

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: 05-15-09 at 8:47a
Date: 05-15-09
Account: 2293
Invoice: 81845

Date	For	Qty	Description	Net Price
Services by Kevin M Rose DVM				
05-11-09	Midnight	60	Thyroxine 0.5mg	9.36 **
05-15-09	Truffles	1	Examination	36.00 **
05-15-09		1	DHPP Annual Vaccination	18.00 **
05-15-09		1	Rabies 1yr	9.00 **

Old balance	Charges	Payments	Discount	New balance
0.00	72.36	0.00	8.04 **	72.36

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

Reminders for: Truffles		Last done
05-15-10	Canine Rabies 1yr	05-15-09
05-15-10	DHPP(no lept) Annual	05-15-09

(No reminders are due for this patient.)

CAGE #

14

Animal Rescue Coalition



ANIMAL SERVICES

Original Medical Record

Date

3/14/09 A/S Case # A258858

Owner: SARASOTA SHERIFF'S OFFICE/ANIMAL SERVICES

8451 BEE RIDGE ROAD

SARASOTA, FL

34240

861-9523

Animal Name

Age

3-4 yrs

(K9 - FEL)

(M - F)

Breed

Sharpei

Color

blk/choc

DO NOT WRITE BELOW THIS LINE - CLINIC USE ONLY

Weight 48.2 lbs. Exam Findings Bite wound R elbow
Incisional scar present ventral abdomen

PreAnesthetic	Anesthetic
BAA <u>2.4</u>	Ketamine <u>1.3</u>
Torb Inj	Diazepam <u>2.2</u>
Ace Inj	Telazol

POST-OP MEDICATION RECOMMENDATIONS

<input type="checkbox"/> Metacam:	
	____ drops PO Today,
	____ drops PO SID x 3 days, begin tomorrow AM
<input checked="" type="checkbox"/> Rimadyl <u>75</u> mg	
<input checked="" type="checkbox"/> tablet/s PO BID, begin tonight # <u>3</u>	
<input type="checkbox"/> Cephalexin	<input type="checkbox"/> 500mg <input type="checkbox"/> 250mg # _____
____ capsule/s PO BID, begin tonight	
<input type="checkbox"/> Clavamox Drops	____ mL PO BID x ____ days, begin tonight
<input type="checkbox"/> NO MEDS RECOMMENDED: MALE CAT YOUNG ALREADY SPAYED/NON-SURGICAL	

Microchip implanted? Y N Scanned for verification Y N Number 027-876-556

Notes: PreOp HR PostOp HR

Already Spayed

Clipped & cleaned wound. Start on 500 mg Cephalexin PO BID x 7d. Clean wound & home with hydrogen peroxide & apply triple antibiotic ointment twice daily.

Veterinarian JLTech PHSV

SARASOTA COUNTY SHERIFF'S OFFICE
ANIMAL SERVICES
MEDICAL RECORD SHEET

ANIMAL# A258858
KENNEL#

DESCRIPTION OF ANIMAL *already*
DOG CAT MALE / FEMALE INTACT / ALTERED ESTIMATED AGE: *3-4 yrs*
BREED: CHINESE SHAR PEI COLOR: BLK - CHOC
DISTINGUISHING FEATURES:

ANIMALS NAME:

DATE TREATMENT

TEMPERAMENT EVAL: *good*

PHYSICAL EXAM: WOUNDS ON HEAD & MUZZLE - BITY/H
RT LEG HAS SLIGHT SWELLING ON ELBOW -
BATHED

HEARTWORM TEST: WITNESS POS / NEG HIGH / LOW

FELV / FIV SNAP IDEXX TEST: NEGATIVE

WEIGHT: FECAL CHECK:

RABIES VACCINATION TAG# VET:

IMPLANTED: AVID MICROCHIP# 027-876-556

1ST VACCINE: DHPP-C / BORDETELLA / FVRCP w/LEUK

2ND VACCINE: DHPP-C / BORDETELLA / FVRCP w/LEUK

3RD VACCINE: DHPP-C / BORDETELLA / FVRCP w/LEUK

WORMING: STRONGID-T / DRONTAL / ALBON

APPLIED: REVOLUTION / ADVANTAGE MULTI / FRONTLINE ON:

/ / / / / / / / /

IVERHART MAX / HEARTGARD PLUS GIVEN ON: /

/ / / / / / / / /

5-12-09 RT FRT ELBOW SWOLLED & DOG LIMPING - TEMP 104.7
GAVE PEPO 10.5. 1/2 75mg RINADYL RX CEPHALEXIN 500mg
1 BID X 5 DAYS

ANIMAL CARE TECHNICIAN
DYK

ANIMAL'S VACCINATION CERTIFICATE
REQUIRED BY PINELLAS COUNTY CODE CHAPTER 14

TAG FOR LIFE

CAT
 OTHER

LICENSE FEE
1 YEAR \$10.00
3 YEARS \$10.00
N/C (no charge)

YES
 NO

SPAY/NEUTER

TATTOO # / MICROCHIP #

DATE OF VACCINATION
5/15/08

BRAND NAME
Tnakes

VACC. LOT# / EXPIRES
3M/08

VACCINATION EXPIRES
5/15/10

VACC. TYPE/KILLED
IM SQ

DATE LIC. ISSUED
3 YR

1 YR

3 YR

3 YR

APT/LOT #

STATE
FL

ZIP CODE
33710

AGE
4 YR

MO

PHONE
514-7222

ALT PHONE
722-5444

BREED
Siamese

COLOR
Black

SEX
F

WT
45.9

DECEASED
NO LONGER OWNED

MOVED OUT OF COUNTY

NO. OWNER'S COPY

RABIES TAG # **9133520**

LIC. TAG # **9133520**
LICENSE EXPIRATION
DATE: SEE REVERSE
ISSUED ONLY
WHEN NO LICENSE PURCHASED
AT TIME OF VACCINATION

DATE OF VACCINATION	MANUFACTURER (FIRST 3 LETTERS)	VACCINATION EXPIRES	VACC. TYPE/KILLED
5/15/08	MEN	5/15/10	IM SQ

| MONTH / DAY / YEAR |
|--------------------|--------------------|--------------------|--------------------|
| 5/15/08 | 5/15/10 | 1 YR | 3 YR |

VET. SIGNATURE / LICENSE #
Karen M. Haze

ADDRESS / PHONE #
6605 Gulf Blvd.

Saint Pete Beach Vet Clinic

Saint Pete Beach, FL 33706

YOU MUST TAKE THIS FORM TO YOUR VETERINARIAN
*PINELLAS COUNTY RECOMMENDS 3 YEAR VACCINE

PINELLAS COUNTY ANIMAL SERVICES • 12450 JULMERTON ROAD • LARGO, FL 33774-2700 • TELEPHONE (727) 582-2600



Sarasota County Sheriff's Office Animal Services Section

8451 Bee Ridge Road, Sarasota, FL 34241, (941) 861-9500
<http://www.sarasotasheriff.org/animal.asp>

Receipt Number: R09-002127

Receipt Date: 05 /14/09

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

PID:P179415

Received From: SHARPEI RESCUE Check No: CHECK#2290 Phone: (352) 332-3732

Item:	Animal ID:	Reference No:	Price:	Each:	Amount:
ADOPT DOG	A258858	K09-027362	\$0.00	1	\$0.00
DEP SN DOG	A258858	K09-027362	50.00	1	50.00
					Total Fees Due: \$50.00
					Payments: Cash: \$0.00
					Check: \$50.00
					Credit Card: \$0.00
					Total Payments Received: \$50.00
Thank You!					
					Change: \$0.00
					Balance Due: \$0.00

Animal Information:

A258858 A258858 - 4 YEARS OF AGE, SPAYED, CHINESE SHARPEI, BLACK DOG

Kennel Information:

Animal ID:	Activity No:	Intake:	Outcome:	In Type:	Out Type:
A258858	A09-003453	05/06/09	05/14/09	STRAY	ADOPTION

Shelter Hours

Monday - Friday 9:00AM - 4:30PM* Saturday 10:00AM - 4:30PM* Sunday 12:00PM - 2:00PM*
Shelters CLOSED Holidays

Clerk: tglaser

SHELTER

Transaction Date: 05/14/09

Print Date: 05/14/09 \Software\chameleon\crystal\receipt.rpt

INVOICE

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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: 05-22-09 at 4:34p
Date: 05-22-09
Account: 2293
Invoice: 82179

Date	For	Qty	Description	Net Price
Services by Dr. Dee Sheppard DVM				
05-22-09	Raven	1	Examination	36.00 **
05-22-09	TRUFFLES	1	Clean Wound	9.00 **
05-22-09	Truffles	1	Examination	36.00 **
05-22-09	RAVEN	1	1st View Radiograph	58.50 **

Old balance	Charges	Payments	Discount	New balance
72.36	139.50	0.00	15.50 **	211.86

Your invoice total reflects our 10% discount.

Reminders for: Truffles (Weight: 45.9 lbs - 4y)		Last done
05-15-10	Canine Rabies 1yr	05-15-09
05-15-10	DHPP(no lept) Annual	05-15-09
05-11-10	Heartworm/Ehrlichia/Lyme	

(No reminders are due for this patient.)