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DOG

Name: Samantha Location: Rescue room / kennel

If being fostered who fostering: _____ phone number _____

Breed: Shar pei Coloring: redSpecial features: _____ Age: 4Date entered Rescue: 1/18/11 How entered Rescue: LCHSSex: Male/Female (spayed/neutered/intact) if intact date we got fixed AAA where 1/18/11

Health Records

Vaccination history

Vaccine	Date/initials	Date due	Date/initials	Date due	Date/initials	Date due
DA2PPL						
Bordatella						
Rabies	<u>1/18/11</u>					
Other						

De-worming

Date			
Med name			

Heartworm Test: neg/pos date: _____

Heartworm & Flea Prevention Record

Med	Date	Date	Date	Date	Date	Date	Date	Date	Date
HW	<u>1/19/11</u>								
Flea									

Medicine record

Dates									
Medicine									
Reason									

Any medical issues: _____

Character traits: _____

likes children: yes/no likes other dogs yes/no likes cats yes/no housebroken yes/no

favorite toys: _____

favorite treats: _____

Alabama Animal Alliance, Inc.
Spay/Neuter Clinic
(334) 239-PETS(7387)

Animal ID No (Office Use Only)

Date of Surgery

Post-Operative Instructions

Your first name

Your last name

Your pet's name

Pet's age

☐ Female ☐ Male

☐ Cat ☒ Dog

Has your pet had a litter? ☐ Y ☐ N

☐ If yes, how many? ☐ 1 ☐ 2 or more

Pet's breed

Cats

Pet's color(s)

DSH DMH DLH

Address

City

State

ZIP

Phone Number with area code

Alternate Phone Number with area code

E-mail

POST-OPERATIVE INSTRUCTIONS

1. No running, jumping, playing, swimming or other strenuous activity for 7 to 10 days. Keep your pet quiet. Pets must be kept indoors where they can stay clean, dry and warm. No baths during the recovery period. Dogs must be walked on a leash and cats kept indoors.
2. Check the incision site twice daily. There should be no drainage. Redness and swelling should be minimal. **DO NOT ALLOW YOUR PET TO LICK OR CHEW AT THE INCISION.** If this occurs, an Elizabethan collar (E-collar) **MUST** be applied to prevent it.
3. Appetite should return gradually within 24-48 hours of surgery. Lethargy lasting for more than 24 hours post-op, diarrhea, or vomiting are not normal and you should contact us. Dogs may have a slight cough for a few days after surgery.
4. Do not change your pet's diet at this time and do not give junk food, table scraps, milk or any other people food during the recovery period. This could mask post-surgical complications.
5. Your pet has received post-operative medication via injection, as indicated below. Do not provide any medication to your pet during their recovery period as it could result in a drug interaction.
6. We recommend your pet receive a post-operative examination 7 to 10 days after surgery to have the incision checked for complete healing, remove any skin sutures or staples, and discuss follow-up care. We offer this Monday-Thursday from 10 a.m. - 2:00 p.m. Appointments are not necessary.
7. If you have questions directly related to the surgery, please call this office at (334) 239-7387 Monday-Wednesday between 7:00 am and 5:30 pm and Thursday between 8:00 am and 2:00 pm. **After hours, call (334) 202-4064** to speak with our on-call, emergency veterinary assistant or veterinarian.
8. Your pet received a green tattoo next to their incision. This tattoo is a scoring process in the skin; IT IS NOT AN EXTRA INCISION.

If the above post-op instructions are followed in full, our vet practice will treat at our clinic, at minimal cost, any post-op complications resulting directly from the surgery. Your regular veterinarian must address illnesses or injuries that are not a direct result of surgery. Please call for an appointment as soon as you see cause for concern. We cannot be held responsible for complications resulting from failure to follow post-op instructions, or for contagious diseases for which the animal was not previously properly vaccinated.

- ☒ Spay Ovariohysterectomy - unless otherwise noted, there are no sutures to remove
- ☐ Neuter Castration - unless otherwise noted, there are no sutures to remove
- ☐ Already Neutered Please contact this clinic if you notice signs of undescended testicles
- ☐ Already Spayed Please contact this clinic if you notice signs of heat
- ☐ In Heat Please keep away from intact males for at least two weeks
- ☐ Pregnant ☐ 1 ☐ 2 ☐ 3 trimester
- ☐ Cryptorchid Undescended testicle(s), your pet has two incisions
- ☐ Other

Vet. RD

For safe flea control, our veterinarians recommend Frontline or Advantage. Over the counter flea and tick treatments and collars are ineffective and may be harmful to your pet.

Weight

30

Lbs.

Please see your regular veterinarian to address the following concerns about your pet:

☐ Over/Underweight ☐ Ear Concerns ☐ Skin Abnormalities ☐ Tapeworms ☐ Dental Concerns ☐ Fleas/Ticks

☒ Other Upper Respiratory Infection / Bilateral Entropion

Our veterinarians recommend that you establish a wellness program for your pet with a regular, full-service veterinarian.

Your pet received the following post-operative pain medication:

☐ Buprinex 0.005 mg/kg SQ ☒ Meloxicam 0.1 mg/kg SQ

☐ Your pet has one or more staples on his/her incision. Please see a veterinarian in 7-10 days for removal.

Requested Vaccines and Services for Cats

- ☐ Feline Distemper/Leukemia Vaccine
- ☐ Felv/FIV Test ☐ Microchip
- ☐ Ear Tip (ferals only) ☐ Nail Trim
- ☐ Rabies Vaccine

Requested Vaccines and Services for Dogs

- ☐ Canine Distemper/Parvo Vaccine
- ☐ Kennel Cough Vaccine ☐ Microchip
- ☐ Heartworm Test ☐ Nail Trim
- ☒ Rabies Vaccine

☐ I HAVE PROOF OF CURRENT RABIES VACCINATION

☐ I have the certificate ☐ My pet has the rabies tag on his/her collar

Has your pet ever received a rabies vaccination? ☐ Yes ☐ No/Unknown

I have read and understand the information provided above.

SIGNATURE

DATE



AMERICAN
KENNEL CLUB

COMPANION ANIMAL RECOVERY

Microchips. Recovery. Giving Back.

LIFETIME ENROLLMENT FORM

Microchip # _____

Or place barcode sticker here

PIN CODE:

5004685

For Paws Rescue, Inc.
334-502-7900

Pet Information

Call Name: _____ Species: ☐ Dog ☐ Cat ☐ Other _____ Breed: _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Color/Markings: _____ Spayed/Neutered: ☐ Yes ☐ No

Registry (optional): ☐ AKC ☐ Other _____ Registration Number (optional): _____

Owner/Primary Contact Information

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Text Message E-mail* _____

E-mail* _____

* By entering this field, I agree to receive notification through this connection regarding my found pet.

Enrollment Selections

☒ Lifetime Enrollment with AKC Collar Tag

\$9.95

☐ Upgraded Stainless Steel Collar Tag (optional)



\$5.00

☐ Lifetime Pet Poison Helpline Service (optional)

\$19.95

Get access to immediate treatment advice from animal experts 24/7. Normally a \$35 fee/incident, Pet Poison Helpline offers you and your vet access to the best toxicology resources in your pet's time of need.

Total

\$

Alternate Contact Information

First Name: _____

Last Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Payment Information

Enclose a check or money order payable to AKC CAR or pay by Credit Card below:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Account Number: _____

Expiration Date: _____

Name on Card: _____

Authorized Signature: _____

Pet's Veterinarian

Clinic Name: _____

Vet's Name: _____

Vet Phone: _____

News & Information

Please check the information you would like to receive:

☒ Service news and benefit updates (not optional)

☐ Promotions/news from AKC CAR

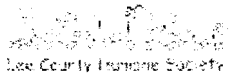
☐ E-mail Promotions/news from AKC CAR

☐ Share my info with third parties for pet-related offers

Return this form via mail or fax to:

AKC CAR, 8051 Arco Corporate Dr, Suite 200 Raleigh NC 27617 Fax: 919-233-1290

rev. 1.0

Transfer Out Contract - Jan 22 2011**Tel.: 334-821-3222**

Barbara Abel
1704 North West 65th Street
Gainesville, Florida 32605 USA

Lee County Humane Society
1140 Ware Drive
Auburn, Alabama 36832 USA
heather@leecountyhumane.org
www.leecountyhumane.org

Person ID: P09669738 Agency: Florida Sharpei Rescue
Tel: 352-332-3732

Animal Information

Animal ID:	A12164351	Name:	Samantha	Breeds:	Chinese Shar-Pei/Mix	Gender/	Female
ARN:		Types:	Dog	Colors:	Tan	Altered:	No
DOB:	1/4/2009	Current Age:	2 y 0 m 18 d	Pattern:		Size:	Medium

The Lee County Humane Society (LCHS) cannot guarantee the health or character of any animal adopted from the shelter. We suggest you take it to your veterinarian for a complete check-up as soon as possible. Initial: _____

I hereby adopt this animal in its present condition and agree to care for it in a humane manner, providing food, water shelter and proper veterinary care at all times. I promise not to use this animal for vivisection or in any inhumane way. If such time arises that I am no longer able to care for this animal I agree to return it to the LCHS. Initial: _____

I promise not to allow this animal to breed. I agree to have the animal surgically altered in accordance with the LCHS spay/neuter policy which states that it is mandatory for all animals adopted or placed through the LCHS to be surgically altered within 30 days of transfer or by six months of age. Initial: _____

I am willing to undergo any further investigation of the animal's welfare, including but not limited to routine follow-up calls and will cooperate fully with any officer of the LCHS. I understand and agree that the transfer of this animal is conditional upon my compliance with these statements. I understand that the LCHS may reacquire this animal on demand and that I may face possible legal action should I not comply with this agreement. Initial: _____

Signature: _____ Date: _____
Employee: _____

Medical History Report

Animal



Lee County Humane Society
Printed: 01/22/2011 05:45PM

Animal Details

A12164351 Samantha
Dog
Female
1-3 years

Chinese Shar-Pei/Mix, Tan, Medium,
2 y 0 m 18 d , DOB: 1/4/2009, Currently Altered: No
Declawed: None
Bitten: No Bite History

Animal Point In Time

Date	Size	Animal Condition	Medical Status	Temp. Status	Bitten	S/N	Temp
Source	BCS	Asilomar	Age Group	Weight	Danger	Pulse	Resp.
01/22/2011 08:11AM	Medium	Normal			No Bite History	N	
Transfer Out		Healthy	1-3 years		N		
01/19/2011 04:35PM	Medium	Normal			No Bite History	N	
EXAM			1-3 years		N		
01/12/2011 06:29PM	Medium	Normal			No Bite History	N	
EDIT			1-3 years		N		
01/04/2011 11:54AM	Medium	Normal			No Bite History	N	
EXAM			1-3 years		N		
01/04/2011 11:53AM	Medium	Normal			No Bite History	N	
EDIT			1-3 years		N		
01/04/2011 11:06AM	Medium	Normal			No Bite History	N	
Owner/Guardian Surrender			1-3 years		N		

Exam

ExamID: E10644939 Exam Date: 1/19/2011 4:35:00 PM Exam Type: Rounds
Performed By: Tamara Lewis Entered By: karen

Weight: BCS: Medical Status: Temperament Condition:
Body Temperature: Pulse: Respiration:

Test	Manufacturer	Product	Result	Result Date	Re-Test	Re-Test Date
HW Antigen	Idexx Laboratories, Inc	SNAP Canine Heartworm Antigen Test Kit	Positive	1/11/2011	No	

ExamID: E10536652 Exam Date: 1/4/2011 11:54:00 AM Exam Type: Initial exam
Performed By: Jordyn Williams Entered By: Jordyn

Weight: BCS: Medical Status: Temperament Condition:
Body Temperature: Pulse: Respiration:

Condition Review Date

Normal

Vaccine

Vaccine	Manufacturer Product	Lot Number	Expiration /Re-Vac Dates	Pet ID Number /Type	Route /Body Part
Bordetella	Intervet/Schering-Plough Animal Health				Intranasal
	Intra-Trac 3		01/04/2012 11:54AM		

DA2PPV Intervet/Schering-Plough Animal Health Subcutaneous

Galaxy DA2PPv 01/18/2011 11:54AM

Medications/Food

Medications/Food	Manufacturer	Product	Dose	Frequency	Duration	Review Date	Route	Lot # /Body Part
Pyrantel pamoate Medication	Phoenix Pharmaceutical Inc	Pyrantel Pamoate Paste	3.00 cc	0	0 Days	01/18/2011 11:55AM		

"Exam Notes"
no chip-JW

Alabama Animal Alliance

334-239-7387 | Fax: 334-239-7393

Rabies Certificate

This is not an invoice.

Group/Transport

For Paws Rescue
1747 Ogletree Road
Auburn, AL 36830
334-502-7900

Animal Details

Animal's Name: Shar

Sex: F
Species: Dog <61
Age: 2 years
Color: Red
Breed: Shar Pei
Weight: 30.00 lbs
Visit Date: 1/18/2011

Animal Number: 24446

Previous Rabies Vaccination?: No/Unknown

Rabies Vaccine

Producer: Schering Plough

Type: 1-year

Vaccine Lot
Number: 1056044

Tag Number: 14719

Date Vaccinated: 1/18/2011

Expires: 1/18/2012

Veterinarian: Davidson, Rebecca, license # 3115

Signature:

Rebecca Davidson, DVM

Alabama Animal Alliance
Clinic Info: 5316 Atlanta Highway
Montgomery, AL 36109
334-239-7387 | Fax: 334-239-7393

All Products/Services	Date	Description	Billed To	Qty	Unit Price	Sales Tax	Ext Amount	Invoice #
	1/18/2011	Dog Spay	For Paws Rescue	1	\$50.00	\$0.00	\$50.00	
	1/18/2011	Pain Medications - supplemental	For Paws Rescue	1	\$2.00	\$0.00	\$2.00	
	1/18/2011	Rabies Vaccine 1-Year	For Paws Rescue	1	\$8.00	\$0.00	\$8.00	
							\$60.00	

This is not an invoice.

