

# 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:** 11-19-09 at 2:38p  
**Date:** 11-19-09  
**Account:** 2293  
**Invoice:** 88703

Date	For	Qty	Description	Price	Discount	Net Price
Services by Kevin M Rose DVM						
11-19-09	Precious	1	Brief Exam	28.00	2.80	25.20 **
11-19-09		1	Trioptic S	15.50	1.55	13.95 **

Old balance	Charges	Payments	Discount	New balance
0.00	39.15	0.00	4.35 **	39.15

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

# CERTIFICATE OF VACCINATION

**Date of Rabies Vaccination:** 08-13-09  
**Next Rabies Vaccination On:** 08-13-10

**Certificate No:** 0  
**Previous Rabies Vaccination:**

**VETERINARY CLINIC**  
Gulf Coast Humane Society Vet Clinic  
2010 Arcadia street  
Ft. Myers, FL 33916  
239-332-2719

**OWNER OF ANIMAL**  
Shelter Gulf Coast Humane Society  
2010 Arcadia  
Fort Myers, FL 33916  
County:

This is to certify...

**THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.**

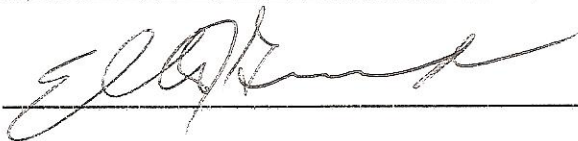
**Patient information...**

**PATIENT:** Precious  
**SPECIES:** Canine  
**SEX:** F

**TAG NO:**  
**WEIGHT:** 46.60  
**AGE:** 2 years

**Color and markings...** Tan

Signed \_\_\_\_\_



Elton Gissendanner DVM

License: VM443

**Vaccinations done...**

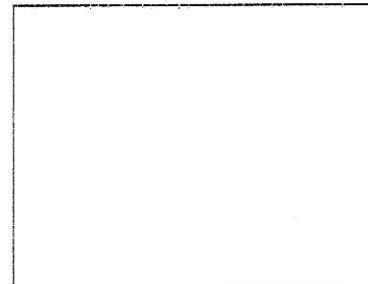
08-13-09 EG Rabies Vaccine

08-13-10

**Rabies Vaccine Information...**

**MFG BY:** PFI  
**LOT EXP:** 02/20/10

**SER.NO:** S832529  
**ADM:** SQ





# GULF COAST HUMANE SOCIETY

2010 Arcadia St.  
Ft. Myers, Fl. 33916  
Office- 239-332-0364  
Fax- 239-337-3846





0A11095E29



0A11095E29

## CANINE HEALTH RECORD

PET NAME Prescious ID# A98196543 WEIGHT 4.6 - 6

Procedure	Date	Vaccine/Medical Info.	Lab Results	Next Due	Staff Initials
SPAYED/NEUTERED	8/13/09	<del>Prescious</del>		<del>8/13/10</del>	
RABIES Vaccination	8/13/09	PET 5532529		8/13/10	
DA2PP Vaccination	8/5/09			8/5/10	CE/CH
BORDETELLA Vaccination	8/5/09			2/5/10	CE/CH
FECAL FLOAT	8-5-09	Tapes			
FECAL DIRECT	8-5-09	N29			
HEARTWORM TEST	8/5/09	Pos			CE/CH
1 <sup>ST</sup> PUPPY Vaccination					
2 <sup>ND</sup> PUPPY Vaccination					
3 <sup>RD</sup> PUPPY Vaccination					
4 <sup>TH</sup> PUPPY Vaccination					
1 <sup>ST</sup> DEWORMING	8/5/09	Strongid SCC			CE/CH JL
2 <sup>ND</sup> DEWORMING					
3 <sup>RD</sup> DEWORMING					
4 <sup>TH</sup> DEWORMING					
FLEA/TICK Preventative	8/5/09	Advantix			CE/CH
HEARTWORM Preventative	8/5/09	Ivermectin 0.5oz			CE/JL

ADDITIONAL FLEA PREVENTION	DATE 9/5/09 Promeris	DATE 10/5/09 Permethrin	DATE 11/19/09 Tri-Cel	DATE	DATE	DATE	DATE
ADDITIONAL HW PREVENTION	DATE	DATE	DATE Spot On del. Ivermectin	DATE	DATE	DATE	DATE

Client GCHS

Patient Precious

10-28-09

eye sx cont'd

Ivermectin 0.5cc SQ - once

weekly to treat mange.

Sx/ Euthrohis<sup>2</sup> lower eyelids - both eyes.

10-29-09

resutured eye - 1.5 cc Tolb IV/IM

1m Kit/Ace 1cc - 2cc Pen b -

continue for 5 days

11-18-09

check eye - clean area

Kit/Ace ~~0.5cc~~ 0.55cc

Client GCHS

Patient Precious

9/5/09 1<sup>st</sup> HW tx 46.6 lbs - Immiticide - 2.1 cc IM Right side

9.17.09 Check eyes Entropion

TX/Fluorocinolone acetate 2 - day.

Rx Vetropolygan HC - one strip on the eye  
twice a day x 7 days.

9/24/09 Recheck eyes

has entropion Both eyes Dr G  
will Recheck eyes after HW Treatment  
is complete.

Continue Vetropolygan HC  
UNTIL UNOWN.

10/7/09 44.4# H.W. TX #2

Immiticide 2.1 cc Left side IM

10/8/09 HW TX #3

immiticide 2cc (R) side IM

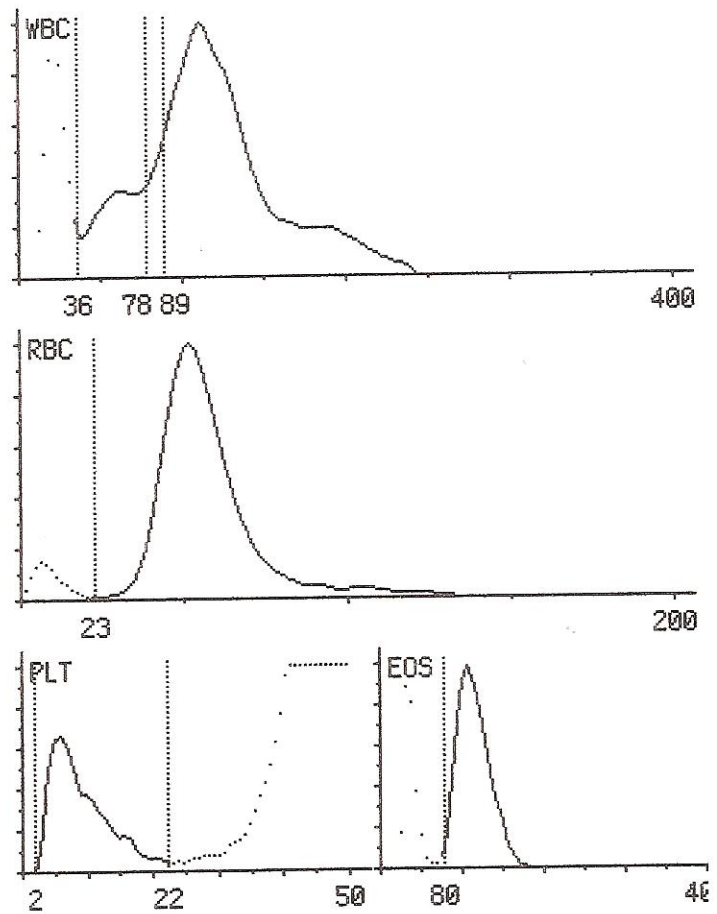
10/28/09 Eye Sx

Vet/Ac .8cc Tolb 0.45 cc

Pen G 1.5cc

Patient ID: a08196453      Doctor:      Age/Sex: 3 years / Female  
 Name: precious      S/N: 250741  
 Test time: 08.10.2009 03:09PM      Report date: 08.10.2009  
 Mode: Dog

WBC	28.11 +	10 <sup>9</sup> /l	6		17
LYM	4.66	10 <sup>9</sup> /l	1		4.8
MON	2.03 +	10 <sup>9</sup> /l	0.2		1.5
NEU	16.55 +	10 <sup>9</sup> /l	3		12
EOS	4.46 +	10 <sup>9</sup> /l	0		0.8
BAS	0.42 +	10 <sup>9</sup> /l	0		0.4
LY%	16.6	%	12		30
MO%	7.2 +	%	2		4
NE%	58.9 -	%	62		87
EO%	15.9 +	%	0		8
BA%	1.5	%	0		2
-----					
RBC	5.21 -	10 <sup>12</sup> /l	5.5		8.5
HGB	14.3	g/dl	12		18
HCT	30.55 -	%	37		55
MCV	59 -	fl	60		77
MCH	27.4 +	pg	19.5		24.5
MCHC	46.8 +	g/dl	31		34
RDWc	16.7	%			
-----					
PLT	296	10 <sup>9</sup> /l	200		500
PCT	0.27	%			
MPV	9.1	fl	3.9		11.1
PDWc	40.2	%			



VETSCAN VS2  
 COMPREHENSIVE DIAGNOSTIC  
 10 AUG 2009 02:20 PM  
 SAMPLE TYPE: DOG  
 PATIENT ID: 2 PRECIOUS  
 ROTOR LOT NUMBER: 8465A86  
 SERIAL NUMBER: 0000V04446

ALB	2.5	2.5-4.4	G/DL
ALP	97	20-150	U/L
ALT	102	10-118	U/L
AMY	537	200-1200	U/L
TRIL	0.3	0.1-0.6	MG/DL
BUN	17	7-25	MG/DL
CA	10.0	8.6-11.8	MG/DL
PHOS	5.7	2.9-6.6	MG/DL
CRE	0.8	0.3-1.4	MG/DL
GLU	102	60-110	MG/DL
NA+	143	138-180	MMOL/L
K+	3.9	3.7-5.8	MMOL/L
TP	8.2 +	5.4-8.2	G/DL
GLOB	5.7 +	2.3-5.2	G/DL

QC OK  
 HEM 1+ LIP 1+ ICT 0

**Adoption Kennel Card**

**Tel.:** 239-332-0364 | **Fax:**



This pet is eligible for 30 days of pre-paid health insurance when adopted from our organization. For more information, please visit [www.sheltercare.com](http://www.sheltercare.com) or call 1-866-375-PETS.

Our organization offers 24PetWatch microchips, which include free registration into the 24PetWatch pet recovery service. For more information call 1-866-597-2424.



**GULF COAST  
HUMANE  
SOCIETY**

**Precious**

**Animal ID:** A08196453

**Stage:** Available

**Review Date:**

**Location:** Dog Adoptions - 1/

**Description:**

Precious  
Dog  
Female

**Chinese Shar-Pei/ Mix, Tan/ / Solid,  
3 y 0 m 26 d , DOB: 8/7/2006, Previously Altered: No, Currently Altered: Yes  
Short Smooth Coat, Brown Eyes, Erect Ears, Curled Tail, Declawed: None  
Collars: / , Bitten: No, Distinguishing Marks: None**

**Intake Info:**

**Intake Date/Time**

**8/6/2009 12:12:00 PM**

**Intake Type**

**Owner/Guardian Surrender**

**Intake Sub Type**

**Surrender**

**Intake Reason**

**Cannot Afford**

**Microchip Info:**

**Microchip #**

**0A11095E29**

**Microchip Type**

**24PetWatch**

**Implant Date**

**8/5/2009**

**Profile Info:**

**Housetrained:**

**Unknown**

**Lived with Kids:**

**Unknown(0, Ages:)**

**Lived with Pets:**

**Yes(Dogs)**

**Veterinarian**

**Allergies**

**Medication**

**Environment:**

**Indoor**

**Attitude:**

**Attitude:**

**Friendly**

**Buddy:**

**Adoption Notes:**



# GULF COAST HUMANE SOCIETY

2010 Arcadia St.  
Ft. Myers, FL 33915  
Office # 239-332-0364  
Fax # 239-337-3846

A NON-PROFIT ANIMAL WELFARE ORGANIZATION

## PET BACKGROUND FORM

Pets Name Precious Species K9 Breed Sharpei Color Brown

Age or Date of Birth 2006 Sex \_\_\_\_\_ Altered \_\_\_\_\_ Declawed \_\_\_\_\_

Why are you surrendering your pet? lost home

How long have you had your pet? 3 yrs. Where did you acquire your pet? Bought from owner.

Is your pet current on vaccinations? \_\_\_\_\_ Who is your pet's veterinarian? South Trail Animal Hospital

Is your pet current on heartworm & flea prevention? \_\_\_\_\_ What brand? \_\_\_\_\_  
When was it last given? \_\_\_\_\_

What brand of food does your pet eat? Any How often? 3x's a day

Does your pet have any current or past health conditions or injuries? None Known.

Who does your pet get along with? Please circle Men Women Children (ages) All Dogs Cats Other Animals

Does your pet live indoors, indoors, outdoors, or both? \_\_\_\_\_ Where does your pet sleep? \_\_\_\_\_

Has your pet ever shown signs of aggression such as biting, snapping, growling, food aggression, aggression towards animals, aggression towards people or children? No  
If yes, was the aggression provoked? Please explain \_\_\_\_\_

Does your pet have any bad habits such as digging, fence jumping, scratching furniture, chewing, barking or \_\_\_\_\_ on people? No

Is your pet house trained or litter trained? \_\_\_\_\_

Does your pet allow you to... (circle all that apply) Trim Nails Grooming Clean ears Bath No Brush Teeth

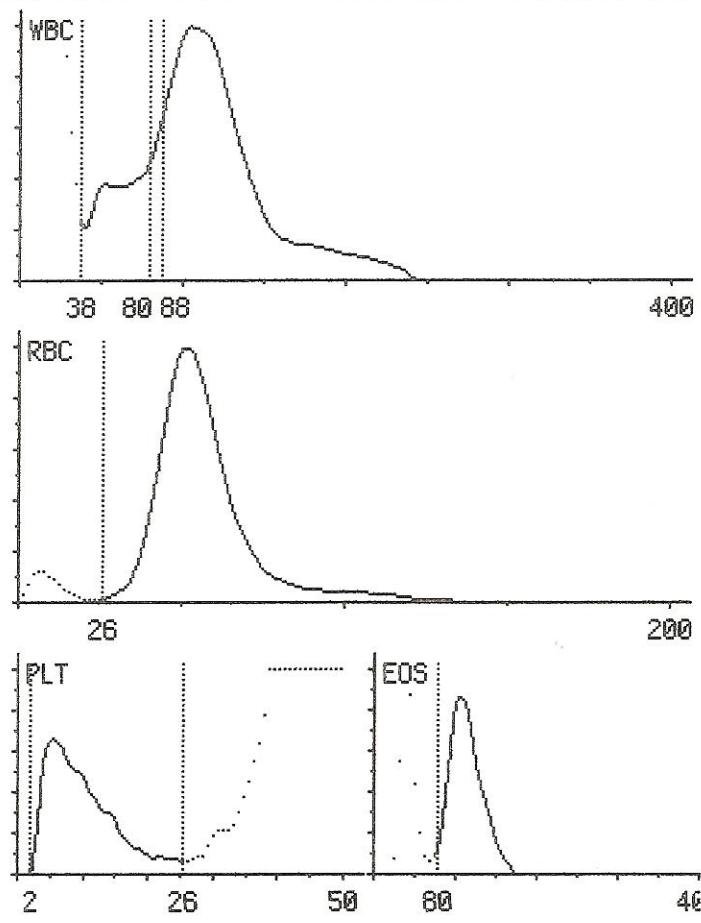
Does your pet have any obedience training? No Does your pet know any commands? ?

Please tell us about your pet and any special characteristics, personality traits, or special needs friendly.

Gulf Coast Humane Society Vet Clinic  
 2010 Arcadia St Ft. Myers FL 33916  
 239-332-2719

Patient ID: 2      Doctor: Gissendanner  
 Name: Precious      Age/Sex: 2 years / Female  
 Test time: 08.08.2009 03:42PM      S/N: 250741  
 Mode: Dog      Report date: 08.08.2009

WBC	24.69 +	10 <sup>9</sup> /l	6		17
LYM	4.99 +	10 <sup>9</sup> /l	1		4.8
MON	1.38	10 <sup>9</sup> /l	0.2		1.5
NEU	15.54 +	10 <sup>9</sup> /l	3		12
EOS	2.40 +	10 <sup>9</sup> /l	0		0.8
BAS	0.37	10 <sup>9</sup> /l	0		0.4
LY%	20.2	%	12		30
MO%	5.6 +	%	2		4
NE%	62.9	%	62		87
EO%	9.7 +	%	0		8
BA%	1.5	%	0		2
<hr/>					
RBC	5.64	10 <sup>12</sup> /l	5.5		8.5
HGB	15.3	g/dl	12		18
HCT	33.04 -	%	37		55
MCV	59 -	fl	60		77
MCH	27.1 +	pg	19.5		24.5
MCHC	46.3 +	g/dl	31		34
<hr/>					
RDWc	17.2	%			
<hr/>					
PLT	299	10 <sup>9</sup> /l	200		500
PCT	0.30	%			
MPV	10.1	fl	3.9		11.1
PDWc	40.9	%			



VET JCAN VS2  
 COMPREHENSIVE DIAGNOSTIC  
 08 AUG 2009 03:15 PM  
 SAMPLE TYPE: DOG  
 PATIENT ID: PRECIOUS 2  
 ROTOR LOT NUMBER: 8465R86  
 SERIAL NUMBER: 0000V04446  
 ALB 3.7 2.5-4.4 G/DL  
 ALP 134 20-150 U/L  
 ALT 190 \* 10-118 U/L  
 AMY 670 200-1200 U/L  
 TBIL 0.2 0.1-0.6 MG/DL  
 BUN 15 7-25 MG/DL  
 CR 10.2 8.6-11.8 MG/DL  
 PHOS 5.5 2.9-6.6 MG/DL  
 CRE 1.3 0.3-1.4 MG/DL  
 GLU 111 \* 60-110 MG/DL  
 NA+ 140 138-160 MMOL/L  
 K+ 4.8 3.7-5.8 MMOL/L  
 TP 8.5 \* 5.4-8.2 G/DL  
 GLOB 4.8 2.3-5.2 G/DL  
 QC OK  
 HEM 0 LIP 0 ICT 0



# GULF COAST HUMANE SOCIETY

Office-239-332-0364

Fax-239-337-3846

## TREATMENT SHEET

PATIENT Precious DIAGNOSIS Entropion

TREATMENT	DATE	A.M. TIME	INITIALS	P.M. TIME	INITIALS
<del>10-29-09</del>	10-29-09			1:45	AT/SA
Pen 6 2ccs	10-30-09				
for 5	10-31-09	9:00	DA/BW		
days	11-1-09	8:00	DA/BW		
	11-2-09	4:23	<del>DA</del>		
	11-3-09	8:30	DA		
TREATMENT	DATE	A.M. TIME	INITIALS	P.M. TIME	INITIALS
Vetropolycin	11/5/09	8:15	DA	PM	CE
w/ HC	11/6/09	AM	SA		
Apply sm amt	11/7/09	<del>DA</del>			<del>CE</del>
to both eyes	11/8/09	DE			DE
twice daily	11/9/09	BW		BW	
	11/10/09	DE		DE	
	11/11/09	DE		DE	
	11/12/09	DE		DE	
	11/13/09	DE		DE	
	11/14	DE		DE	
	11/15	BW		BW	
	11/16	BW		BW	
	11/17	DE		DE	
	11/18	DE		DE	
	11/19	DE			