

**Bayview Animal Clinic**

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Dr.'s Nelson, Brunz, Smith & Phillips  
 2850 E. Commercial Blvd.  
 Ft. Lauderdale, FL 33308  
 (954) 771-8520

Rescue Florida Shar Pei  
 5514 NW 99th Terrace  
 Gainesville, FL 32653

Client ID: 6108  
 Invoice #: 126641  
 Date: 1/29/2014

Patient ID: 23035	Species: Canine	Weight: 37.00 pounds
Patient Name: Little Peiton	Breed: Shar Pei, Chinese	Birthdate: 01/29/2005 Sex: Neutered Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
1/29/2014	EXAMINATION/CONSULTATION	Dr. Christopher Smith	1.00	\$45.00
	BUPRENEX		0.50	\$37.81
	Domitor		1.00	\$65.00
	CASTRATION K9 PACKAGE 21-50LBS		1.00	\$0.00
	EXAMINATION PRE-SURGICAL		1.00	\$0.00
	PRE-SURGICAL LAB-- CBC/MINI-CHEM		0.00	\$0.00
	Catheter, I.V. Terumo 24GX3/4		0.00	\$0.00
	ANESTHESIA-Ket/Val Pkg 21-50 lb		1.00	\$0.00
	ANESTHESIA-Ket/Val Pkg 21-50 lb		1.00	\$40.00
	Ketaset Injectable Anesthesia		1.00	\$0.00
	Valium Diazepam 10 ml C-4		1.00	\$0.00
	ANESTHESIA (ISOFLURANE)		1.00	\$0.00
	Pulse Oximeter monitoring		1.00	\$0.00
	CASTRATION 21-50 LBS		1.00	\$225.00
	ANTIBIOTIC INJECTION		1.00	\$0.00
	PAIN INJECTION		1.00	\$0.00
	Rimadyl 75 mg		5.00	\$14.35
	NAIL TRIM SIMPLE		1.00	\$0.00
	<b>Patient Subtotal:</b>			<b>\$427.16</b>

Instructions

For your pet's safety, he/she was intubated for the anesthetic. You may notice some coughing for the next couple of days. This is normal due to a small amount of irritation to the throat from the endotracheal tube. If the coughing seems excessive please contact our office.

Your pet has just been surgically altered. Restrict his activity for the next 7-10 days. There are no skin sutures. Please keep the incision area clean and dry. If any redness appears, please call our office.

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5514 NW 99th Terrace  
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<b>Invoice Total:</b>	<b>\$427.16</b>
Total:	\$427.16
Less Discount rescue:	(\$213.58)
Balance Due:	\$213.58
Previous Balance:	\$0.00
Balance Due:	\$213.58
Visa:	(\$213.58)
Less Payment:	(\$213.58)
<b>Balance Due:</b>	<b>\$0.00</b>



## Dog Surrender Form

### Surrender Profile - DOG

Little

Dog's name: Lionet Peiton  Male  Female

Approximate age or exact birth date if known: 11 MO

Is your dog spayed/neutered?  Yes  No

Breed: SHAR PEI Approximate weight: 33

How long have you had this dog? 8 MO

Where did you get her/him?  
craigslist.

Please tell us why you need to give up your dog

moving.

Is your dog licensed?  Yes  No

If yes, please provide license number and issuing city: \_\_\_\_\_

Has a complaint ever been filed with animal services regarding this dog?

Yes\*  No \*If yes, please provide details:

Does your dog have any medical/health issues?  Yes\*  No

\*If yes, please provide details:

fleas

Is this dog current on vaccinations?  Yes  No

Please provide the name and phone number of your veterinarian:

Has your dog nipped, mouthed, bruised or scratched with its teeth?

Yes\*  No \*If yes, please provide details:

Where does your dog stay when you leave her/him alone at home?

crate

Do you use, or have you ever used, a dog crate for this dog?  Yes  No

Does your dog chew when left alone?  Yes\*  No

TOYS.

Does your dog have experience with children and/or cats?  Yes\*  No

\*If yes, please provide ages and your dog's behavior with the children.

likes to hump kids. / loves cats.

PLEASE SIGN: *I certify that all statements above are true and correct.*

Laine Belczyk Signature

1760 STONEHAVEN DR #3 Address

BOYNTON BEACH, FL 33436 City/State/Zip

443-878-9783 Phone

1/25/13  
Signature Date

**Thank you for completing the surrender profile. This certifies you are voluntarily surrendering your Shar Pei to Florida Shar-Pei Rescue and have no recourse in where she/he is fostered or adopted to. Florida Shar-Pei Rescue survives through donations made to our Rescue, and we would appreciate a donation to accept your surrender.**

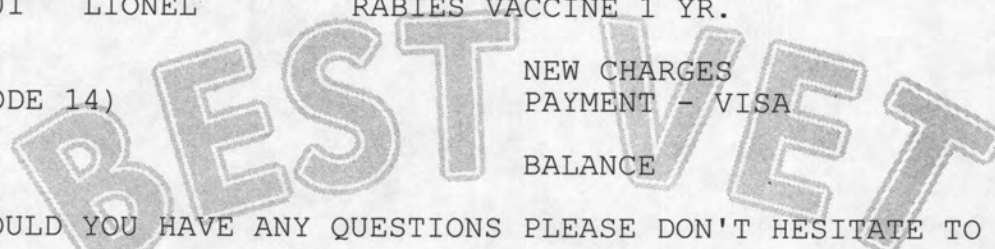
**STUART ARMSTRONG, D.V.M.**

399 Winchester Park Blvd.  
Boynton Beach, FL 33426  
**561-737-7773**

INVOICE NO. 374770  
PHONE (443) 878-9783

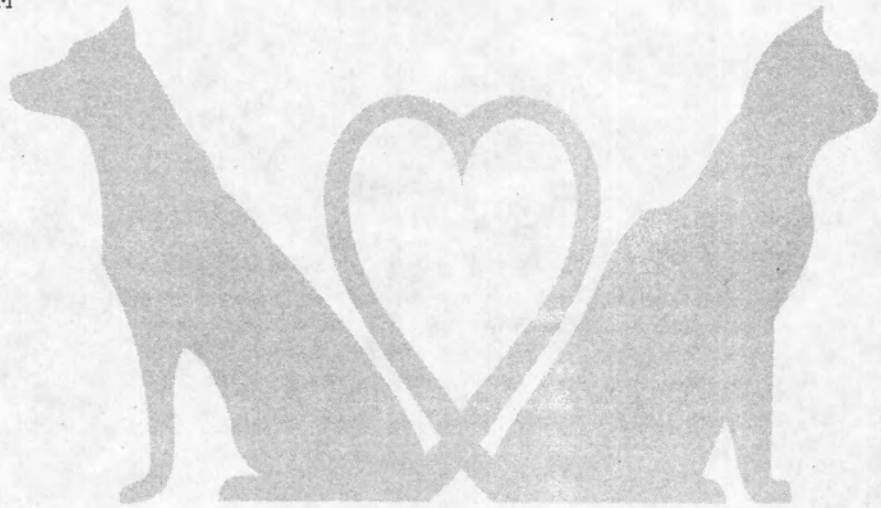
LANE BELICZKY  
1760 STONEHAVEN DR  
#3  
BOYNTON BCH, FL 33436

DATE	CODE	PATIENT	SERVICE	QTY	TAX	TOTAL
01-23-14	V001	LIONEL	RABIES VACCINE 1 YR.	1		13.41
		(NODE 14)	NEW CHARGES			13.41
			PAYMENT - VISA			-13.41
			BALANCE			0.00



SHOULD YOU HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO CALL

Prepared by KBM



DR. STUART ARMSTRONG

# STUART ARMSTRONG, D.V.M.

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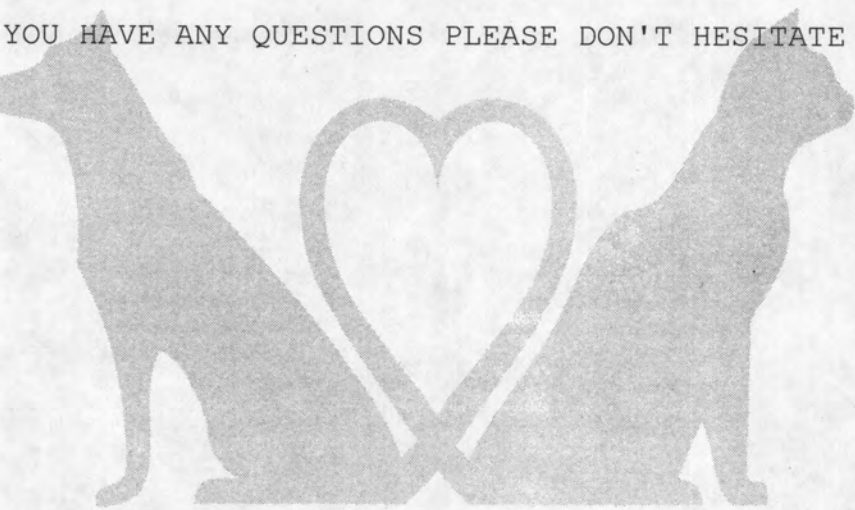
LANE BELICZKY  
1760 STONEHAVEN DR  
#3  
BOYNTON BCH, FL 33436

INVOICE NO. 374768  
PHONE (443) 878-9783

DATE	CODE	PATIENT	SERVICE	QTY	TAX	TOTAL
01-23-14	VET005	LIONEL	SKIN SCRAPING	1		20.99
	LHW		HEART WORM TEST/OCCULT	1		16.05
	LFECAL		FECAL TEST/FLOAT	1		14.00
	F344		COMFORTIS SINGLE DOSE	1		20.00
	(NODE 14)		NEW CHARGES			71.04
			PAYMENT - VISA			-71.04
			BALANCE			0.00

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Boynton Beach, FL 33426

561-737-7773

## RABIES VACCINATION CERTIFICATE

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974-SEE BOTTOM)

-----  
RABIES VACCINATED: 23 Jan 2014      EXPIRES: 23 Jan 2015      TAG  
-----

----- CLIENT -----

----- PATIENT -----

LANE BELICZKY  
1760 STONEHAVEN DR  
#3  
BOYNTON BCH, FL 33436  
(443) 878-9783

NAME      LIONEL  
SPECIES    CANINE  
Breed      SHAR-PEIX  
Sex        MALE      NOT NEUTERED  
COLOR      TAN  
WEIGHT     4.5              BORN 25 Apr 2013

-----  
Vaccine:    PFIZER NOBIVAC-1, S303970A, 1 YEAR, KILLED, TISSUE/CUL  
-----

I certify that I have vaccinated this animal in accordance with the company's recommendations for the vaccine used on the above date.

-----  
[ DR ARMSTRONG ]  
23 Jan 2014

AUTHORITY: 10 U.S.C. section 133 and 8012

PRINCIPAL PURPOSE(S): To indicate currency of animal's rabies vaccination.

ROUTINE USE(S): To indicate currency of animal's rabies.

DISCLOSURE IS VOLUNTARY: Providing personal information is voluntary. However, if information is not disclosed by the owner, proof of vaccination cannot be verified.

This form is equivalent to: DD Form 2208, 1 Aug 79.

**STUART ARMSTRONG, D.V.M.**

399 Winchester Park Blvd.  
Boynton Beach, FL 33426  
**561-737-7773**

CLIENT 28383

LANE BELICZKY  
1760 STONEHAVEN DR  
#3  
BOYNTON BCH, FL 33436  
(443) 878-9783

PATIENT

NAME LIONEL  
SPECIES CANINE  
BREED SHAR-PEIX  
GENDER Male  
NEUTERED N  
RABIES #  
COLOR TAN  
WEIGHT 4.5  
BORN 04-25-13



PROCEDURE	PERFORMED	DUE
RABIES	01-23-14	01-23-15
DHLPP	07-01-13	07-01-14
CORONA	07-01-13	07-01-14
HW TEST	01-23-14	01-23-15
FECAL	01-23-14	01-23-15

\*\*\*\*\*

THANK YOU

DR. STUART ARMSTRONG



SERVICES FOR PATIENT INCOME

**STUART ARMSTRONG, D.V.M.**

Code	Perform	Service	Qty	Fee	Tax	Dr
399 Winchester Park Blvd Boynton Beach, FL 33426 561-737-7773						
V001	01-23-14	RABIES VACCINE	1	13.41		1

Prepared by KBM

Invoice 374768

VET005	01-23-14	SKIN SCRAPING	1	20.99		1
LHW	01-23-14	HEART WORM TEST/OCCULT	1	16.05		1
LFECAL	01-23-14	FECAL TEST/FLOAT	1	14.00		1
F344	01-23-14	COMFORTIS SINGLE DOSE	1	20.00		1

Prepared by KBM

Invoice 363421

V002	07-01-13	CANINE DISTEMPER VACCINE 1 YR	1	17.44		1
V003	07-01-13	PARVO VACCINE 1 YR	1	14.71		1
V004	07-01-13	CORONA VACCINE 1 YR	1	14.71		1
LFECAL	07-01-13	FECAL TEST/FLOAT	1	13.08		1

Prepared by NLE

**BEST VET**



**DR. STUART ARMSTRONG**