

PREVIOUSLY
HEARTWORM POSITIVE



ANIMAL MEDICAL SUMMARY - DOG

ID #: 20-D0389 New York Intake Date: 7/11/2020
 Name: BUSTER Shelter Lives Matter
 Breed/Color/Description: Pit Mix White with Brown Originating Shelter & Pull Date: _____
 Approximate D.O.B. 6/5/18 Weight: 53 lbs Sex: Male Female
 Altering: Yes No Date: 5/7/2020 Hospital: Augusta Animal Services
 Microchip #: 981020035210137 Issuing company: Petlink
 Flea & Tick Prevention Dates: 7/1/2020-Nexguard

Heartworm Test: Negative Positive (N/A for dogs under 6 months)
 Test date: 4/4/2020 Tested by: Augusta Animal Services, GA
 Heartworm Prevention Dates: 6/25/2020-Ivomec

HW treatment: (if applicable)
 Immiticide injections 1&2 (dates) 6/4 & 6/5/2020 Microfiliaricide: 6/25/2020 Type: Ivomec
 Treating Hospital: Care More Animal Hospital-(6/4 INJ) 6/5 injection-Edgefield Veterinary Clinic
 Direct Test: Date: 7/2/2020 Result: NEGATIVE Performed by: Care More Animal Hospital

VACCINES:
 DAPP-5/1/2020
 BORDETELLA-5/1/2020

RABIES VACCINE & TAG ID:
 5/7/2020 #20-0750

WORMER & FECAL:
 FECAL-7/2/2020- NEGATIVE 5/23/2020-Drontal Plus
 GIARDIA-7/2/2020-NEGATIVE

ADDITIONAL MEDICAL INFO:

FOOD USED:
 DONATED MIX

Interstate Heath Certificate Issue Date: 7/6/2020 Transport Date: 7/10/2020
 New York Health Certificate Issue Date: _____ By: _____



Shelter Animals Matter, Inc

3118 Skinner Mill Cir, Augusta GA 30909

(706) 284-4605

shelteranimalsmatter@gmail.com

Origin/Animal ID <u>A192859</u>
<u>Augusta Animal Services</u>
Microchip Number
<u>981020035210137</u>

Intake Date: 5/23/20
 Name: Buster Species: K9
 Breed: Pibble Weight: 53# Gender: M
 Age: 1 yr Color/Markings: White w/ Brown

Rabies <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 3 Yr	Date: <u>5/7/20</u>	Due: <u>5/6/21</u>	Tag#: <u>20-0750</u>	
DAPPV	Date: <u>5/1/20</u>	Due2: <u>5/1/21</u>	Due3:	Due4:
Bordetella	Date: <u>5/1/20</u>	Due: <u>5/1/21</u>		
Heartworm Test	Date: <u>5/13/20</u>	Neg <input type="checkbox"/>	HW+ <input checked="" type="checkbox"/> Lymes <input type="checkbox"/> Anapl <input type="checkbox"/> Erlichia <input type="checkbox"/>	Type: <u>Antigen</u>
Injection1 L <input checked="" type="checkbox"/> R <input type="checkbox"/>	Date: <u>6/4/20</u>	Injection2 L <input type="checkbox"/> R <input checked="" type="checkbox"/>	Date: <u>6/5/20</u>	
Oral (Ivermec)	Date: <u>6/25/20</u>	Filter Test	Date: <u>7/2/20</u>	Neg <input checked="" type="checkbox"/> Pos <input type="checkbox"/>
Fecal <u>Giardia</u>	Date: <u>7/2/20</u>	Neg <input checked="" type="checkbox"/>	Hooks <input type="checkbox"/> Rounds <input type="checkbox"/> Tapes <input type="checkbox"/> Whips <input type="checkbox"/>	Giardia <input type="checkbox"/> Coccidia <input type="checkbox"/>
Dewormer	Date: <u>5/23/20</u> Type: <u>Drontal Plus</u>	Date: Type:	Date: Type:	Date: Type:
Flea Prevention	Date: <u>5/23/20</u> Date: <u>7/1/20</u>	Date: Date:	Due: <u>8/1/20</u>	Type: <u>Nexgard</u>
HW Prevention	Date: <u>6/25/20</u> Date:	Date: Date:	Due: <u>8/1/20</u>	Type: <u>Ivomec</u>
Health Certificate	Date: <u>7/6/20</u>	HC#:		

Date	Medical History
<u>5/7/20</u>	Spay <input type="checkbox"/> Neuter <input checked="" type="checkbox"/> (Verified <input type="checkbox"/>) Incision checked <input checked="" type="checkbox"/>

Adopted to: _____ Date: _____

Transferred to: LCAR Date: 7/10/20

Care More Animal Hospital

211 Old Blackstone Camp Rd.
Martinez, GA 30907
706-650-1839

Patient Chart

Printed: 7/7/2020 at 4:58p

CLIENT INFORMATION

Name Shelter Animals Matter (10598)
Address C/O Marcia Plunkett; 3118 Skinner Mill Circle
Augusta, GA 30909

PATIENT INFORMATION

Name	Buster	Species	Canine
Sex	Male, Neutered	Breed	Pit Bull Terr
Birthdate	6/5/2018	Age	2y
ID		Rabies	
Color	White/Brown	Weight	50.00 lbs
Reminded	(none)	Codes	

Reminders for: Buster		Last done
7/2/2021	Fecal Antech	7/2/2020
6/4/2021	Heartworm/Ehrlichia/Lymes	6/4/2020
5/7/2021	Rabies-Canine-3 Year	
5/1/2021	DA2PP Annual	5/1/2020

HEALTH HISTORY SUMMARY

Date	Diagnosis
6/4/2020	HEARTWORM DISEASE

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)
7/2/2020	LMJ	043	Health Certificate Exam	
		ANTREQ	Antech Requisition 39828-AVI1662068	
	Test	Result	Flag	Normal Range Low High Measure
	Ova and Parasite 7/3/2020 3:25p			
	Ova and Parasite	None Seen		
		T805	Fecal Antech	
		MTHW	Microfilaria Test, post tx	
	Microfilaria	Negative		
7/2/2020	EWG	SOAP	Patient check-in	

Age: 2y

SUBJECTIVE SECTION

filter test silver chevy 706-284-4605

6/25/2020	EWG	ACI	All Charges In
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Care More Animal Hospital
 211 Old Blackstone Camp Rd.
 Martinez, GA 30907
 706-650-1839

Patient Chart for Buster
 Date: 7/7/2020, Time: 4:58p

Client: Shelter Animals Matter
 Page: 2

Date	By	Code	Description	Qty (Variance)
6/25/2020	EWG	HWOR	Ivomec for Oral Hw Tx	0.50
			Marcia said pt was 53# at Edgefield	
	Items used:	I2222	Ivomec 1% Liquid	0.50
		SJM	Sarah Jane was your assistant	
		SOAP	Patient check-in	

Age: 2y

SUBJECTIVE SECTION

oral hw tx 2nd inj done in edge field

6/4/2020	LMJ	ACI DISAM	All Charges In Discount Applied	
6/4/2020	EWG	I2731	Prednisone Tablets 20mg	15
			Give 1.5 tablets by mouth ONCE daily for 5 days then 1.5 tablets by mouth ONCE every other day until finished. May increase thirst and urination.	
6/4/2020	LMJ	G5524	Gabapentin Caps 300mg	28
			Give 1 capsule by mouth TWICE A DAY for pain.	
		I2547	Doxycycline 100mg tablets	42
			Give 1 tablets by mouth ONCE in the AM and 2 tablets by mouth ONCE in the pm daily until finished during heartworm treatment. Will increase sensitivity to sunlight!	
		2242	Heartworm Treatment(immiticide) 45#-66#	0.50
			MCK: 6/4/2020 at 10:48a: 2.7ml given on LEFT side for 1st hw tx.	

Doctor's Instructions - Your pet has gone thru heartworm treatment and should be monitored over the next 3-4 weeks.

He/She should NOT BE ALLOWED to go for long walks, left in the heat, or any strenuous exercise.

If you notice any vomiting, diarrhea, heavy breathing, lack of appetite, swelling on the lower back and coughing, please contact us or the After Hours Clinic immediately.

We will need to do the second treatment in 3 weeks from date of original treatment. Then 1 week later we will need to test to make sure the heartworms have been destroyed.

If you have any questions, please call us at 706-650-1839.

Items used:	I2200	Immiticide (melarsomine)	0.50
	ZH8544	HEARTWORM DISEASE	
	309	Heartworm Test / 4-Dx- in house	
Items used:	02008	Snap Heartworm Test 4DX	1.00
Heartworm Test		Heartworm +	
	COMM	Communication	

Care More Animal Hospital
211 Old Blackstone Camp Rd.
Martinez, GA 30907
706-650-1839

Client: Shelter Animals Matter

Patient Chart for Buster
Date: 7/7/2020, Time: 4:58p

Page: 3

Date	By	Code	Description	Qty (Variance)
6/4/2020	LMJ	MCK	McKensie was your assistant	
6/4/2020	EWG	SOAP	Patient check-in	

Age: 24m

SUBJECTIVE SECTION

1st hw tx

5/13/2020	***	309	Heartworm Test / 4-Dx- in house			
	Heartworm Test	Heartworm +				
5/7/2020	***	250	Rabies-Canine-1yr. (w/out exam)			
ID:	Serial: 18443		Expires: 06/13/21	Type: KV	Mfg: MERIA	Admin: SQ
5/1/2020	***	204A	DA2PP Annual			

Edgefield Veterinary Clinic

218 Augusta Road
Edgefield SC 29824
803-637-0356

Patient Chart

Printed: 06-05-20 at 11:17a

CLIENT INFORMATION

Name Shelter Animals Matter (5527)
Address 3118 Skinner Mill Circle
Augusta SC 30909
Phone 706 284-4605

Balance 0.00

PATIENT INFORMATION

Name Buster 6-5-20
Sex Male
Birthdate 06-05-20
ID
Color White / Brown
Reminded (none)

Species Canine
Breed Pit Bull Mix
Age
Rabies
Weight 48.00 lbs
Codes

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Amount
06-05-20	CB	52	HeartWorm Treatment Rescue		144.00
Gave 2.2 cc's of immiticide in the right lower lumbar-this is his second injection. He was given his first injection at CareMore in Augusta GA but they could not see him today for his second injection. Keep quiet for 30 days and then complete treatment with an oral dose of ivermectin.					

Kennel No:
091

Animal No:
A192859

Tag No:

Augusta Animal Services
Kennel Card



Name:

BUSTER

Color:

WHITE & BROWN

Breed:

PIT BULL

Sex:

NEUTERED

Age:

YR MO

Collar Color:

Collar Type:

CANVAS

Microchip:

981020035210137

Markings:

NO CATS // HEARTWORM POSITIVE

Intake Date:
5/1/2020

Review Date:
5/8/2020

Intake Type:
**STRAY-OWN / NIGHT
OWN**

Intake By:
AC10

Found @ / Comments:

SCENIC DR AUGUSTA GA 30909



STRAY-OWN 5/1/2020

BEHAVIOR OTHER

53.00LBS Treated by: TT

Would not recommend with cats. He is very interested and wants to chase and play rough with them.

STRAY-OWN 5/1/2020

EXAM NORMAL

53.00LBS Treated by: AGCAH

HEARTWRM TEST POSITIVE

STRAY-OWN 5/1/2020

EXAM HEART

53.00LBS Treated by: TT

HEARTWORM DISCLAIMER

Your pet is currently on treatment for his heartworm disease. In the effort to prevent the heartworms from increasing in severity during their stay with us, this phase of treatment has been started to kill the baby heartworms. It is very important to follow up immediately upon adoption with your veterinarian to discuss continuing your pet's heartworm treatment and for diagnostics to determine the severity of your pet's heartworm disease. During this time, it is important to realize that activity should be restricted until you follow up and discuss treatment with your veterinarian. Side effects of heartworm disease, and treatment, can include coughing, difficulty breathing, and sometimes death. The staff of Augusta Animal Services and its veterinarians are not responsible for any side effects from the heartworm disease or treatment. Thank you for giving this pet a chance to prove he/she is a wonderful companion, and thank you for following up and continuing their care.

This pet has currently received the following for his heartworm treatment:

Doxycycline: 2 1/2 tablets 100mg Twice daily for 30 days (5mg per 1lb of body weight) at the start of heartworm treatment:

Heartguard/Triheart chewable : Given same day every month until cleared of heartworms by veterinarian

2.50 DOXYCYCLINE 100MG 2.00 TIMES/DAY FOR 30.00

DAYS

TRIHEART

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED PLEASE CALL US AT (706) 790-6836.

BUSTER'S MEDICAL HISTORY

A192859 DOG WHITE / BROWN N PIT BULL

05/22/20

5/1/2020

STRAY-OWN 5/1/2020

EXAM NORMAL

Treated by: AC10

DA2PPV
BORDETELLA INTRANASAL
3.00 PYRANTEL PAMOATE 1.00 TIMES/DAY FOR 1.00
DAYS

5/5/2020

STRAY-OWN 5/1/2020

EXAM NORMAL

Treated by: JDG

The heartworm test result was negative on this date, however, it is strongly recommended that in 6 months your veterinarian retest for heartworms to ensure your pet's negative heartworm status. Heartworm disease is a serious and potentially fatal disease that is transmitted by mosquitos. Heartworm disease is easy to prevent with regular use of preventative medication available through your veterinarian. Some heartworm preventives contain medications that also remove other parasites, such as fleas, ticks, roundworms, hookworms, and whipworms. Remember that mosquitoes can get indoors, so even though your pet may not go outside much, he is still susceptible to heartworm disease. Your veterinarian can help you decide which preventative is best for your pet, when you can begin administering the monthly preventative and when your pet should be retested for heartworms to ensure your pet's negative heartworm status continues. Make monthly heartworm prevention a regular part of caring for your pet!

The new owner may go to www.petlink.net or call 1-877-PETLINK to update ownership information. 981020035210137

MICRO CHIP

HEARTWRM TEST NEGATIVE

5/7/2020

STRAY-OWN 5/1/2020

SURGERY NORMAL

53.00LBS

Treated by: AGCVH

Dog/puppy neuter

Anesthesia - Ket/Diazepam IV, Isoflurane/O2 maint.

Sx. - Routine castration, absorbable subcuticular closure.

Rimadyl PO for pain management.

Your new pet was recently spayed/neutered. Please refrain from giving a bath or allowing to play in or submerge in water for at least 10 days from date of surgery. It is advised to discourage intense physical activity during this time. If you notice your pet licking or chewing on the incision site, or any redness, swelling, or infection, pale gums, lasting lethargy, bloody discharge, or difficulty urinating it is recommended to seek immediate care at a full service veterinary clinic.

RABIES VAC

5/10/2020

STRAY-OWN 5/1/2020

All God's Creatures Veterinary Hospital

Patient Chart

2703 Peach Orchard Road
Augusta, GA 30906
706-250-1861

Printed: 05-07-20 at 1:58p

CLIENT INFORMATION

Name AAS: Augusta Animal Services (4402)
Address 4164 Mack Lane
Augusta, GA 30906
Phone 706 790-6836

PATIENT INFORMATION

Name	Buster A192859	Species	Canine
Sex	Male, Neutered	Breed	Terrier, American Pit Bull
Birthdate	05-07-20 (unknown)	Age	(unknown)
ID		Rabies	20-0750
Color	Brown and White	Weight	53.00 lbs
Reminded	(none)	Codes	

(No reminders are due for this patient.)

Buster A192859's weight history (in lbs)

05-07-20	53.00
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MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
05-07-20	ST	NEUTREL	Rescue Neuter Canine Over 25 lbs Premed with ace/torb 0.3/0.5 ml sq IVC 20g induce with ___Ket/Val 1.2/1.2 ml IV ET 9.5 ISO Metacam 1.0 ml sq PENG ___2.6 ml ___ sq Routine neuter closed castration double ligated spermatic cord and subcuticular closure with _2-0_ PDS		
		RESRAB	Rescue Rabies (SX GROUP), #20-0750		
		ANTI	Pre-surgical antibiotic injection		
		3038	Acepromazine 1 mg/mL	0.30	
		3006	Butorphanol 10 mg/mL per dose	0.50	
		META3	Metacam Injectable (5mg/mL) per ml		
		3028	Ketamine HCl 100 mg/mL	1.20	
		4806	Diazepam Injection 5 mg/mL	1.20	
		103	Anesthesia, Isoflurane maintenance		
05-07-20		CHECKIN	Patient check-in		
			neuter rabies		

Age: **Weight:** 53.00 **Respiration:** 6.00 **Pulse:** 114.00
CRT: 2 secs.

SUBJECTIVE SECTION

neuter rabies

Date	By	Code	Description	Qty (Variance)	Photo
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OBJECTIVE SECTION

Physical Exam

Normal Systems: Eyes, Ears, Nose, Throat, Integument, Musculoskeletal, Cardiovascular, Respiratory, Digestive, Urinary, Genital, Neurologic, Lymphatic, Other, General

PLAN SECTION

NOTES

Premed with ace/torb _0.3/0.5 ml sq IVC 20g induce with __Ket/Val 1.2/1.2 ml IV ET 9.5 ISO
Metacam _1.0 ml sq PENG ___2.6 ml ___ sq
Routine neuter closed castration double ligated spermatic cord and subcuticular closure with _2-0_
PDS

TREATMENT PLAN

Anesthesia, Isoflurane maintenance
Diazepam Injection 5 mg/mL
Ketamine HCl 100 mg/mL
Metacam Injectable (5mg/mL) per ml
Butorphanol 10 mg/mL per dose
Acepromazine 1 mg/mL
Pre-surgical antibiotic injection
Rescue Rabies (SX GROUP)
Rescue Neuter Canine Over 25 lbs

CERTIFICATE OF VACCINATION

Date of Rabies Vaccination: 05-07-20
Next Rabies Vaccination On: (none)

Certificate No: 0
Previous Rabies Vaccination:

VETERINARY CLINIC
All God's Creatures Veterinary Hospital
2703 Peach Orchard Road
Augusta, GA 30906
706-250-1861

OWNER OF ANIMAL
AAS: Augusta Animal Services
4164 Mack Lane
Augusta, GA 30906
County:

This is to certify...

THAT I HAVE VACCINATED AGAINST RABIES THE ANIMAL DESCRIBED BELOW.

Patient information...

PATIENT: Buster A192859
SPECIES: Canine
SEX: N

TAG NO: 20-0750
WEIGHT: 53.00
AGE: years

Color and markings... Brown and White

Signed _____

Scarlett Timmons

Scarlett Timmons

License: 009156

Vaccinations done...

05-07-20 ST Rescue Rabies (SX GROUP), #20-0750

Rabies Vaccine Information...

MFG BY: ZOETI
LOT EXP: 03/02/21

SER.NO: 384071A
ADM: SQ



PREVIOUSLY
HEARTWORM POSITIVE



ANIMAL MEDICAL SUMMARY – DOG

ID #: 20-D0389 7/11/2020
New York Intake Date:

Name: BUSTER Shelter Lives Matter
Originating Shelter & Pull Date:

Breed/Color/Description: Pit Mix White with Brown

Approximate D.O.B. 6/5/18 Weight: 53 lbs Sex: Male Female

Altering: Yes No Date: 5/7/2020 Hospital: Augusta Animal Services

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Flea & Tick Prevention Dates: 7/1/2020-Nexguard

Heartworm Test: Negative Positive (N/A for dogs under 6 months)

Test date: 4/4/2020 Tested by: Augusta Animal Services, GA

Heartworm Prevention Dates: 6/25/2020-Ivomec

HW treatment: (if applicable)

Immiticide injections 1&2 (dates) 6/4 & 6/5/2020 Microfiliaricide: 6/25/2020 Type: Ivomec

Treating Hospital: Care More Animal Hospital-(6/4 INJ) 6/5 injection-Edgefield Veterinary Clinic

Direct Test: Date: 7/2/2020 Result: NEGATIVE Performed by: Care More Animal Hospital

VACCINES:
DAPP-5/1/2020
BORDETELLA-5/1/2020

RABIES VACCINE & TAG ID:
5/7/2020 #20-0750

WORMER & FECAL:
FECAL-7/2/2020- NEGATIVE 5/23/2020-Drontal Plus
GIARDIA-7/2/2020-NEGATIVE

ADDITIONAL MEDICAL INFO:

FOOD USED:
DONATED MIX

Interstate Heath Certificate Issue Date: 7/6/2020 Transport Date: 7/10/2020

New York Health Certificate Issue Date: By:

Last Chance Animal Rescue PO Box 1661 Southampton, NY 11969

Phone (631) 478-6844 Fax (631) 910-0316

www.LCARescue.org

copy

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0033. The time required to complete this information collection is estimated to average .23 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
Sheila Animals Matter, Marcia Plunkett
2118 Skinner Mill Circle
Augusta GA 30909 706.284.4625

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
Last Chance Animal Rescue - Jude Langford
61 Shore Rd
Southampton NY 11968 631-478-6844

7. ANIMAL IDENTIFICATION
(1) Buster Lab Mix 2y NM 981020025594429

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY
RABIES VACCINATION: 1 YEAR 2 YEARS 3 YEARS
Vaccination Date: 05/07/2020 Product: IMRAB Date: 05/01/2020
OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS: 5/1/20 Kennel Cough
04/04/2020 heartworm-negative
07/02/2020 Fecal-negative

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)
VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).
 I have verified the presence of the microchip, if a microchip is listed in box 7.
 I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
 To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN

Care More Animal Hospital
211 Old Blackstone Camp Rd.
Martinez, GA 30907
706-650-1839
Dr. Edward W. Gross, Jr. DVM

NOTE: International shipments may require certification by an accredited veterinarian.
SIGNATURE OF ISSUING VETERINARIAN

LICENSE NUMBER AND STATE
GA#1789
Accredited Yes No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER
#018372

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here DATE

APHIS Form 7001 (NOV 2010)

This certificate is valid for 30 days after issuance

DATE 7/6/20