

# Certificate for Animal Rabies Vaccination

Do not issue tags to Fulton County Residents.

**Fulton County Animal Services**

860 Marietta Blvd NW, Atlanta, GA 30318

Phone: 404-794-0358 Fax: 404-792-3970

For Animal Licensing, call 1-877-263-7732

Please Print Clearly and Fill in All Information

Last Name		First Name	
Street Address		Apt #	
City	State	Zip	County
Home Phone		Work Phone	
Pet Name	Species	Sex	<input checked="" type="checkbox"/> Spayed <input type="checkbox"/> Neutered <input type="checkbox"/> Unaltered
Breed	Color(s)	Weight	Age/DOB

Rabies Vaccination Date	Next Rabies Vaccination Required	Vacc. Manufacturer
5/26/10	5/26/11	Schering Plough
Vacc. Serial/Lot #	Lot Exp. Date	Vaccine Name
5845208	2/9/11	Rabdomun
Clinic Phone #	Vaccine Type	
	Kilba	
Clinic Name (If using clinic stamp, please stamp each copy.)		
<p><b>Fulton County Animal Services</b>          860 Marietta Blvd. NW          Atlanta, GA 30318-6130          404-794-0358</p>		
Licensed Veterinarian's Signature		GA License #
Dr. Jennifer Cochran		7852

1<sup>st</sup> Copy - Pet Owner

2<sup>nd</sup> Copy - County Licensing Office (owner)

3<sup>rd</sup> Copy - County Licensing Office (vet)

4<sup>th</sup> Copy - Veterinarian

## CHINA'S MEDICAL HISTORY

A413771 DOG BROWN S CHINESE SHARPEI 3 year(s) & 0.00 months of age

05/26/10

5/14/2010

EXAM NORMAL 0.00LBS

9.00 STRONGID 1.00 TIMES/DAY FOR 1.00 DAYS

DA2PP

SCAN CHIP NONE

5/15/2010

EXAM UPPER RESPIRATORY 0.00LBS

DOXY 100

5/26/2010

EXAM NORMAL 28.40LBS

Spay

Ketamine 0.63mL + Valium 0.50mL via IV induction

Iso/O2 maint via ET tube

Metacam = 0.50mL (sq)

PenG 1.5mL (sq)

\*\*\*No Skin Sutures\*\*\*

FECAL TEST NEGATIVE

H A CHIP 985121007930504

SPAY NO SKIN SUTURES

RV

985121007930504



IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED PLEASE CALL OUR VETERINARY TECHNICIAN AT (404) 794-0358.

404-613-0358

Attn: Katie

**FULTON COUNTY ANIMAL CONTROL**

860 Marietta Blvd., NW, Atlanta, GA 30318-5130

Telephone 404-794-0358 FAX 404-792-3970

**CERTIFICATE FOR ANIMAL RABIES VACCINATION**
*Do not issue tag(s) to Fulton County residents*
**OWNER INFORMATION**

Last Name	First Name	Middle Initial	Telephone Number
Address		Apt#	City
		Zip	County of residence

**ANIMAL DESCRIPTION**

Animal Name	Sex	Is pet altered?	Age	Color	Size	Breed -note Primary	Tag Number
413771 China	F	YES	3 Yrs Mos	BROWN	M	CHINESE, SHARPEI	5264
			Yrs Mos				
			Yrs Mos				

Vaccine Manufacturer	Name of Vaccine	Serial Number	Vaccine Type
Schering	Rab Vac 1	5845208	Killed

By	DR. JENNIFER COCHRAN	D.V.M.	GA License #	7852
Clinic Name	Fulton County Animal Services 860 Marietta Blvd. NW Atlanta, GA 30318-5130 404-794-0358		Clinic Phone#	404-613-0358
DATE OF VACCINATION:	5/26/10	NEXT RABIES VACCINATION REQUIRED:	5/26/11	

ANIMAL OWNER



PLACE ACCOUNT STICKER HERE

Phone  
number ( ) -  
Clinic/Shelter  
code

985121007930504



ALWAYS LOOKING OUT FOR YOUR PET

## PET/PRIMARY CONTACT INFORMATION

## Pet Information

Pet name

Dog ☒ Cat ☐ Other 413771

Pet date of birth 05-08-07

## Primary contact

First name

Last name

Address Apt.

City State ZIP

E-mail

Phone 1 ( ) - Ext. Phone 2 ( ) - Ext.

I understand I will receive service-related communications. However, I may choose not to receive other HomeAgain communications.

Please do not send me: (check all that apply)

☐ PetRescuer email alerts when a pet is lost in my neighborhood☐ Email special offers☐ Email newsletters with articles on pet protection and safety

## Alternate contact

First name

Last name

Phone 1 ( ) - Ext. Phone 2 ( ) - Ext.

DO NOT SEND CASH. DEBIT CARDS ARE NOT ACCEPTED.

## PAYMENT OPTIONS

HomeAgain® membership services are \$16.99 per year.\*

VISA M/C AMEX DISCOVER Account # - - - - - Expiration date mm - yy

Complete if address is different than above.

Billing address Apt.

City State ZIP

☐ Check enclosed for annual membership fee  
Make check payable to HomeAgain® and mail to: HomeAgain®, P.O. Box 28153, Miami, FL 33102-8153Enrollment paid by clinic ☐

Promotion code (if applicable)

Signature Print name Date

You understand that once charged, membership fees are non-refundable.

\*Membership fees are subject to change.

IMPORTANT Please return this form to the HomeAgain® Pet Recovery Service or we will not be able to identify your pet if lost.

PET NAME

MICROCHIP ID OR GT#

IMPORTANT: Enter the correct microchip number for proper and expedited enrollment in the HomeAgain® pet safety and wellness network.

To enroll online visit [www.homeagain.com](http://www.homeagain.com) or call 1-888-HOMEAGAIN (1-888-466-3242)

HomeAgain® offers high quality collar tags engraved with your pet's name and microchip ID number.

View additional styles and order at [HomeAgain.com](http://HomeAgain.com).

See other side for ordering information.

## Stamped Polished Nickel

- Small - \$14

E (1 1/8" - up to 12 characters for name)

- Medium - \$16

F (1 1/4" - up to 12 characters for name)



## Stamped Polished House

(1 1/8" - up to 10 characters for name)

\$14



## Gold House

(1 1/8" - up to 10 characters for name)

\$14

**Blitchton Road Animal Hospital**

10397 N US Highway 27  
Ocala, FL 34482  
(352) 369-9711

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Shar Pei Rescue  
5514 Nw 99th Terr.  
Gainesville, FL 32653

Client ID: 1298  
Invoice #: 843  
Date: 6/11/2010

Patient ID: 1292	Species: Canine	Weight: 30.00 pounds
Patient Name: Scarlet	Breed: Shar Pei, Chinese	Birthday: 06/04/2007 Sex: Spayed Female

	Description	Staff Name	Quantity	Total
6/4/2010	COMPLETE CHEMISTRY PROFILE	Cornerstone	1.00	\$56.70
	COMPLETE BLOOD CELL COUNT		1.00	\$42.16
	ELECTROLYTE PANEL		1.00	\$34.82
	Heartworm/E.Canis/Lyme/Anaplasma		1.00	\$40.98
6/5/2010	DOXYCYCLINE 100 MG TABS		120.00	\$20.40
	PRO-PECTALIN TABS		14.00	\$9.92
	FLAGYL 250 MG		9.00	\$7.89
6/7/2010	FECAL FLOTATION PARASITE EXAM		1.00	\$18.61
6/9/2010	PARVO CITE TEST		1.00	\$40.95
6/7/2010	PHYSICAL EXAMINATION		1.00	\$42.00
	SKIN SCRAPING/MICROSCOPIC EXAM		1.00	\$20.08
	BOARDING CANINE 26-49 POUNDS		7.00	\$108.43
6/10/2010	PUR K-9 EN CAN		4.00	\$7.20

**Patient Subtotal: \$450.14**

**Invoice Total: \$450.14**

Rescue group discount: (\$112.99)

Total: \$337.15

Balance Due: \$337.15

Previous Balance: \$0.00

**Balance Due: \$337.15**

We appreciate your patience while we are learning to use our new computer. We know this will allow us to better meet the needs of you and your pets.

Blitchton Road Animal Hospital  
10397 N US Highway 27  
Ocala, FL 34482  
(352) 369-9711

Payment On Account

Rescue  
w 99th Terr.  
esville,FL 32653

Client ID: 1298

Previous Balance:	\$149.84
Visa, :	(\$337.15)
Subtotal:	(\$187.31)
Change Given:	\$187.31
Balance Due:	\$0.00

Thank You!

Current	30 Days	60 Days	90 Days
\$0.00	\$0.00	\$0.00	\$0.00



# INVOICE

## St. Pete Beach Veterinary Clinic

6605 Gulf Blvd.  
St. Pete Beach, FL 33706  
727-367-0096

To treat and care for your pets with love and compassion.

**FOR:** Mr/Mrs. Susan Melton  
6722 5th Ave N  
St. Petersburg, FL 33710

**Printed:** 06-11-10 at 2:46p  
**Date:** 06-11-10  
**Account:** 2293  
**Invoice:** 96907

Date	For	Qty	Description	Price	Discount	Net Price
Services by Kevin M Rose DVM						
06-11-10	Scarlet	12	Canine i/d 13oz. can	24.24	2.42	21.82 **
06-11-10		1	Examination	42.00	4.20	37.80 **
06-11-10		1	Fluorescein Stain	15.00	1.50	13.50 **
06-11-10		1	Clip Nails	8.00	0.80	7.20 **
06-11-10		1	Neo-Poly-Dex Opth Solution	18.00	1.80	16.20 **
<hr/>						
<b>Old balance</b>		<b>Charges</b>	<b>Payments</b>	<b>Discount</b>	<b>New balance</b>	
0.00		96.52	0.00	10.72 **	96.52	

Your invoice total reflects our **10%** discount.

# INVOICE

## St. Pete Beach Veterinary Clinic

6605 Gulf Blvd.  
St. Pete Beach, FL 33706  
727-367-0096

To treat and care for your pets with love and compassion.

**FOR:** Mr/Mrs. Susan Melton  
6722 5th Ave N  
St. Petersburg, FL 33710

**Printed:** 06-21-10 at 3:22p  
**Date:** 06-21-10  
**Account:** 2293  
**Invoice:** 97270

Date	For	Qty	Description	Price	Discount	Net Price
Services by Kevin M Rose DVM						
06-21-10	Scarlet	1	Presurgical Examination			0.00
06-21-10		1	Preanesthetic Profile in house	46.50	4.65	41.85 **
06-21-10		1	Packed Cell Volume (PCV)	20.00	2.00	18.00 **
06-21-10		1	Anesthesia Propofol	30.00	3.00	27.00 **
06-21-10		1	Isoflurane (med. dog)	35.00	3.50	31.50 **
06-21-10		1	Entropion/ Ectropion Both eyes	200.00	20.00	180.00 **
06-21-10		1	Cut Nails Short	15.00	1.50	13.50 **
06-21-10		1	Teeth Scaling Canine Mild	110.00	11.00	99.00 **
06-21-10		1	Polish teeth	20.00	2.00	18.00 **
06-21-10		1	Irrigate and Cleanse Ears	10.00	10.00	0.00 **

Old balance	Charges	Payments	Discount	New balance
0.00	428.85	0.00	57.65 **	428.85

Your invoice total reflects our **10%** discount.

### Doctor's Instructions

Teeth Scaling Canine Mild

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