

maude - OV502161

DOG - Kennel Card

KMB, 2/21/2012, 12:36:26 PM

Animal Description

Name: **maude** Age: **9 YEARS**

Breed: **PUG - X** Sex: **f** Altered

Color: **FAWN** Size: **SMALL** Coat: **SHORT**

Ears: **DROOP** Tail: **RING** Collar:

Comments:

Behavioral

Stays in fenced yard? **Y** O.K. alone in house? **Y**

Fence: **ft.** House/Litter trained? **Y**

If no, how escapes? **Y** Obedience training? **Y**

Good with kids? **Y** Indoor Only

Dogs? **Y** Declawed

Cats? **Y** Activities enjoyed:

Reason given up: **husband ill** Temperament: **GOOD**

Staff/Volunteer Comments

Weight: _____ Food: _____

WTAP: _____ Froggy99: _____ Pet of Week: _____ Website: _____

DOG - Kennel Card

Disposition

Adopted: _____ Rescue: _____

RTO: _____ Fostered: _____

Euthanized: _____ Euth Date: _____

Auth to Euth: _____ Bottle #/cc: _____

Initials: _____

Medical

Vaccs: DHLPP 2/21/2012 Serial #: _____

SQB 2/21/2012 Mannuf: _____

Nadene Slot 2/22/12 Vet: _____

Exp.: _____

Certificate # _____

Treatment

Worming Pyrantel 2/21/2012

FELV: _____ Results: *4 DX - neg*

FelV/FIV: _____ Results: _____

HeartWorm 2/22/12 Results: _____

Medication History

Medication	Start Date	End Date
<i>Dry Eye</i>		

Bordetella Bronchiseptica Bacterin
 Cellulose Antigen Extract
 1 dose 1ml
 Brothelchimm®
 U.S. Manufacturer License No. 189
 Philadelphia, PA 19104
 Div. of Pharmacia Inc. NY, NY 10020

5
 14
 SER A172038
 EXP 12 FEB 13

DOG RELEASE FACT SHEET

Be as honest and complete as possible.

DOG INFORMATION:

Name: Maude Age: 9 yrs Neutered Spayed

Breed: Pug How long have you had dog? 9 yrs

Where did you obtain this dog: Found it Friend/Relative HSOP

Other Shelter Pet Shop/Breeder Other: _____

BEHAVIOR INFORMATION:

Housebroken? Yes No Don't know Lived Outside

Good with: Cats Other dogs Children - How old? All ages

Behavior with children: Gentle Rough Nips Defensively Protects Food

Not good with, please specify or explain? _____

POSITIVES

Good on leash Good in House Crate trained Calm/quiet

Playful/Energetic Comes when called Plays ball

Please specify any other positive qualities of the dog: Playful Gentle

NEGATIVES

Runs Away Jumps fence Destructive chewing

Excessive Digging Excessive barking Not good in car

Please specify or explain any other problems or fears that your dog has: _____

ADDITIONAL INFORMATION: Please provide any additional information for us or a potential adopter about the history, temperament, diet, behavior, or health of this dog?

OWNER'S COPY		RABIES VACCINATION CERTIFICATE		NASPHV Form #51	
Owner's Name and Address			Print - use ball point pen or type		Rabies Tag Number
<u>HSOP</u>					<u>013857-12</u>
Telephone			M.I.		
<u>(304)422-5541</u>					
No. <u>21st</u>	Street <u>+ Poplar St</u>	City <u>Parkersburg</u>	State <u>WV</u>	Zip <u>26101</u>	
Species: <input checked="" type="checkbox"/> Dog	Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Age: <input type="checkbox"/> 3 mo to 12 mo <input checked="" type="checkbox"/> 12 mo or older	Size: <input checked="" type="checkbox"/> Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs.	Predominant Breed: <u>Pug</u>	Colors: <u>fawn black</u>
Other: <input type="checkbox"/> (Specify)	Neutered <input type="checkbox"/>	Actual Age <u>9 yr</u>	Actual <u>18.3</u> lbs.	Name: <u>Maude</u>	
DATE VACCINATED: <u>2/22/2012</u>	Producer: <u>PFI</u>	Veterinarian's #: <u>WV 9006</u>			
Month Day Year	(First 3 letters)	(License No.)			
VACCINATION EXPIRED: <u>2/22/205</u>	<input type="checkbox"/> 1 yr. Lic./Vacc. <input checked="" type="checkbox"/> 3 yr. Lic./Vacc. <input type="checkbox"/> Other	(Signature) <u>[Signature]</u>			
Month Day Year	Vacc. Serial (lot) no. <u>S165820C</u>	Address: PARKERSBURG VET HOSPITAL			
		1504 36th STREET PARKERSBURG WV 26104			

No. 13222

Date: 2-22-12

COMPANION ANIMAL CERTIFICATE OF VETERINARY INSPECTION
GOOD FOR 30 DAYS

(Only good for 10 days for entry into West Virginia GHO tracks §178CSR2-12.6)



West Virginia
Department of Agriculture
Animal Health Division
1900 Kanawha Blvd., E.
Charleston, WV 25305
304-558-2214

1. Seller/Exhibitor/Consigner/Owner: Name: HSCOP Phone: (604) 422-5541
 Address: 76th + Poplar St. Parkersburg, WV 26101
 Premise ID #

2. Purchaser/Name of Show/Consignee: Name: 2nd Choice 4 Life Phone: (717) 575-8104
 Address: 636 Mulberry St. Elizabethtown, PA 17022
 Premise ID #

3. Species
 Canine
 Feline
 Ferret
 Other

4. Purpose of Movement
 Pet
 Exhibition
 Travel with owner
 Other

5. Additional Comments:
 I hereby certify that the animal(s) in this shipment are, to the best of my knowledge, acclimated to air temperatures between 42°F and 87°F.

6. Carrier
 Air
 Truck/Auto
 Rail
 Water

7. Permit No. (if required)

8. Individual Animal Identification

Tag Numbers, Tattoo Other Permanent ID	Name	Age	Sex	Breed	Color	9. Rabies/Product: Date	10. Vaccine Bordetella	11. Temp	12. Other Tests and Vaccination Status i.e., DHL, DHL, FV, FVRCP
1.	Muckle	9yr FS		Pug	fawn/black	2-22-12 557			
2.									
3.									
4.									
5.									
6.									
7.									
8.									

13. Veterinary Certification: "I certify, as an accredited veterinarian, that the above described animal(s) have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccination and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirement. No further warranty is made or implied."

Signature of Issuing Accredited Veterinarian: [Signature] Date: 2-22-12
 License #: WV906

Printed Name of Veterinarian: S.P. [Signature] Parkersburg, WV 26104
 Phone: (604) 422-6071

Full Address: 1504 26th St. Parkersburg, WV 26104

14. State Certification
 [Signature] Commissioner of Agriculture

Original - State Veterinarian
 Yellow - State Veterinarian
 Pink - Accompany Shipment
 Goldenrod - Issuing Veterinarian

Reminder Letter Report

Sorted by Client ID

Client ID	Client Name	Patient ID	Patient Name	Item ID/Description	Type	Date
17088	Atkinson, Patrice & Rick					
Phone:	(304) 485-3775					
		17088-2	Maude	111 RABIES VACCINE-3 YR.BOOSTER	L	8/18/2006
				100 DHLPP & Wellness Exam	L	6/1/2007

** 2nd chance for life*
** Heath cert*
** Rabies shot --tag cert.*
** HW test*

Patient History Report

Client: Atkinson, Patrice & Rick (17088)	Phone: (304) 485-3775	
Patient: Maude (17088-2)	Species: CANINE	Breed: PUG
	Age: 9 Yrs. 0 Mos.	Sex: Spay

Date	Type	Staff	History
11/6/2009	P	14	1.00 TUBE of Mometamax 15g (776567) Rx #: 166058 0 Of 0 Refills APPLY 5 DROPS ONCE DAILY TO BOTH EAR CANALS FOR 10 DAYS THEN AS NEEDED
11/6/2009	P	14	5.00 TABLET of Simplicef 100mg (776636) Rx #: 166057 0 Of 0 Refills GIVE 1/2 TABLET BY MOUTH ONCE DAILY UNTIL GONE
11/6/2009	B	14	5.00 TABLET of Simplicef 100mg (776636) by JB
11/6/2009	B	14	1.00 TUBE of Mometamax 15g (776567) by JB
11/6/2009	B	14	1.00 EXAMINATION - OFFICE CALL 1 (8) by JB
11/6/2009	B	PVH	1.00 BOTTLE of CHLORHEXIDERM FLUSH 16oz (08564) by JB
6/2/2009	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by CH
4/2/2009	B	PVH	1.00 Nail Trim (7) by KC
4/2/2009	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by KC
9/29/2008	B	PVH	1.00 BAG of c/d Canine Dry 20 lbs (05876) by ADW
8/5/2008	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by CC
5/27/2008	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by KC
3/24/2008	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by CC
1/14/2008	B	PVH	1.00 BAG of c/d feline Dry 10 lbs (05842) by CC
1/14/2008	B	PVH	-1.00 BAG of c/d feline Dry 10 lbs (05842) by JA
9/20/2007	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by CC
7/21/2007	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by CC
5/24/2007	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by KC
5/22/2007	P	5	2.00 TUBE of Artifical Tears 3.5 gr. (776564) Rx #: 126115 Exp. 02/01/08 0 Of 0 Refills Apply a small ribbon to both eyes every 6 hours. -kjh
5/22/2007	P	5	1.00 TUBE of TERRAMYCIN OPTH OINT 1/8oz (08060) Rx #: 126114 Exp. 07/01/09 0 Of 0 Refills Apply a small ribbon to both eyes every 6 hours. -kjh
5/22/2007	B	5	1.00 TUBE of TERRAMYCIN OPTH OINT 1/8oz (08060) by JA
5/22/2007	B	5	2.00 TUBE of Artificial Tears Eye Ointment (776564) by JA
5/22/2007	B	5	1.00 EXAMINATION - OFFICE CALL 1 (8) by JA
5/22/2007	B	5	1.00 CORNEAL STAIN (146) by JA
5/22/2007	B	5	1.00 COLLAR of ELIZABETHAN COLLAR #20/COMET (09623) by JA
5/22/2007	B	5	1.00 Nail Trim (7) by JA
5/22/2007	B	5	1.00 EACH of EYE - Tear Test/Schirmer (147) by JA
5/22/2007	B	9	1.00 EACH of PET HAIR PICK-UP (99008) by JA
3/31/2007	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by MT
2/12/2007	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by CC
12/28/2006	P	1	41.00 PILL of PHENYLPROPANOLAMINE 25mg (02023) Rx #: 119776 Exp. 12/28/07 0 Of 0 Refills Give 1 capsule by mouth every 8 hours...cec
12/28/2006	B	1	41.00 PILL of PHENYLPROPANOLAMINE 25mg (02023) by CAP
12/18/2006	V		Dec 18, 2006 01:09 PM

Weight : 19.60 pounds

B: Billing, C: Med note, CB: Call back, CK: Check-in, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, f: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

Patient History Report

Client: Atkinson, Patrice & Rick (17088)
Patient: Maude (17088-2)

Phone: (304) 485-3775
Species: CANINE
Age: 9 Yrs. 0 Mos.

Breed: PUG
Sex: Spay

Date	Type	Staff	History
12/18/2006	CK	2	bladder stone sx Date Patient Checked Out: 12/18/06 Practice 1
12/18/2006	B	2	1.00 [None] of Anesthesia - Gas - Iso - 1 to 2 hrs. (81-1) by CC
12/18/2006	B	2	1.00 Surgery (86) by CC
12/18/2006	B	2	1.00 Injection - Hospital (33) by CC
12/18/2006	B	PVH	1.00 BAG of c/d Canine Dry 10 lbs (05874) by AA
12/16/2006	P	2	7.00 TABLET of Simplicef 100mg (776636) Rx #: 119369 0 Of 0 Refills give 1/2 tablet by mouth ever 24 hours.
12/16/2006	B	2	1.00 EXAMINATION - OFFICE CALL 1 (8) by AA
12/16/2006	B	2	1.00 X-Ray (122) by AA
12/16/2006	B	2	1.00 Nail Trim (7) by AA
12/16/2006	B	2	7.00 TABLET of Simplicef 100mg (776636) by AA
6/1/2006	B	5	1.00 DHLPP & Wellness Exam (100) by CC
6/1/2006	B	5	1.00 BORDETELLA DROPS-NASAL (109) by CC
6/1/2006	B	5	1.00 Heartworm Antigen Test (1150) by CC
6/1/2006	B	5	3.00 PILL of INTERCEPTOR 11-25LB GREEN (07401) by CC
10/17/2005	CK	AN	Bladder Stone Surgery per Dr.L - Reason for Visit: Surgery Date Patient Checked Out: 10/17/05 Practice 1
10/17/2005	B	1	1.00 Laser-Level 1 (86-1) by AN
10/17/2005	B	1	1.00 Anesthesia -Gas- Isoff-less than 1 hr. (81) by AN
10/17/2005	B	1	1.00 SURGERY (86) by AN
10/17/2005	B	1	1.00 Injection -Addl. (31) by AN
10/17/2005	B	1	1.00 Nail Trim (7) by AN
10/17/2005	B	1	1.00 STONE ANALYSIS (248) by AN
10/14/2005	P	5	28.00 PILL of CLAVAMOX 125mg (02229) Rx #: 101360 0 Of 0 Refills. Give 1 tablet by mouth every 12 hours.
10/14/2005	B	5	28.00 PILL of CLAVAMOX 125mg (02229) by BDM
10/14/2005	B	5	1.00 EXAMINATION - BRIEF OFFICE CALL (6) by BDM
10/14/2005	B	5	1.00 X-Ray (122) by BDM
10/14/2005	B	5	1.00 X-Rays - Addl' (116) by BDM
10/14/2005	B	5	1.00 URINALYSIS - COMPLETE (50) by BDM
8/27/2005	P	2	1.00 BOTTLE of TRESADERM WITH LOTRIMIN (08912) Rx #: 99142 0 Of 0 Refills USE A SMALL AMOUNT IN AFFECTED EAR(S) EVERY 12 HOURS.
8/27/2005	P	2	20.00 PILL of CLAVAMOX 125mg (02229) Rx #: 99141 0 Of 0 Refills Give 1 tablet by mouth every 12 hours.
8/27/2005	B	2	20.00 PILL of CLAVAMOX 125mg (02229) by BDM
8/27/2005	B	2	1.00 BOTTLE of TRESADERM WITH LOTRIMIN (08912) by BDM
8/27/2005	B	2	1.00 CYTOLOGY (80612) by BDM
8/27/2005	B	2	1.00 EXAMINATION - OFFICE CALL 1 (8) by BDM
8/27/2005	B	2	1.00 URINALYSIS - COMPLETE (50) by BDM
8/1/2005	B	PVH	1.00 BOARD - Canine - under 25# (138) by BDM
7/31/2005	B	PVH	1.00 BOARD - Canine - under 25# (138) by BDM

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Parkersburg Veterinary Hospital, Inc.

Page 2 of 3

Date: 2/22/2012 3:20 PM

Patient History Report

Client: Atkinson, Patrice & Rick (17088)
Patient: Maude (17088-2)

Phone: (304) 485-3775
Species: CANINE
Age: 9 Yrs. 0 Mos.

Breed: PUG
Sex: Spay

Date	Type	Staff	History
7/30/2005	B	PVH	1.00 BOARD - Canine - under 25# (138) by BDM
7/29/2005	B	PVH	1.00 BOARD - Canine - under 25# (138) by BDM
3/31/2005	B	PVH	1.00 BORDETELLA DROPS-NASAL (109) by AB
8/18/2004	I	13	No food for the first 4 hours. No water for the first 2 hours. Mild exercise for the next 10 days. Discourage licking and/or scratching at incision. Suture removal in 10 days. Please schedule an appointment.
8/18/2004	CK	JH	Date Patient Checked Out: 08/18/04 Practice 1
8/18/2004	B	13	1.00 Spay -Dog/1-25# (67) by JH
8/18/2004	B	13	1.00 Laser-Level 1 (86-1) by JH
8/18/2004	B	13	1.00 Injection - Hospital (33) by JH
8/18/2004	B	13	1.00 DHLPP & Wellness Exam (100) by JH
8/18/2004	B	13	1.00 RABIES VACCINE-2YR.BOOSTER (111) by JH

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