

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: 04-28-09 at 12:26p
Date: 04-28-09
Account: 2293
Invoice: 81093

Date	For	Qty	Description	Net Price
Services by Kevin M Rose DVM				
04-28-09	Raven	1	Urinalysis	13.50 **
04-28-09		1	U/A Sediment	18.00 **
04-28-09		10	Baytril 68 mg	23.40 **
04-28-09		10	Diethylstilbestrol 1mg	11.70 **
04-28-09	Tigger	1	Immiticide 45-66 lbs.	157.50 **
04-28-09		1	Skin Scraping	13.50 **
04-28-09		1	T4	37.80 **

Old balance	Charges	Payments	Discount	New balance
89.55	275.40	0.00	30.60 **	364.95


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

Doctor's Instructions

Immiticide 45-66 lbs.

Heartworm disease is very serious and complications may arise during and after treatment. Please follow these instructions carefully to lessen the chances of problems developing.

- 1) Exercise: Tigger's activity must be severely restricted for the next 5 weeks. Short, on-leash walks are the only exercise allowed until both phases of the treatment have been completed. Also, prevent Tigger from engaging in vigorous or extended barking, rough play or other excitement.
- 2) Please notify the hospital if any of the following occur:
 - Tigger refuses to eat normally.
 - Tigger has diarrhea, vomiting or blood in the urine.
 - Tigger coughs frequently or has trouble breathing.

NEW TAG #		FEE \$5 \$10 \$15 \$30		OTHER DONATION		LICENSE TAG EXPIRES ANNUALLY			
TAG ISSUE DATE		TAG EXPIRATION DATE		VACCINATION DATE 4/02/09		VACCINATION EXPIRES 4/02/10		LAST YEAR'S TAG NUMBER	
LAST NAME				FIRST NAME		M.I.		VACCINE MANUFACTURER AND BRAND NAME Imrab3	
ADDRESS #		DIR.		STREET NAME		STREET TYPE		APT/LOT #	
CITY		STATE		ZIP CODE		PHONE #		SECOND PHONE #	
EMAIL ADDRESS						VACCINE SERIAL # / LOT # 12523C			
						VACCINE TYPE <input type="checkbox"/> 1 YR <input checked="" type="checkbox"/> 3 YR		DOSE <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> BOOSTER	
						CLINIC NAME AND ADDRESS HCS			
ANIMAL NAME			SPECIES <input checked="" type="checkbox"/> DOG <input type="checkbox"/> CAT <input type="checkbox"/> FERRET <input type="checkbox"/> OTHER			SEX <input checked="" type="checkbox"/> SPAYED/NEUTERED <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
AGE OR DOB		COLOR(S) TAN		BREED(S) Chinese Sharpei		SIZE /		WEIGHT	
MICROCHIP # 4A609722F42				TATTOO # ✓		DANGEROUS DOG <input type="checkbox"/> POLICE / GUIDE DOG <input type="checkbox"/>		CLINIC CODE 1	
PHONE NUMBER 744-5260						LICENSE # 8922		VETERINARIAN'S SIGNATURE Lisa A. Centange, DVM	
PLEASE MARK AND RETURN TO ANIMAL SERVICES IF THIS ANIMAL IS:									
<input type="checkbox"/> DECEASED <input type="checkbox"/> NO LONGER LIVING IN HILLSBOROUGH COUNTY <input type="checkbox"/> NO LONGER OWNED									

HILLSBOROUGH COUNTY ANIMAL SERVICES P.O. BOX 89159, TAMPA, FL 33689-0402 / 440 FALKENBURG RD. PHONE: (813) 744-5660

LICENSE & RABIES VACCINATION REGISTRATION CERTIFICATE
ANIMAL SERVICES COPY
A# 1126037

FOR MAIL-IN TAG PURCHASE, SEND BOTH WHITE COPIES & TAG FEE

INSTRUCTIONS

Activation process

Clinic/Shelter Only: To be completed by staff.

Membership Activation: Check the activation box and enter promotion code if available.

Pet/Primary Contact Information: Complete pet and primary contact information.

Employee ID: Complete staff member ID if clinic is participating in the staff incentive program.

Payment Options: • Select method of payment.

- Enter credit card information.
- If billing and mailing information are the same, please check box.
- If check option is selected, make check payable to HomeAgain. Do not send cash.

Completing the activation form

- Sign and print name.
- Send completed activation form and payment (if applicable) in pre-paid envelope.

TERMS AND CONDITIONS

By enrolling in the HomeAgain® pet recovery service (the "Service") offered by Schering-Plough HomeAgain LLC ("Schering"), you agree to abide by these Terms and Conditions (the "Agreement"):

1. You authorize Schering to charge your credit card automatically for all fees incurred through your use of the Service, including recurring annual membership fees. If Schering does not receive payment from the issuer of your credit card, you agree to pay all amounts due upon demand directly to Schering, and Schering may suspend or terminate your membership if you fail to pay. If you supply a promotion code for a discounted membership fee, Schering will determine your eligibility for such discount, which determination shall be in Schering's sole discretion. If Schering determines that you are ineligible for the discounted membership fee, you will be charged the non-discounted membership fee stated on the authorization form. You understand that, once charged, membership fees for the Service are non-refundable.
2. Schering is not responsible for the accuracy of any medical information provided by any veterinarian or clinic, posted on the HomeAgain® website, or obtained from the petID or other media associated with the Service.
3. Schering disclaims any warranties, express or implied, including implied warranties of merchantability or fitness for a particular purpose, with respect to any aspect of the Service. Schering reserves the right to modify or terminate the Service at any time, without prior notice.
4. This Agreement is subject to the laws of the State of New Jersey. If there is any dispute concerning this Agreement or your use of the Service, you and Schering agree to submit the dispute to non-binding mediation, followed by binding arbitration, under the rules of the American Arbitration Association.

PRIVACY POLICY

Schering-Plough Home Again LLC is committed to protecting your privacy. This policy, effective August 1, 2006, describes the ways in which we collect, use, and disclose personal information.

Personal Information Collected. We will collect personal information about you – including your name, phone number, and billing information – when you register for the Service. We also will collect information about you and your pet, including pet medical information, through other sources, such as your veterinary clinic. In addition, we will collect, store, and use the information you provide about you and your pet when you contact our customer support or initiate other transactions on our website.

Other Information Collected. When you visit our website, we also may collect non-personally identifiable information using cookies and other similar technologies to help us keep track of your interactions with our website and to offer you a more personalized experience.

Use of Information. Your information may be used to:

- Provide you with the products and services you request;
- Notify you about products and services offered by us or selected business partners;
- Help us customize and personalize our websites; develop new products and services; and improve the quality of our website and the services we offer.

Disclosure of Personal Information. We may share your information only in limited circumstances, including:

- With business partners who provide the services and products offered by Schering and are governed by confidentiality restrictions (for example, pet recovery service, 24/7 emergency medical service, access to online medical information, order fulfillment, credit card processing, etc.);
- To respond to subpoenas or other legal process, and to exercise our legal rights;
- In order to investigate, prevent or take action regarding illegal activities, or as otherwise required by law; and
- In connection with a corporate transaction, such as a divestiture, merger, consolidation, or asset sale, or in the unlikely event of bankruptcy.

Your rights and choices. You have the right to receive a copy of the personal information you provide, and to correct or update that information. You also may choose to stop the delivery of promotional email messages by following the instructions in any such email we send you. You also may instruct us to remove you from programs to which you have subscribed; however, we will retain basic information about you and your pet (such as chip ID#, name of pet, and your contact information) in our database.

Security. We maintain appropriate technical, administrative and physical procedures to protect personal information from loss, misuse, or inadvertent destruction.

Changes to this Privacy Policy. We may update this privacy policy in the future. We will notify you about material changes to this policy by sending you notice by email or direct mail, or by placing a prominent notice on our website.

Comments/Questions. If you have any questions about this privacy policy, please contact us at:

Global Privacy Officer, Schering-Plough Corporation, 2000 Galloping Hill Road, Kenilworth, New Jersey 07033. Email: privacyoffice@spcorp.com

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PLACE STICKER HERE

CLINIC/SHELTER ONLY

Phone number () -
Clinic/Shelter code

265706-1

Clinic/shelter name

Implantation date mm-dd-yy

04 - 02 - 09

Membership paid by clinic

MEMBERSHIP ACTIVATION

EMPLOYEE ID

☐ Please activate my HomeAgain® Network Membership. I agree to pay \$10 activation fee + \$14.99 annual membership.☐ I have a promotional discount. Promotion code

FORM004

PET/PRIMARY CONTACT INFORMATION

Pet Information

Pet Name

Dog



Cat

Other

Primary Contact

First name

Last name

Address

Apt

City

State

Zip

E-mail

Phone 1 () -

Phone 2 () -

Alternative Contact

First name

Last name

Phone 1 () -

Phone 2 () -

PAYMENT OPTIONS

Credit card

VISA

M/C

AMEX

Account number
Billing address

Expiration date mm - yy

City

State

Zip

☐ Check if billing address is same as Primary Contact

Payment enclosed

Make check payable to HomeAgain and mail to: HomeAgain, P.O. Box 24000, Jacksonville, FL 32241-4000

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

AUTHORIZATION: By signing below, I agree to the terms and conditions on the back of this form and authorize: (1) the Veterinarian/Shelter listed above to share personal information about me and my pet, including pet medical information, with Schering-Plough Home Again LLC ("Schering"); (2) Schering to share that information only with its business partners who provide the services and products offered by Schering and are governed by confidentiality restrictions (for example, pet recovery service, 24/7 emergency medical service, access to online medical information, etc.); (3) Schering to contact me at the telephone number listed above about HomeAgain products and services; and (4) Schering to bill my credit card, as indicated above, for the \$10 activation fee and \$14.99 annual membership (or any lower annual fee for which Schering confirms my eligibility) and automatically each year hereafter for the annual membership fee. (Not less than 30 days prior to my enrollment anniversary, Schering will confirm my next annual payment and form of payment.) I may terminate this authorization at any time by calling Schering at 1-888-HOMEAGAIN (1-888-466-3242). Such termination will be effective 3 business days after receipt and will not affect any action taken in reliance on my consent or the continuing enforceability of this authorization.

Signature

Name (PRINT)

Date


the New
HomeAgain
PARTNERING TO SAVE LIVES

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

Hillsborough County Animal Services

440 Falkenburg Road Tampa, FL 33619

(813) 744-5660

MEDICAL HISTORY REPORTNO
PICTURE
ON
RECORD**Animal ID#**

A1126037

Name

No Name

Kennel No.

103

Breed

Chinese Sharpei

Color

Tan

Sex

N

Age

3 Yrs. & 0 Mo.

Microchip

4A69722F42

As of: 4/2/2009 12:22 pm

02-Apr-2009

Condition: Other

Temp: 0.0

Weight: 0.00

Treated by: 216JC

Visit Type / Reason**Treatments****Medications**

Spay/Neuter

Comments

* Dog neuter >12wks

Anesthesia- 0.5 mls. Telazol IV; Isoflurane/O2 maint.

Injections- 1.25 mls. Pen G SQ 0.5 mls. Torb SQ

SX- Routine cast, Absorbable subcuticular closure. Nexaband skin closure.

Rabies (Merial Imrab 3)

HA microchip #4A69722F42

Comments- Entropion OU, pre med with Ace promazine 0.2ml IM. Heartworm positive.

Dr.- 219 Tech- 217/214

Post-Sterilization Instructions

1. Your pet should be examined by a Veterinarian within 72 hours of adoption.
2. The surgical incision will heal in approximately two weeks. The incision must be kept clean and dry during this time (no bathing or contact with soil) and vigorous exercise should be avoided.
3. The surgical site has been closed with a combination of absorbable suture and surgical adhesive, therefore your pet will not require suture removal.
4. You should check the surgical site daily. Some pets react to the suture material which causes a nonpainful lump to develop at the surgical site. However, any heat, pain or redness at the surgical site should be immediately examined by your veterinarian. Animal Services does not provide post operative veterinary care.

30-Mar-2009

Condition: Normal

Temp: 0.0

Weight: 0.00

Treated by: 215

Visit Type / Reason**Treatments****Medications**

Adoption Scrn

Comments

* too aggressive, cannot touch. 215kb

24-Mar-2009**Condition: Allergies****Temp: 0.0****Weight: 0.00****Treated by: 216JC****Visit Type / Reason****Treatments****Medications**

Treatment Vis

Comments

* Hairloss with redness consistent with allergies, will give 25mg benadryl PO SID and 1-dermcap PO SID 216jc

24-Mar-2009**Condition: Other****Temp: 0.0****Weight: 0.00****Treated by: 216JC****Visit Type / Reason****Treatments****Medications**

Intake Scn

Comments

* Weight estimate: 45#

Age estimate: 3yrs

Vaccines administered: da2ppv/bordatella IN

Dewormer(s) administered: strongid

Visitation allowed: yes

Observations: Allergies

Hillsborough County Animal Services

P.O. Box 89159 Tampa, FL 33689-9998
(813)744-5660

THIS SPACE FOR ESCROW REFUND DEPOSIT ONLY

TC	IC	SO/GL	SUBS	AMT
210	ANR00111	2207	001	
VENDOR	REF	DOC	VFES	
*REFUND		A1126037	P0362867	SHARPEI RESCUE
AUTH BY		DATE		

Receipt Number: R09-184025

Receipt Date: Thursday, April 02, 2009

Person Information: FLORIDA SHARPEI RESCUE
5514 NW 99TH TER
GAINESVILLE, FL 32653

PID:P0362867

Received From: FLORIDA SHARPEI RESCUE

Check No:

Phone: (727) 570-2260

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
ADOPTION RES	A1126037		\$10.00	1	\$10.00
Total Fees Due:					\$10.00
Payments:			Cash:		\$20.00
			Check:		\$0.00
			Credit Card:		\$0.00
Total Payments Received:					\$20.00
Thank You!					
Change:					\$10.00
Balance Due:					\$0.00

Animal Information:

A1126037 A1126037 - 3 YEARS OF AGE, NEUTERED, CHINESE SHARPEI, TAN DOG

Pen 103
Paid
FL

Font Counter Hours

Mon, Tues, Thurs, & Fri 10:00AM - 6:00PM Wed 11:00 AM - 7:00 PM Sat 9:00AM - 3:00PM * Shelters CLOSED Sundays and Holidays

*Adoptions Close 30 min prior to the closing of the facility.

Animal Surrender (Side Gate) Mon, Tues, Thurs, & Fri 11:00AM - 5:00PM Wed 12:00 AM - 6:00 PM Sat 10:00AM - 3:00PM Shelters CLOSED Sundays and Holidays

Clerk: Coomesf

SHELTER

Transaction Date: 04/02/09

Print Date: 04/02/09 f:\ware\chameleon\crystal\receipt.rpt