

424392280881
GULFBREEZEANIMALHOSPITAL
2727 GULF BREEZE PKWY
GULFBREEZE, FL 32563
850-932-6116

GULF BREEZE ANIMAL HOSPITAL

Page 1 / 1

2727 Gulf Breeze Parkway
Gulf Breeze, FL 32563
(850) 932-6116

TERMINAL I.D.:

92200881

MASTERCARD

XXXXXXXXXXXX4006

SALE

BATCH: 000553

INV: 14

DATE: MAR 23, 11

TIME: 15:52:38

AUTH NO: 83529P

TOTAL

\$73.68

ROSS Z HANSEN

Client ID: 8319

Invoice #: 73125

Date: 3/23/2011

Species: CANINE

Weight:

Breed: SHAR PEI

Birthday: 09/01/2010

Sex: Neutered Male

Staff Name

Quantity

Total

LIMARIE RODRIGUEZ, DVM

1.00

\$43.24 T

Patient Subtotal:

\$43.24

CUSTOMER COPY

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Instructions

YOUR PET HAD A MICROCHIP IMPLANTED TODAY BETWEEN IT'S SHOULDER BLADES THAT WILL ALLOW RAPID AND UNIQUE IDENTIFICATION IN CASE OF LOSS OR THEFT. IT IS VITAL THAT YOU SEND IN THE REGISTRATION FORM, OR THE ID NUMBER WILL NOT BE REGISTERED AND IT WILL BE USELESS.

Patient ID: 17566

Species: CANINE

Weight:

Patient Name: Rigby

Breed: SHAR PEI

Birthday: 09/01/2010

Sex: Neutered Male

Description

Staff Name

Quantity

Total

3/23/2011 Microchip Implant

Tim B. Gossman DVM

1.00

\$43.24 T

Patient Subtotal:

\$43.24

Instructions

YOUR PET HAD A MICROCHIP IMPLANTED TODAY BETWEEN IT'S SHOULDER BLADES THAT WILL ALLOW RAPID AND UNIQUE IDENTIFICATION IN CASE OF LOSS OR THEFT. IT IS VITAL THAT YOU SEND IN THE REGISTRATION FORM, OR THE ID NUMBER WILL NOT BE REGISTERED AND IT WILL BE USELESS.

Invoice Total: \$86.48

Default Tax Rate : \$5.62

Total: \$92.10

Less Discount per cai: (\$18.42)

Balance Due: \$73.68

Previous Balance: \$0.00

Balance Due: \$73.68

MasterCard: (\$73.68)

Less Payment: (\$73.68)

Balance Due: \$0.00

SAFE HARBOR
ANIMAL HOSPITAL
820 CREIGHTON RD
PENSACOLA, FL 32504
(850)476-5571

INVOICE

Animal Hospital

COPY

04/03/2011 13:02:36

Sale:

Transaction # 25
Card Type: Visa
Acc: *****7816
Exp. Date: **/**
Entry: Manual
Invoice # 19900
Amount: 180.00

Family-Oriented Care for all your Furry and Feathered Friends

Printed: 03-04-11 at 12:48p
Date: 03-04-11
Account: 16584
Invoice: 218084

Reference No.: 0025
Auth. Code: 056976
Response: AP

Qty Description

Net Price

CUSTOMER COPY

HAVE A NICE DAY

03-04-11	1	Canine Neuter <50lbs	45.00
03-04-11	1	Isoflorane/O2 (w/ injectable)	15.00
03-04-11	1	Sedation	15.00
03-04-11	1	Add. Pain Meds-Torb Inject	15.00
03-04-11	1	Canine Neuter <50lbs	45.00
03-04-11	1	Isoflorane/O2 (w/ injectable)	15.00
03-04-11	1	Sedation	15.00
03-04-11	1	Add. Pain Meds-Torb Inject	15.00
03-04-11		Visa payment	-180.00

Old balance	Charges	Payments
0.00	180.00	180.00

New balance
0.00

Reminders for: **Tango** (Weight: 46.3 lbs - 6m) Last done

03-05-11 Heartworm/Ehrlichia/Lymes

Reminders for: **Rigby** (Weight: 41.1 lbs - 6m) Last done

03-05-11 Heartworm/Ehrlichia/Lymes

Doctor's Instructions

Add. Pain Meds-Torb Inject

Additional pain relief may be given by injection for your pet. Pain relief may last 4-8 hours. Your pet may appear sleepy after a torbutrol injection

Canine Neuter <50lbs

Surgery charges include pre-anesthetic examination, anesthetic, isoflurane gas anesthesia, hospitalization, nursing care, and suture removal if needed.

1)Food-Water: Limit food and water to 1/4 the normal amount for 24 hours.

2)Exercise: We realize it may be difficult to restrict Tango's exercise



Florida Department of Agriculture and Consumer Services
Division of Animal Industry
Bureau of Animal Disease Control

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION
FOR INTRASTATE SALE OF A DOG OR CAT

**EXPIRES 30 DAYS
FROM DATE OF
ISSUANCE**

CHARLES H. BRONSON
COMMISSIONER

Section 828.29, F.S. and Rules 5C-24.003, 5C-27 & 5C-28, F.A.C.

Section 828.29, Florida Statutes, provides that each dog or cat offered for sale within the state must be accompanied by a current Official Certificate of Veterinary Inspection (OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER				PURCHASER			
Name Robinson, Donna			Name		Purchase Date:		
Address 4454 Randall Blocker Blvd.			Address				
City Crestview		State FL	Zip Code 32539	City		State	Zip Code
ANIMAL IDENTIFICATION						Optional	
Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age or Birth Date: 9/1/10	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Breed(s): Sharpei	Color(s): Black	Tattoo:		Microchip:

HEALTH RECORD INFORMATION													
IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Ft Dodge	ML	212435B	9/22/11	10/13/10	11/8/10	Bordetella						
Hepatitis	"	"	"	"	"	"	Rabies	Too	Young	Too	Recieve	-	-
Parainfluenza	"	"	"	"	"	"	Panleukopenia						
Leptospirosis	Not	Medically	Advised	-	-	-	Feline Viral Rhinotracheitis						
Canine Parvo	"	"	"	"	"	"	Calicivirus						

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm			
Feline Leukemia			
Fecal Test	Float	Vesco	10/13/10 (neg) 11/8-7
Other Test			
ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum	Pyrantel	Columbia	11/8/10 11
Other Anthelmintic			

OTHER INFORMATION/COMMENTS:
Black Boy#2 (turning silver) T 101² wh 16⁴ both testicles present

ISSUING VETERINARIAN'S CERTIFICATION: I hereby certify that the described animal was examined by me on the date shown; that the vaccines, anthelmintics, and diagnostic tests indicated herein, were administered by me, or under my direction; said animal is found to be healthy in that to the best of my knowledge it exhibits no sign of contagious or infectious diseases and has no evidence of internal or external parasites, including coccidiosis and ear mites, but excluding fleas and ticks; and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies.

SIGNATURE:	Exam Date: 11/8/10
Printed Name: Teresa K Worth	FL Lic. No.: 6677
Address: 821 South Pearl St.	City: Crestview State: FL Zip Code: 32539
Hospital/Clinic: Southside Animal Hospital	Telephone: (850) 682-2626



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Address 4454 Randall Blocker Blvd.				Address			
City Crestview		State FL	Zip Code 32539	City		State	Zip Code

ANIMAL IDENTIFICATION						Optional
Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age or Birth Date: 9/1/10	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Breed(s): Sharpei	Color(s): Black	Tattoo: Microchip:	

HEALTH RECORD INFORMATION													
IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Ft Dodge	ML	212435B	9/22/11	10/13/10	11/8/10	Bordetella						
Hepatitis	"	"	"	"	"	"	Rabies	Too	Young	Too	Recieve	-	-
Parainfluenza	"	"	"	"	"	"	Panleukopenia						
Leptospirosis	Not	Medically	Advised	-	-	-	Feline Viral Rhinotracheitis						
Canine Parvo	"	"	"	"	"	"	Calicivirus						

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm			
Feline Leukemia			
Fecal Test	Float	Vesco	10/13/10 (neg) 11/8/10
Other Test			

ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum	Pyrantel	Columbia	11/8/10 11
Other Anthelmintic			

OTHER INFORMATION/COMMENTS:

Black Boy#2 (turning silver) T 101² wh 16⁴ both testicles present

ISSUING VETERINARIAN'S CERTIFICATION: I hereby certify that the described animal was examined by me on the date shown; that the vaccines, anthelmintics, and diagnostic tests indicated herein, were administered by me, or under my direction; said animal is found to be healthy in that to the best of my knowledge it exhibits no sign of contagious or infectious diseases and has no evidence of internal or external parasites, including coccidiosis and ear mites, but excluding fleas and ticks; and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies.

SIGNATURE: Exam Date: 11/8/10

Printed Name: Teresa K Worth FL Lic. No.: 6677

Address: 821 South Pearl St. City: Crestview State: FL Zip Code: 32539

Hospital/Clinic: Southside Animal Hospital Telephone: (850) 682-2626



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Division of Animal Industry
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Name Robinson, Donna			Name		Purchase Date:		
Address 4454 Randall Blocker Blvd.			Address				
City Crestview		State FL	Zip Code 32539	City		State	Zip Code
ANIMAL IDENTIFICATION						Optional	
Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age or Birth Date: 9/1/10	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Breed(s): Sharpei	Color(s): Black	Tattoo:		Microchip:

HEALTH RECORD INFORMATION													
IMMUNIZATIONS													
VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Sch Plo	ML	21243A	12/7/11	11/8/10	12/6/10	Bordetella						
Hepatitis	"	"	"	"	"	"	Rabies	Phzr	KV	S051259B	8/23/11	12/6/10	
Parainfluenza	"	"	"	"	"	"	Panleukopenia						
Leptospirosis	Sch Plo	ML	217109	10/16/11	11/8/10	12/6/10	Feline Viral Rhinotracheitis						
Canine Parvo	"	"	"	"	"	"	Calicivirus						

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm			
Feline Leukemia			
Fecal Test	Float	Vesco	11/8/10 (neg)
Other Test			

ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum	Pyrantel	Columbia	11/8/10
Other Anthelmintic			

OTHER INFORMATION/COMMENTS:
Silver Boy- 21lbs 5oz. both testicles present

ISSUING VETERINARIAN'S CERTIFICATION: I hereby certify that the described animal was examined by me on the date shown; that the vaccines, anthelmintics, and diagnostic tests indicated herein, were administered by me, or under my direction; said animal is found to be healthy in that to the best of my knowledge it exhibits no sign of contagious or infectious diseases and has no evidence of internal or external parasites, including coccidiosis and ear mites, but excluding fleas and ticks; and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies.

SIGNATURE:		Exam Date:	12/6/10
Printed Name:	Teresa K. Worth	FL Lic. No.:	9577
Address:	821 South Pearl St.	City:	Crestview
		State:	FL
		Zip Code:	32539
Hospital/Clinic:	Southside Animal Hospital	Telephone:	(850) 682-2626



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SELLER

PURCHASER

Name Robinson, Donna		Name		Purchase Date:	
Address 4454 Randall Blocker Blvd.		Address			
City Crestview	State FL	Zip Code 32539	City	State	Zip Code

ANIMAL IDENTIFICATION

Optional

Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age or Birth Date: 9/1/10	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Breed(s): Sharpei	Color(s): Black	Tattoo: Microchip:
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HEALTH RECORD INFORMATION

IMMUNIZATIONS

VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Ft Dodge	ML	212435B	9/22/11	10/13/10	11/8/10	Bordetella						
Hepatitis	"	"	"	"	"	"	Rabies	Too	Young	Too	Recieve	-	-
Parainfluenza	"	"	"	"	"	"	Panleukopenia						
Leptospirosis	Not	Medically	Advised	-	-	-	Feline Viral Rhinotracheitis						
Canine Parvo	"	"	"	"	"	"	Calicivirus						

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm			
Feline Leukemia			
Fecal Test	Float	Vesco	10/13/10 (neg) 11/8/10
Other Test			

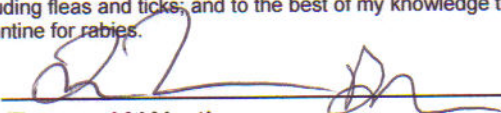
ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum	Pyrantel	Columbia	11/8/10
Other Anthelmintic			

OTHER INFORMATION/COMMENTS:

Black Boy#1 7-101² wt 16^{1/2} both testicles present

ISSUING VETERINARIAN'S CERTIFICATION: I hereby certify that the described animal was examined by me on the date shown; that the vaccines, anthelmintics, and diagnostic tests indicated herein, were administered by me, or under my direction; said animal is found to be healthy in that to the best of my knowledge it exhibits no sign of contagious or infectious diseases and has no evidence of internal or external parasites, including coccidiosis and ear mites, but excluding fleas and ticks; and to the best of my knowledge the animal has not been exposed to rabies, nor did the animal originate from an area under a quarantine for rabies.

SIGNATURE:



Exam Date: 11/8/10

Printed Name:

Teresa K Worth

FL Lic. No.: 6677

Address:

821 South Pearl St.

City: Crestview

State: FL

Zip Code: 32539

Hospital/Clinic:

Southside Animal Hospital

Telephone: (850) 682-2626

Questions: State Veterinarian's Office: Division of Animal Industry, 407 S. Calhoun St., Rm. 315, Tallahassee, FL 32399-0800 Phone: 850-410-0900 Web: www.doacs.state.fl.us/ai/

Distribution: Original - Purchaser, One Copy - Seller, One Copy - Examining Veterinarian

Retention: The examining veterinarian must retain one copy of the official certificate of veterinary inspection on file for at least 1 year after the date of examination. The seller must retain one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.

DACS-09085 Rev. 07/08



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Optional

Species: <input checked="" type="checkbox"/> Dog <input type="checkbox"/> Cat	Age or Birth Date: 9/1/10	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Breed(s): Sharpei	Color(s): Black	Tattoo:
					Microchip:

HEALTH RECORD INFORMATION

IMMUNIZATIONS

VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANUF	TYPE	LOT #	EXP DATE	DATE OF ADMIN	DATE OF ADMIN
Canine Distemper	Sch Plo	ML	21243A	12/7/11	11/8/10	12/6/10	Bordetella						
Hepatitis	"	"	"	"	"	"	Rabies	Phzr	KV	S051259B	8/23/11	12/6/10	
Parainfluenza	"	"	"	"	"	"	Panleukopenia						
Leptospirosis	Sch Plo	ML	217109	10/16/11	11/8/10	12/6/10	Feline Viral Rhinotracheitis						
Canine Parvo	"	"	"	"	"	"	Calicivirus						

DIAGNOSTIC TEST	TEST TYPE	MANUFACTURER	DATE OF NEGATIVE TEST
Canine Heartworm			
Feline Leukemia			
Fecal Test	Float	Vesco	11/8/10 (neg)
Other Test			

ANTHELMINTIC	TYPE	MANUFACTURER	DATE ADMINISTERED
Broad Spectrum	Pyrantel	Columbia	11/8/10
Other Anthelmintic			

OTHER INFORMATION/COMMENTS:
Piglet-25lbs 3oz. both testicles present

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Printed Name:	Teresa K. Worth	FL Lic. No.: 9577
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Hospital/Clinic:	Southside Animal Hospital	Telephone: (850) 682-2626