GULF BREEZE ANIMAL HOSPITAL

Page 1/

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

> Client ID: 8319 Invoice #: 73125 Date: 3/23/2011

\$73.68

83529P 15:52:38

92280881

Species: CANINE Breed: SHAR PEI

Birthday: 09/01/2010

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

Quantity

Patient Subtotal:

Weight:

Sex: Neutered Male

k**CUSTOMER COPY***

Staff Name

LIMARIE RODRIGUEZ, DVN

1.00

1.00

Total

\$43.24 T

\$43.24

\$43.24

\$0.00

TERMINAL I.D.:

AUTH NO:

ROSS Z HANSEN

MASTERCARD XXXXXXXXXXXX4006 SALE BAICH: 800553 INU: 1

MISTRUCTIONS 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 Patient Name: Rigby

Species: CANINE Breed: SHAR PEI

Weight:

Patient Subtotal:

Balance Due:

Description Microchip Implant 3/23/2011

Staff Name Tim B. Gossman DVM

Sex: Neutered Male Birthday: 09/01/2010 Quantity Total \$43.24 T

Instructions RAPID AND UNIQUE IDENTIFICATION IN CASE OF LOSS OR THEFT. IT IS VITAL THAT YOU SEND IN THE

YOUR PET HAD A MICROCHIP IMPLANTED TODAY BETWEEN IT'S SHOULDER BLADES THAT WILL ALLOW REGISTRATION FORM, OR THE ID NUMBER WILL NOT BE REGISTERED AND IT WILL BE USELESS. Invoice Total: \$86.48 Default Tax Rate: \$5.62 \$92.10 Total: (\$18.42)Less Discount per cai: \$73.68 Balance Due: \$0.00 Previous Balance: \$73.68 **Balance Due:** MasterCard: (\$73.68)Less Payment: (\$73.68)

> Please visit our website at ww.gulfbreezeanimalhospital.com for information on our hospital and staff. Our pet library page is loaded with helpful information.

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

Animal Hospital

INVOICE

OP 04/03/2011 13:02:36 Sale:

Family-Oriented Care for all your Furry and Feathered Friends

Visa *********7816 Exp. Date:

Transaction #

Card Type:

Entry:

Invoice #

Amount:

25

Manual :h & Jennifer Hansen

19900 riew Lane 180.00 32563

Printed: 03-04-11 at 12:48p Date: 03-04-11

Account: 16584 Invoice: 218084

Reference No.: **Net Price** 0025 **Qty Description** Auth.Code: 056976 Response: AP VicKerley, DVM 45.00 1 Canine Neuter <50lbs CUSTOMER COPY 15.00 1 Isoflorane/O2 (w/ injectable) 15.00 1 Sedation HAUE A NICE DAY 15.00 1 Add. Pain Meds-Torb Inject 45.00 1 Canine Neuter <50lbs 15.00 1 Isoflorane/O2 (w/ injectable) 00 04-11 03-04-11 15.00 1 Sedation 15.00 03-04-11 1 Add. Pain Meds-Torb Inject -180.00 03-04-11 Visa payment

> New balance Old balance Charges Payments 0.00 0.00 180.00 180.00

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

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, isoflorane 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



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

Address 4454 Randall Blocker Blvd. City Crestview State Species: 32539 City State Species: 32539 City State Species: 32539 City Species: 32539 City State Species: 32539 City Species: 3			SE	ELLER							PUI	RCHASE	2		
Crestiview	Name Robin	nson, Do	onna						Name					Purchase Da	te:
ANIMAL IDENTIFICATION Species Premale P	Address 445	4 Rand	all Bloc	cker Bl	vd.				Address	- - W - ar		(1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
ANIMAL IDENTIFICATION Species Premale P	City Crest	view							City					State	Zip Code
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SIGNATURE: Exam Date: 11/8/10	of my knowle	dge it exhibi	its no sign	of contagio	ous or ir	nfectious	disea	ises and h	as no evidence	e of internal	or extern	nal parasites	including	coccidiosi	s and
SIGNATURE: Exam Date: 11/8/10	ear mites, but	excluding t	fleas and ti	icks; and to	the be	st of my	knowl	edge the a	animal has not	been expose	ed to rat	oies, nor did	the anima	Il originate	from an
		/) <	/ -			12						44101	10	
Printed Name: Tefesa K Worth FL Lic. No.: 6677	SIGNATURE	1	h	4		1							The second second second	10	
	Printed Nam	e: Ter	esa K \	North								FL Lic. No.	:6677		
Address: 821 South Pearl St. Crestview State: FL zip Code: 32539	Address:	821	1 South	h Pear	St.		C	ity: Cres	stview	State:	FL	Zip Code:	32539	9	
Hospital/Clinic: Southside Animal Hospital Telephone: (850) 682-2626	Hospital/Clin	ic: Sou	uthside	Anima	l Hos	spital	1			Teleph	none:	(850) 682	2-2626	26	
	Edd was		to trans		1000										
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										FL 32399-080	O Phone:	850-410-0900	Web: www.	doacs.state.fl	.us/ai/

one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.



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.

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

Section 828.29, (OCVI), issued										Official Cer	rtificate of V	eterinary Ins	spection		
		SE	LLER						PUR	CHASE	R	160	A Contract		
Name Robin	nson, Do	onna				Name Purchase Date:									
Address 445	4 Randa	all Bloc	ker Blv	/d.			Address								
City Crestview State Zig FL 325							City					State	Zip Code		
				-	AL IDEN		ION	AND DE				Opti	onal		
Species:	Age or Birth		100	ex:	Breed(s):			Color(s):				Tattoo:			
Dog Cat	9/1/10)	13.0	Male Female	Sha	rpei	Black								
				Н	EALTH	RECOR	DINFORM	ATION							
			m 10 = 20 450			North Control of the Control	ATIONS								
VACCINE	MANUF	TYPE	LOT#	DATE	DATE OF ADMIN	DATE OF ADMIN	VACCINE	MANU	F TYPE	LOT#	DATE	DATE OF ADMIN	DATE OF ADMIN		
Canine Distemper	Ft Dodge	ML	212435B	9/22/11	10/13/10	11/8/10	Bordetella								
Hepatitis	"	"	и и и				Rabies	Too	Young	Too	Recieve	-	-		
Parainfluenza	n .	"	n n n n				Panleukopen Feline Viral	ia							
Leptospirosis	Not	Medically	ledically Advised					tis							
Canine Parvo	n	и	11	1	п	н	Calicivirus								
DIAGNOS	TIC TEST	Г	TEST T	YPE		MANU	IFACTURE	R	D	ATE OF	NEGAT	TIVE TE	ST		
Canine Heartw	/orm														
Feline Leukem	nia														
Fecal Test Float							Vesco			10/13/10 (neg) / 1/8· ~					
Other Test		and the same of													
ANTHELMINTIC TYPE						A CONTRACTOR OF THE SECOND	IFACTURE	R		DATE	ADMINIS)		
Broad Spectrum Pyra				tel		С	olumbia		-	11/8/10					
Other Antheln	and the second second										-				
OTHER INFOR	RMATION/CO	MMENTS:					/	1.7	1.						
Black Boy	#2 (+	לריוחי	Silv	cr)	T 10	1 h	- 16 طر	Date	15hc	NS P	rsn	-			
of my knowle	, and diagnodge it exhibit excluding quarantine	ostic tests its no sign fleas and t	indicated h	erein, wer	re administ ectious dise	ered by me eases and h	cribed animal s, or under my las no eviden animal has no	direction; ce of intern	said animal al or externa osed to rabi	is found to al parasite es, nor dio	be healthy s, including	y in that to g coccidios al originate	the best sis and		
Printed Name: Teresa K Worth									FL Lic. No. : 6677						
921 South Poorl St Crestview									EI 32530						
Cauthaida Animal Haspital									State: Zip Code: 32039 Telephone: (850) 682-2626						
nospital/Cili	Hospital/Clinic: SouthSide Animal Hospital														

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



(OCVI), issued by a veterinarian licensed by the state and accredited by the United States Department of Agriculture.

SELLER

one copy of the official certificate of veterinary inspection on record for at least 1 year after the date of sale.

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION FOR INTRASTATE SALE OF A DOG OR CAT EXPIRES 30 DAYS FROM DATE OF ISSUANCE

PURCHASER

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

Name Robi	nson, Do	nna					Name					Purchase Dat	e:		
Address 445	4 Randa	all Blo	cker Blv	/d.			Address								
city Crest	City			·		State	Zip Code								
			No.	ANIM	AL IDEN	Charles on the Land	ION					Optio	onal		
Species:	Age or Birth I		1.50	ех:	Breed(s):			Color(s):				Tattoo:			
□ Dog □ Cat □ 9/1/10 □ Male □ Female □ Sharpei								Black				Microchip:			
				Н	EALTH F	RECORI	DINFORM	ATION							
					II	MMUNIZ	ATIONS								
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	"		"	"	n	и	Rabies	Phzr	KV	S051259B	8/23/11	12/6/10			
Parainfluenza	"	н	"	"	"	"	Panleukopenia	a							
Leptospirosis	Sch Plo	ML	217109	10/16/11	11/8/10	12/6/10	Feline Viral Rhinotracheiti	s							
Canine Parvo	"	н	н	**	n		Calicivirus								
DIAGNOS	TIC TEST	Г	TEST T	YPE		MANU	FACTURE	R		DATE OF	NEGAT	TIVE TES	ST T		
Canine Hearts	worm														
Feline Leuker	nia														
Fecal Test Float Vesco									11.	/8/10 (n	eg)				
Other Test															
ANTHE	LMINTIC		TYPE			MANU	FACTURE	R		DATE A	DMINIS	STERED			
Broad Spectrum Pyra			Pyrant	tel		C	olumbia				11/8/10				
Other Anthelr	nintic														
OTHER INFO	RMATION/CO	MMENTS:													
Silver Bo	y- 21lbs	50z.	both	1 tes	shells	pre	SOL								
						,									
anthelmintics of my knowle	s, and diagno edge it exhib it excluding t	ostic tests its no sign fleas and	indicated h of contagion ticks; and to	erein, wer ous or infe o the best	e administe ctious disea	ered by me ases and h	cribed animal v , or under my o as no evidence animal has not	direction; said e of internal o	l anima or exten	I is found to band parasites,	e healthy including	y in that to to coccidiosi	the best is and		
SIGNATURE	: (1	- /		W	1				Exam Date	12/6/	10			
Printed Nan	Tor	esa K.	Worth	/		0	FL Lic. No. :								
Address:		1 Sout	th Pear	1 St.	C	ity: Cres	stview	State:	FL	Zip Code:	3253	9			
Hospital/Cli	Cal		Anima					2-2626	26						
Questions: Si Distribution:	tate Veterinaria Original – Pui	rchaser, O	ne Copy - Se	ller, One Co	opy – Examir	ning Veterina	315, Tallahassee, arian nary inspection or			¥					



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

EXPIRES 30 DAYS FROM DATE OF ISSUANCE

Purchase Date:

PURCHASER

CHARLES H. BRONSON COMMISSIONER

Robinson, Donna

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

Address 4454	4 Randa	all Bloc	ker Blv	d.			Address						
city Crestv				Stat	zip 3253	City	State	Zip Code					
		THE TH			AL IDEN		ION		A 2 4 5 1			Optio	onal
Species:	Age or Birth D	ate:	S	ex:	Breed(s):	HICAI	ION	Color(s):			-	Tattoo:	
Species.	9/1/10			Male Female	Shar	pei		Black			'	Microchip:	
				Н	EALTH F	PECORI) INFORM	ATION					
				111			ATIONS			NAME OF	WATER OF		THE REAL PROPERTY.
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	**	н	н	п	н	п	Rabies	Too	Young	Too	Recieve	-	-
Parainfluenza	"	п			"	н	Panleukopeni	а					
Leptospirosis	Not	Medically	Advised	-	-	-	Feline Viral Rhinotracheit	is					
Canine Parvo	"	"	"	1	"	n	Calicivirus						
DIAGNOSTIC TEST TYPE MANUFACTURER DATE OF NEGATIVE TEST													
Canine Heartw	/orm												
Feline Leukem	nia												,
Fecal Test Float Vesco 10/13/10 (i										neg) (I	8-12		
Other Test													
ANTHELMINTIC TYPE MANUFACTURER DATE ADMINISTERED													
Broad Spectrum Pyrantel						С	olumbia				11/8/10		
Other Anthein	nintic												
OTHER INFOR	RMATION/CO	MMENTS:											
Black Boy	/#1	T-101	w	+ 160	h	oth &	stells	preser	L				
					116 11		المحادة المحاد	was avamina	nd by ma a	n the date	ehown: f	hat the vac	cines
anthelmintics	s, and diagn edge it exhib at excluding	ostic tests lits no sign fleas and t	indicated h of contagi ticks, and to	nerein, wei	re administe	ered by me	cribed animal e, or under my nas no evidend animal has no	direction; sa	or externa	l parasites	s, including	coccidios	is and
SIGNATURE	: (2	_		Dr						e: 11/8/		
									FL Lic. No	o. :6677			
Address:	921 Couth Poorl St Cre							State:		Zip Code:			
Hospital/Cli	nic: So		Telephone: (850) 682-2626										
Questions: S	tate Veterinari	an's Office: [Division of An	imal Industry	, 407 S. Calh	oun St., Rm.	315, Tallahassee	e, FL 32399-08	00 Phone: 8	50-410-090	0 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



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.

Address 4454 Randall Blocker Blvd. State Zip Code SizSis SizDorde SizDorde SizSis SizDorde Si		300 A SH 1 M (1 / 2 / 3 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4	on below and the second													
SELLER PURCHASER Name Robinson, Donna Name Robinson, Donna Address City Crestview State Zip Code City Crestview Address Address Address Address Age of Bieth Date: Sharpei Black Address Age of Bieth Date: Black Address Address Age of Bieth Date: Black Address Age of Bieth Date: Black Address	Section 828.29, (OCVI), issued	Florida Statu by a veterinar	tes, provid	es that each	dog or cat o	offered for sa	le within the	state must be a	companied b	y a curre	nt Official Cer	tificate of V	eterinary Ins	spection		
Name Robinson, Donna Name				The state of the s			Office State	3 Department of	Agriculture.	DIII	PCHASE					
State 29 Code State 29 Code 29 1/10 State 29 Code 29 1/10 State 29 Code 29 1/10 State 29 20 20 20 20 20 20 20	Name Robin	nson, Do														
State 25 Code 25 Cod	Address 445	4 Randa	all Bloc	cker Blv	/d.		Address									
And the problem of th	City Crestview State Zip Code							City				Т	State	Zip Code		
Secondary Seco		ION					045									
HEALTH RECORD INFORMATION WACCINE MANUF TYPE LOTS EXP DATE OF	Species:	Age or Birth D	Date:	S			TITICAT		Color(s):					onai		
VACCINE MANUF TYPE LOT# EXP DATE OF DA	□ Cat	9/1/10 ■ Male					rpei		Black				Microchip:			
VACCINE MANUF TYPE LOT# EXP DATE OF DA					Н	EALTH	RECORI	DINFORMA	ATION							
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penneurobral per penneurobral p	Hepatitis	"	н		"	"	п	Rabies	Phzr	KV	S051259B	8/23/11	12/6/10			
Sanine Parvo " " " " " Calicivirus 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: Diglet-25lbs 3oz. Work Act of a service 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 area under a quarantine for fables are a serviced animal was examined by me on the date shown; that the vaccines, and the service and ticks; and 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 area under a quarantine for fables. BIGNATURE: Exam Date: 12/6/10 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	Parainfluenza	"	п	п п п п												
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Hospital/Clinic: Southside Animal Hospital Telephone: (850) 682-2626	Printed Name	Tere								FL Lic. No. : 9577						
releptione. \(\frac{1}{2}\)	Address:	821	821 South Pearl St. city: Crestview								EI 20520					
	Hospital/Clini	Courth aide Animal Hannital								(950) 690 0606						
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