINE: DSH DMH DLH CANINE: BREED
COLOR/MARKINGS Sharpei

SPECIES: CANINE FELINE OTHER:

PROCEDURE Spay

RABIES:
CO.TAG:

Microchip
AVID*104*295*515

3 skin sutures - remove 8-10-06
no suture removal otherwise

OWNER'S CONCERNS

ESTIMATE

TECHNICIANS QUESTIONNAIRE
FOOD/WATER
SEIZURES NO
MEDICATIONS
SEX: MALE BOTH TESTICLES
FEMALE ✓ IN HEAT NO PREGNANT NO

TECH INT. JK

HEARTWORM PREVENTION Revolution
FLEA PREVENTION Rev. FLEA'S NO
TEETH OK DECIDUOUS NO
GUMS OK DENTAL NO
EYES OK EARS OK HERNIA NO

DOES YOUR PET HAVE A MICROCHIP: Yes ___/No ✓ IF NO, WOULD YOU LIKE ONE PLACED? Yes ✓ /No ___.
PET'S AGE >7YRS. : HAS PET HAD BLOOD WORK DONE IN PAST YEAR? Yes ___/No ✓. IF NO, ASK IF THEY WOULD LIKE AN INHOUSE PANEL ($65) Yes ___/No ✓
PHONE NUMBER WHERE CLIENT CAN BE REACHED (9:00 - 5:00) 772) 473-4778 (cell)
REPEAT CHECKLIST: AS WRITTEN ABOVE, AND GET VERBAL RESPONSE FROM OWNER. ASK IF THERE IS ANYTHING ELSE THAT NEEDS TO BE DONE. Tech Int. JK

RX MED'S:

DOCTOR'S COMMENTS Mask induction w/ iso-Urane; ligated OV pedicles w/ ct stump 2-0 PDS sutured body wall 2-0 PD (interrupted) skin w/ buried subdermal 3-0 PDS put in 3 skin sutures

I CERTIFY THAT I HAVE FULL AUTHORITY TO AUTHORIZE THE TREATMENT FOR THE PET DESCRIBED. I UNDERSTAND THE NATURE AND RISK INVOLVED AND WILL NOT HOLD FLORIDA VETERINARY LEAGUE OR THE VETERINARIAN IN CHARGE LIABLE FOR COMPLICATIONS POSSIBLE FROM MEDICAL OR SURGICAL PROCEDURES.

SIGNATURE Sandra Forbus DATE 7/29/06

FLORIDA VETERINARY LEAGUE 1950 44TH AVENUE VERO BEACH, FL 32966 PHONE(772)567-3070 FAX(772)567-1615

OWNER'S NAME: Fausett PET'S NAME: Rosie
PHONE #: 567-1302 VACCINE INFO: 9/00-3yr NOTE: S/F canine

DATE	WT	AGE	TREATMENT & PROGRESS
10-21-08	44.9		RABIES 9/00 DA2PPV ✓
			BORD. ✓ HWT Neg +NT
			PYRANTEL ✓ LISC. #2811367
			Lemo Rev 40-85
			PE — sl. ~~[illegible]~~ ears
12/17/08 DN	44lb (20kg)	3y 2m	emergency. Not getting up earlier. w/s holding up LHL. T 103.0F LHL heat; swollen back lt aspect 6cm CRT ok H & L ok R/O bite wound, infection Inj PPG 2mls Inj Rimadyl 1ml Disp: Amoxi 500mg 1B.I.D 10 days (20) = Rimadyl 75mg HALF BID 6 days (6) Side effects discussed Xray IN.

FLORIDA VETERINARY LEAGUE 1950 44TH AVENUE VERO BEACH, FL 32966 PHONE(772)567-3070 FAX(772)567-1615

Name: ~~Forbus~~ Fausett Patient: Rosie

Date	Wt.	Age.	TREATMENT / PROGRESS
3.9.08			Como Revolution
			RABIES 3yr DA2PPV ✓ 3yr 125066
			BORD. ✓ HWT neg
			PYRANTEL ✓ LISC.# 2613695
1/13/07	42.8		S ✓ Skin
			O - Skin rump/tail head. Benadryl doesn't work
			A - Atopy
			P - 0.45 ml Kenalog
7/3/07			Exam Drinking more than usual, eating Fine No U/D/C/S
	42*	2yr.	✓ ears
			S Lethargic - laying around t = 102°
			O → Ears
			A Otitis externa / Atopy
			P - 0.45 Kenalog SC Mometamax a.m. q.d. x 7d.
8/9/08			6 mos Rev (matched price)

FLORIDA VETERINARY LEAGUE
CANINE SPAY / NEUTER CHECK LIST

.05 ACE

CLIENT INFORMATION

OWNER'S NAME Michael D. & Sandy Fisher
ADDRESS 1895 10th Place
CITY Vero Beach STATE Fl. ZIP 32960
PHONE#HM.(772) 567-1302 WK.( )
DRIVER'S LICENSE# F612-544-49-297-0

PET INFORMATION

PET'S NAME Rusta
PET'S WEIGHT 30.4 SEX Female
D.O.B. March 16th 2005 AGE 5 mos.
BREED Shar Pei
COLOR/MARKINGS Red

PROCEDURE ENTROPION SURGERY (BILATERAL)

SPAY

IF FEMALE IS PREGNANT, LACTATING, OR IN HEAT THERE WILL BE A $20.00- $40.00 CHARGE ADDED.

- ☐ HERNIA
- ☐ DEWCLAW
- ☐ DENTAL
- ☐ EXTRACTIONS
- ☐ HEMATOMA
- ☐ MISC.

☐ MICRO CHIP #

NEUTER

IF MALE IS CRYPTORCHID (HAS ONLY ONE TESTICLE) THERE WILL BE ADDITIONAL CHARGES.

- ☐ RABIES
- ☐ COUNTY TAG #
- ☐ HEARTWORM TEST
- ☐ PARVO TEST
- ☐ ANNUAL VACCINES: EXAM, RABIES, PARVO, DISTEMPER, HEPATITIS, PARAINFLUENZA, OCCULT HEARWOM TEST, DEWORMER

HEARTWORM PREVENTION

- ☐ HEARTGARD PLUS
- ☐ INTERCEPTOR
- ☐ SENTINEL
- ☐ REVOLUTION

FLEA PREVENTION

- ☐ ADVANTAGE
- ☐ FRONTLINE PLUS

ESTIMATE

TECHNICIAN QUESTIONAIRE

FOOD/WATER
SEIZURES NO
MEDICATION
SEX: MALE ___ BOTH TESTICLES ___
FEMALE X IN HEAT ___ PREGNANT ___

HEARTWORM PREVENTION
FLEA PREVENTION ___ FLEA'S ___
TEETH ___ DECIDOUS ___
GUMS ___ DENTAL ___
EYES ___ EARS ___ HERNIA NO

DOES YOUR PET HAVE MICRO CHIP: Yes ___ /No X IF NO, WOULD YOU LIKE ONE PLACED? Yes ___ /No X
PHONE NUMBER WHERE CLIENT CAN BE REACHED(9:00-5:00) 532-7179 cel / 567-1302 w
OWNER'S CONCERNS

Rx MED'S: cont triop.
Amoxi 250 1 BID

DOCTOR'S COMMENT'S:
recheck 1 wk

HAS YOUR PET HAD ANY HEALTH PROBLEMS? YES__NO__IF YES, EXPLAIN ON SHEET BELOW. I CERTIFY THAT I HAVE FULL AUTHORITY TO AUTHORIZE THE SURGERY/TREATMENT I HAVE INDICATED FOR THE PET DESCRIBED. I UNDERSTAND THE NATURE AND RISKS INVOLVED AND WILL NOT HOLD FLORIDA VETERINARY LEAGUE OR THE VETERINARIAN IN CHARGE LIABLE FOR THE RESULTS CUSTOMARILY TO THESE PROCEDURES.

SIGNATURE X [signature] DATE 8/18/05

PUPPY WELLNESS PLAN $85.00
FLORIDA VETERINARY LEAGUE
1950 44TH AVENUE
(772) 567 - 3070

NAME Sandra Forbus DRIVER'S LICENSE# F612 797498 45-0
HOME PHONE# (772) 567-1302 WORK# (772) 569-5650
ADDRESS 1345 10 PL CITY Vero Bch STATE Fl ZIP 32960
PUPPY'S NAME Rosie D.O.B. 3-05 SEX f BREED Shar-Pei COLOR Red

85
DATE ____ AGE ____ WEIGHT ____
DISTEMPER ____ PARVO ____ CORONA ____
HEPATITIS ____ DEWORMER ____ EAR'S & NAIL'S ____

75
DATE 8/13/05 AGE ____ WEIGHT ____
DISTEMPER ✓ PARVO ____ CORONA ____
HEPATITIS ✓ DEWORMER ____ BORDETELLA ____

55
DATE 8/13/05 AGE 5 mos. WEIGHT 28 lb.
DISTEMPER ✓ PARVO ✓ CORONA ✓
HEPATITIS ✓ DEWORMER ✓ BORDETELLA ✓
RABIES GIVEN 8/13/05 COUNTY TAG# 11088 MEN 10/06 NO CHARGE WITH SPAY/NEUTER

TREATMENT

8-13-05 ✓ Eyes - Needs Vaccines if OK.
WT = 28.0

PE - bilat entropion $100 each eye.
bilat corneal ulcers.

disp atropine BID 5 days
disp triop. TID.

(recc entropion surgery ± spay.)

8-25-05 Re ✓ from Surgery
WT = 32.2
look great.
disp triop - BID

Has your pet had any health problems? Yes ___ No ___. If yes explain. I certify that I have full authority to authorize the treatment I have indicated for the pet described. I understand the nature and risk involved and will not hold Florida Veterinary League or veterinarian in charge liable for the results customarily attendant to these procedures.
SIGNATURE Sandra Forbus DATE 8/13/05

9-13-05 1mo Revolution red

Lou Hudek <louhudek@gmail.com>

(no subject)

1 message

SANDYSUE101@aol.com <SANDYSUE101@aol.com> **Wed, Mar 18, 2009 at 3:50 PM**
To: louhudek@gmail.com

Lou,

It was lovely to meet you this morning. My heart is at ease now that I now my babies are somewhere and are getting love.

I found the papers of Rosie, if you need me to send them to you I can

Her date of birth is 3/15/05

Sire: Michelob Lightman NP06837803 Dam Buccardi Rae NM92816808

Breeder Betty Tobin and Renee Tobin 9221 101 st Ct, Vero Beach, Fl 32967

Litter Number NP08961004

Not sure if you need all this information but just in case I will send it to you. Hope you have a wonderful time on your trip, you said you were going away this afternoon.

Thanks again so much. You are a doll...

I will keep my fingers crossed they get adopted and are loved as much as I love them.

Thanks again,

Sandy

Great Deals on Dell 15" Laptops - Starting at $479

AVID*104*295*515

MICROCHIP NUMBER

AVID MicroChip

7-29-06

DATE

This Certifies that Rosie (Animal's Name) Shar-Pei (Species)

Dog (Breed) 1½ (Age) female (Gender) Red (Color)

has been permanently identified with the above number by

Darrell Horn DVM 1930 44th Ave. Vero Beach, Fl. 32966 (Veterinarian, Address)

The registered holder of said animal is Sandra Fausett (Name)

1845 10th Pl. Vero Bch, Fl. 32960 (Address)

transferable only on the books of Avid by the holder hereof in person or by attorney upon surrender of this certificate properly endorsed.

Indian River County Animal Control

VACCINATION CERT. NO. 12506B

DATE 9.30.06

VACCINE PRODUCED BY Merial

VETERINARIAN 8190 Hom

MALE ( ) FEMALE (X) NEUTERED YES (X) NO ( )

BREED Sharpei

AGE 3½ COLOR Red

NAME OF ANIMAL Rosie

OWNER Sandra Fausett

ADDRESS 1845 10th pl

TELEPHONE 567-1302

LICENSE TAG. NO. 2811367

COUNTY FEE 5.00

VICIOUS DOG —

TATTOO # —

POLICE / SEEING / HEARING DOG

DATE ISSUED 10/21/08

R Hall

ISSUING OFFICER

RABIES VACCINATION CERTIFICATE

NASPHV Form 51

Renew

$5

Rabies Tag Number 2613695

Owner's Name & Address — PRINT - use ballpoint pen or type

PRINT: Last ~~Forbus~~ Fausett First SandrA M.I.

Telephone 567-1302

No. 1845 Street 10 PL City Vero Bch State Fl Zip 32960

SPECIES:	SEX:	AGE:	SIZE:	PREDOMINANT BREED:	COLORS:
Dog ☒	Male ☐	3 mo. - 12 mo. ☐	Under 20 lbs. ☐	Sharpei	red
Cat ☐	Female ☒	12 mo. or older ☒	20 - 50 lbs. ☐	NAME: Rosie	
Other ☐ Please specify	Neutered ☒		Over 50 lbs. ☒		

DATE VACCINATED: 9 30 06 (Month Day Year)

VACCINATION EXPIRES: 9 30 09 (Month Day Year)

PRODUCER: mer (First 3 letters)

1 yr. Lic. / Vaccine ☐

3 yr. Lic. / Vaccine ☒

12506B

Vaccine Serial (Lot) No.

VETERINARIAN

Veterinarian's #: 8190 License No.

Veterinarian's Signature

Address: Dr Darrell Hom, Florida Veterinary League, 1950 44th Ave, Vero Beach FL 32966

Today your pet was vaccinated against:

CANINE: DATE 9 30 06

- ☒ Rabies
- ☒ Distemper
- ☒ Hepatitis / Adenovirus Type 2
- ☒ Parainfluenza
- ☐ Leptospirosis
- ☒ Parvovirus
- ☐ Coronavirus
- ☒ Bordetella
- ☐ Lyme
- ☐ Other

FELINE:

- ☐ Rabies
- ☐ Rhinotracheitis
- ☐ Calicivirus
- ☐ Panleukopenia
- ☐ Chlamydia
- ☐ Leukemia
- ☐ FIP
- ☐ Other

FERRET:

- ☐ Rabies
- ☐ Canine Distemper
- ☐ Other

MERIAL

Bayview Animal Clinic

Dr. Rudd Nelson and Dr. H.A. Brunz
2850 E. Commercial Blvd.
Ft. Lauderdale, FL 33308
(954) 771-8520

Erin Granda
2273 SW 15th Street, #163
Deerfield Beach, FL 33442

Client ID: 698
Invoice #: 24704
Date: 3/21/2009

Patient ID: 8639 | Species: Canine | Weight: 42.80 pounds
Patient Name: Rosie | Breed: Shar Pei, Chinese | Birthday: 09/21/2005 | Sex: Spayed Female

	Description	Staff Name	Quantity	Total
3/21/2009	EXAMINATION/CONSULTATION	RUDD NELSON	1.00	$45.00
3/21/2009	CBC (COMPLETE BLOOD COUNT)		1.00	$40.00
3/21/2009	BLOOD CHEMISTRY PROFILE		1.00	$75.00
3/21/2009	THYROID T4		1.00	$0.00
3/21/2009	Depo Medrol Injection		1.00	$32.50
3/21/2009	ANTIBIOTIC INJECTION		1.00	$28.50
3/21/2009	Clomipramine 25mg capsules		100.00	$32.00
			Patient Subtotal:	**$253.00**
			Invoice Total:	**$253.00**
			Total:	$253.00
			Balance Due:	$253.00
			Previous Balance:	$0.00
			Balance Due:	$253.00
			Visa:	($253.00)
			Less Payment:	($253.00)
			Balance Due:	**$0.00**

BAYVIEW ANIMAL CLINIC
2850 E. COMMERCIAL BANK
FT. LAUDERDALE, FL 33308
954-771-8520

Merchant ID: 493000061
Term ID: 1001

Sale

VISA
XXXXXXXXXXXX[redacted]
Entry Method: Swiped
Apprvd: Online Batch#: 000008
03/21/09 13:58:26

Inv#: 00000027 Appr Code: 055818

Total: $ 253.00

Customer Copy

THANK YOU!