Purchase Date 11/23/03

Purchase Price 700.00

I guarantee hips for 2 years to give you time to get OFA if you want

I guarantee against amyloid for 5 years based on Congo Red Test

Pup had first 7 way shot at 6 weeks. Needs next at 9 weeks

Pups wormed Worm test was negative

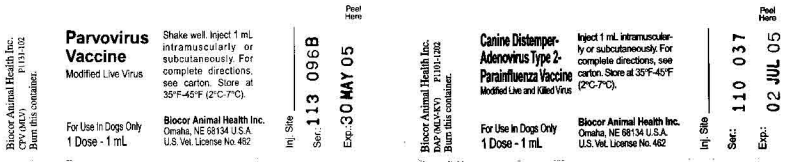
Eyes are the responsibility of the buyer. untouched

Pup has been eating nutro puppy food

AKC papers will be furnished when received from AKC. Full registration

Breeder X Johnette Risden

Buyer X



RO in full SR

FLORIDA VETERINARY LEAGUE
Surgical Release Form/Check List

.04 Ace

CLIENT INFORMATION
OWNER'S NAME Fausett Sandra
ADDRESS 1845 10 PL
CITY Vero Beach STATE FL ZIP 32960
PHONE#HM.( ) 774-3299 WK.( ) 519-5650
DRIVER'S LICENSE#

PET INFORMATION
PET'S NAME Bentley
PET'S WEIGHT 34# SEX M
D.O.B AGE 4
FELINE: DSH DMH DLH CANINE: BREED Staf. Bull
COLOR/MARKINGS BRWN

SPECIES: CANINE FELINE OTHER:

PROCEDURE NEUTER

AVID*011*548*295

RABIES: 3yr 9/30/06 MER
CO.TAG: 27114062

Microchip
in house blood X

(.4 mL Ketogest SQ
(.4 mL Dexamethasone

VETSCAN
02/25/08 09:29 AM
ANIMAL TYPE: DOG
PATIENT #: 01
COMPREHENSIVE DIAGNOSTIC
ROTOR LOT #: 7A21 NOV6
OPERATOR #: 01
SERIAL #: 00000007050

ALB	3.9	2.5 4.4	G/DL
ALP	22	20-150	U/L
ALT	25	10-118	U/L
AMY	567	200-1200	U/L
TBIL	0.3	0.1-0.6	MG/DL
BUN	13	7-25	MG/DL
CA++	9.9	8.6-11.8	MG/DL
PHOS	3.4	2.9-6.6	MG/DL
CRE	1.2	0.3-1.4	MG/DL
GLU	68	60-110	MG/DL
NA+	144	138-160	MMOL
K+	4.9	3.7-5.8	MMOL
TP	7.0	5.4-8.2	G/DL
GLOB	3.0	2.3-5.2	G/DL

QC OK
HEM 2+, LIP 0, ICT 0

OWNER'S CONCERNS
ESTIMATE

TECHNICIANS QUESTION
FOOD/WATER NO
SEIZURES NO
MEDICATIONS NO
SEX: MALE X BOTH TESTICLES
FEMALE IN HEAT PREGNANT

TECH INT. DB

HEARTWORM PREVENTION Rev.
FLEA PREVENTION Rev. FLEA'S no
TEETH DECIDUOUS
GUMS OK DENTAL OK
EYES EARS OK HERNIA no

DOES YOUR PET HAVE A MICROCHIP: Yes ___ /No X IF NO, WOULD YOU LIKE ONE PLACED? Yes X /No ___
HAS PET HAD BLOOD WORK DONE IN PAST YEAR? Yes ___ /No X. IF NO, ASK IF THEY WOULD LIKE AN IN HOUSE PANEL. ($66) Yes X /No ___
DENTALS: If the Doctor deems necessary, do we have the owner's permission to remove any teeth ? YES X NO ___
PHONE NUMBER WHERE CLIENT CAN BE REACHED (9:00 - 5:00) 569-5650
REPEAT CHECKLIST AS WRITTEN ABOVE, AND GET VERBAL RESPONSE FROM OWNER. ASK IF THERE IS ANYTHING ELSE THAT NEEDS TO BE DONE. Tech Int. DB

RX MED'S: Amox 500mg x20 (Bx

DOCTOR'S COMMENTS

I CERTIFY THAT I HAVE FULL AUTHORITY TO AUTHORIZE THE TREATMENT FOR THE PET DESCRIBED. I UNDERSTAND THE NATURE AND RISK INVOLVED AND WILL NOT HOLD FLORIDA VETERINARY LEAGUE OR THE VETERINARIAN IN CHARGE LIABLE FOR COMPLICATIONS POSSIBLE FROM MEDICAL OR SURGICAL PROCEDURES.

SIGNATURE [signature] DATE 2/28/08

OWNER'S NAME: Forbus Fausett PET'S NAME: Bentley

PHONE #: VACCINE INFO: NOTE:

DATE	WT	AGE	TREATMENT & PROGRESS
2/2006	56#		RABIES 3yr DA2PPV ✓ 3yr12564 BORD ✓ HWT neg. PYRANTEL ✓ LISC# 2613097 Dies Disp Nemektemax
7/30/07			Disp Nemektemax
7/29/08	57#		5yr RABIES 3yr DA2PPV BORD EM: neg DIMGRAES SIG# 2-111506 PE 10/10 on Itch Scale chews at feet r/o atopy on Hunm revolutn D/c'd Vencta SQ. discussed other allegy tx's in depth. (with revtn)
10/20/07			Disp: MOMENTAMAX
7/2/08			40-85 Rev 6 months
11/11/08	57# (26kg)	5yr	√Skin Itchy 10/10 20 erythema on Abdomen R/O atopy 20 erythema No Chewing Lending Otitis after H/o. Disp: Simplicef 200mg 1 daily 20 days (20)

DRIVER'S LICENSE # _____ HOME#( ) 567 . 1097

OWNER'S NAME Michael Forbes / Sandy Fawcett WORK#( )

ADDRESS 1345 via Real Plaza CITY Vero Beach STATE FL ZIP 32960

PET'S NAME Bentley CAT ____ DOG X BREED Shih Tzu

SEX M D.O.B. N/A SPAY ____ NEUTER ____ COLORS/MARKINGS Brown / Black

DATE OF LAST VACCINATIONS: 3 Tri Mut Sucks

DATE	WT	AGE	TREATMENT & PROGRESS
11/09	50	11mos	Vomo - 2 episodes emesis and anorexia
			S -
			O - A.S. = +++erythema + exsudate
			A - Atopic Otitis Externa
			P - 0.6 cc Convenia
			Otomax clean
			Discussed dermatitis allergies
			(2)
7/5/05			1mo Revolution
2/24/05			2mo Rev
5/11/05			2mo Rev
7-13-05	51.4		RABIES ✓ DA2PPV ✓ Sol#580479 8/06
			BORD. ✓ HWT neg
			PYRANTEL ✓ LISC.# 25T2807
			√ front paws - Chews & feet.
			PE - nonspecific minimal chronic
			recc 40-50mg Sendyl 1-2x d.m
			1mo Revolution green ✓

I CERTIFY THAT I HAVE FULL AUTHORITY TO AUTHORIZE THE SURGERY/ TREATMENT FOR THE PET DESCRIBED. I UNDERSTAND THE NATURE AND RISK INVOLVED, AND WILL NOT HOLD FLORIDA VETERINARY LEAGUE OR THE VETERINARIAN IN CHARGE LIABLE FOR THE RESULTS CUSTOMARILY ATTENDANT TO THE PROCEDURES.

HAS YOUR PET HAS/HAD ANY HEALTH PROBLEMS? ____ YES ____ NO

SIGNATURE _____ DATE 11/10/09

FVL Patient Anesthesia Monitoring

Date: 2-25-08 Weight: 54 kg/lbs D.O.B./Age 4yr 5 Procedure Neuter

Pat's Name Bentley deg/ cat/ other Temp _____ Pulse: _____ Resp: _____

Pre-Anesthesia Medications

Acepromazine: 0.02mg/kg x _____ kg @ 1mg/ml = 0.04 ml. (*Warning: max dose 1.5ml*) SC IM

Buprenorphine: 0.005mg/kg x _____ kg @ 0.3mg/ml = _____ ml SC IM

Butorphanol: 0.1mg/kg x _____ kg @ 10mg/ml = _____ ml SC IM

Other: _____ mg/kg x _____ kg @ _____ mg/ml = _____ ml _____

Other: _____ mg/kg x _____ kg @ _____ mg/ml = _____ ml _____

T: _____ P: _____ R: _____ Post-medication

Induction

Isoflurane: 4% O2 1.4

Ketamine/Diazepam 50:50 (100mg/ml: 5mg/ml): 0.1 ml/kg x 1.4 kg = 2.8 ml

Maintenance

Fluid type: _____ Fluid Rate: _____ Tracb Tube Size: _____

	Induction	5min	10min	15min	20min	25min	30min	35min	40min
Iso %	5	3	3	3					
O2 L/min	2	1							
Hrt. Rate		145	139	146					
Pulse Ox		99	100	100					
Resp Rate									
CRT		2-0	2+	2+					
Mm color		pink	pink	pink					
Temp		99.5°	99.3°	99.8°					
B. P.		105/52	121/80	121/77					

	45min	50min	55min	60min	65min	70min	75min	80min	85min
Iso%									
O2 L/min									
Hrt. Rate									
Pulse Ox									
Resp Rate									
CRT									
Mm color									
Temp									
B.P.									

Post-Op Meds

Antibiotic: _____ Amount: _____ Pain Med: Hydromorphone Amount: 0.25ml

CERTIFIED PEDIGREE

RISDENS EBONY PRINCESS
NM90530903
CHINESE SHAR-PEI FEMALE BLK
Date Whelped: 05/31/2001
Breeder: JULIETTE POKLETAR

Sire **DYNASTY'S RED DRAGON**
NM86540602 (08-01) RD

CURRAN'S CHU BACCA
NM36426904 (10-92) RD

HOMSEY CHANG WU LEIGH
NM35143002 (10-92) FN

LEIGHKE
NM35568505 (10-92) BLK

BEAUX-ARTS FUDGE RIPPLE
NM53774104 (03-95) CHLT DLUT

BEAUX-ARTS MIDNIGHT MAGIC
NM63001506 (12-97) BLK

BEAUX-ART COCO LOCO
NM37253201 (10-92) CHLT DLUT

SHARPIE KAHN
NM65492901 (09-98) APCT

BUSTER BOY SHARPIE
NM78417806 (01-01) APCT

TAFFY KAHN
NM70656704 (09-98) RD

TEAGREEN'S DOO-DOO BROWN BA
NM37881101 (10-92) CHLT DLUT

COCO CHANEL
NM61257003 (01-97) CR DLUT

BEAUX-ARTS TOOTSIE ROLL
NM53774102 (08-95) CHLT

RISDENS EBONY PRINCESS

Dam **KAYLEE GIRL**
NM88201503 (08-01) SBL

The Seal of The American Kennel Club affixed hereto certifies that this pedigree was compiled from official Stud Book records on August 07, 2003.

RABIES VACCINATION CERTIFICATE

NASPHV Form 51

Renew
15

Owner's Name & Address — **PRINT** - use ballpoint pen or type

Rabies Tag Number: 261697

PRINT: Last: ~~Forbus~~ Fausett | First: Sandra | M.I.

Telephone: 567-1302

No. 1845 | Street: 10 Pl | City: Vero Bch | State: Fl | Zip: 32960

SPECIES:	SEX:	AGE:	SIZE:
Dog ☒	Male ☒	3 mo. - 12 mo. ☐	Under 20 lbs. ☐
Cat ☐	Female ☐	12 mo. or older ☒	20 - 50 lbs. ☐
Other ☐	Neutered ☐		Over 50 lbs. ☒

Please specify

PREDOMINANT BREED: SharPei

COLORS: red

NAME: Bentley

DATE VACCINATED: 9 (Month) 30 (Day), 06 (Year)

PRODUCER: MER (First 3 letters)

VETERINARIAN

Veterinarian's #: 8190 (License No.)

VACCINATION EXPIRES: 9 (Month) 30 (Day), 09 (Year)

1 yr. Lic. / Vaccine ☐

3 yr. Lic. / Vaccine ☒

12506B (Vaccine Serial (Lot) No.)

Veterinarian's Signature

Address: Dr Darrell Horn, Florida Veterinary League, 1950 44th Ave, Vero Beach FL 32966

Today your pet was vaccinated against:

CANINE: DATE 9/30/06

- ☒ Rabies
- ☒ Distemper
- ☒ Hepatitis / Adenovirus Type 2
- ☒ Parainfluenza
- ☐ Leptospirosis
- ☒ Parvovirus
- ☐ Coronavirus
- ☒ Bordetella
- ☐ Lyme
- ☐ Other _____

FELINE:

- ☐ Rabies
- ☐ Rhinotracheitis
- ☐ Calicivirus
- ☐ Panleukopenia
- ☐ Chlamydia
- ☐ Leukemia
- ☐ FIP
- ☐ Other _____

FERRET:

- ☐ Rabies
- ☐ Canine Distemper
- ☐ Other _____

MERIAL