

Heartworm Treated



Caution w/ vet

ANIMAL MEDICAL SUMMARY - DOG

ID #: 19-DO2509 New York Intake Date: 12/7/19

Name: Bella Originating Shelter & Pull Date: Barrow Co GA *via laws*

Breed/Color/Description: Pitbull Mix - Red

Approximate D.O.B. @ 9/20/11 Weight: 67.4 lbs Sex: Male Female

Altering: Yes No Date: Previously Hospital: Verified 9/20/19

Microchip #: 4A7B48125A Issuing company: Farn Animals

Flea & Tick Prevention Dates: Negard - 10/16/19, 12/7/19

Heartworm Test: Negative Positive (N/A for dogs under 6 months) *see tx below*

Test date: 10/4/19 Tested by: Barrow Co. AC

Heartworm Prevention Dates: 12/2/19 - IVO

HW treatment: (if applicable)

Immiticide injections 1&2 (dates) 12/17/19; 10/18/19 Microfiliaricide: 12/2/19 Type: IVO

Treating Hospital: Edgefield Veterinary

Direct Test: Date: 12/3/19 Result: Neg Performed by: Fairfield Co. AC

VACCINES:

DAPP - 7/31/19

Bordatella - 7/31/19

RABIES VACCINE & TAG ID:

9/20/19 - # 1778 *(Tag did not arrive in NY)*

WORMER & FECAL:

Fecal - 12/4/19 - Neg

ADDITIONAL MEDICAL INFO:

Bella was treated for heartworm. She must be maintained on monthly prevention in order for this treatment to remain effective. No snap test or antigen test for at least 6 months post injections

FOOD USED:

Donated Mix

Interstate Health Certificate Issue Date: 12/3/19 Transport Date: 12/6/19

New York Health Certificate Issue Date: 12/13/19 By: Dr. Petty

Last Chance Animal Rescue PO Box 1661 Southampton, NY 11969

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

www.LCARescue.org

N (Non-Shelter Animal) Animal Details

Date of entry **12/03/2019**

Kennel #:

Animal ID **N2019181**

No photograph available.

Name **Bella**

Animal Type **N (Non-Shelter Animal)**



Species **Dog**

Breed **Crossbreed**

Medications:

Litter ID

Sex **Female**

Altered? **No,**

Age **8 years 0 months**

Color & Markings **Chocolate,**

Microchip Number

Weight **0.0**

Comments

Test Details **Fecal Negative 12/04/2019**

Medical Problems

Owner Details

Last Chance Animal Rescue Fund Inc
61 Shore Rd
SouthHampton, NY 11968

Vaccination Details

Vaccination Name	Date Given	Date Expires
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Rabies Tag issued by: Fairfield County Adoption Center Rabies Tag #:

Fairfield County Animal Control


1678 Hwy 321 Business North, Post Office Box 60

803-815-0805

WARNING

PLEASE DO NOT TOUCH THE ANIMAL AS YOU COULD BE BITTEN
IT WILL BE AT YOUR OWN RISK IF YOU TRY TO TOUCH THE ANIMAL

CAGE CARD

Name Bella ID #: N2019181 Kennel #: Species: Dog Breed: Crossbreed		No photograph available. 	
Most Recent Date of Entry 12/03/2019	Age on 12/03/2019 8 years 0 months	Sex Female	<i>HW direct smear - neg</i>
Comments <i>Last Chance Animal Rescue 161 Shore Rd. Southampton, NY 11968</i>			
Reason for Entry Stray Healthy			

Rabies Vaccination Certificate

last name: BCAC

street address:

first name:

city:

Rabies Tag #:

telephone:

01778

state: GA zip: 30680

pet's name: 2019-07-263

species: canine

sex: F/S

age: 12 mths or older

size: >50 lbs

breed(s): pitbull x

color(s): red

date vaccinated: 9/20/2019 producer: ZOE vaccine lot#: 354688A

vaccination exp: 9/20/2020 duration: 1 YR



vet signature: Dr Amber Polvere
vet license#: 6891

clinic info: Leftover Pets
Winder, GA
770-307-3499



Barrow County Animal Control

616 Barrow Park Drive Winder Georgia 30680 Phone: (770) 307-3012 Fax: (770) 867-1660

Medical Record

Bellas

SHELTER ID: 2019-07-

BREED: Pitx

COLOR: Brown

MICROCHIP: _____ MICROCHIP COMPANY: _____

VACCINATION:

Date: 7-31-19

Date: 2031-19

Date: _____

Date: _____

DHPP FVRCP Other: _____
 DHPP FVRCP Other: Bordetella
 DHPP FVRCP Other: _____
 DHPP FVRCP Rabies Vaccination

SPAY/NEUTER:

Date: _____ (or) PREVIOUSLY ALTERED

TESTING:

Date: 10/4/2019

Date: _____

Heartworm FIV/Felv FeLv Other: _____ Results: Positive
 Heartworm FIV/Felv FeLv Other: _____ Results: _____

DEWORMING:

Dates: _____, _____, _____

Dates: _____, _____, _____

Dates: _____, _____, _____

Medication: _____

Medication: _____

Medication: _____

Amount: _____

Amount: _____

Amount: _____

FLEA CONTROL:

Date: 10-16-19

Date: _____

Type: _____
 Type: _____



OTHER TREATMENTS

Dates: _____ to _____ Medication Name: _____

Dosage Instructions: _____

Prescribing Veterinarian and/or Clinic: _____

Dates: _____ to _____ Medication Name: _____

Dosage Instructions: _____

Prescribing Veterinarian and/or Clinic: _____

Dates: _____ to _____ Medication Name: _____

Dosage Instructions: _____

1 dose Rehydrate to 1 mL
 PL Canine Distemper-Adenovirus Type 2-Parainfluenza-Parvovirus Vaccine
 Modified Live Virus
 U.S. Veterinary License No. 190
 Zoetis Inc. Kalamazoo, MI 49007, USA
 VANGUARD PLUS 5
 SER 307232A
 EXP 21 JAN 20
 ERE

1 dose 1 mL
 TRANASAL Bordetella Bronchiseptica Vaccine
 Avirulent Live Culture
 Store at 2°-7°C (35°-45°F). Burn this vial. See carton label for directions. / Voir carton.
 U.S. Vet. License No. 190
 Zoetis Inc. Kalamazoo, MI 49007, USA
 Serifop 346371A
 05 MAR 21
 13833700
 PEEL HERE

PLACE VACCINE STICKER HERE



Barrow County Animal Control

Bella

616 Barrow Park Drive Winder Georgia 30680 Phone: (770) 307-3012 Fax: (770) 867-1660

AGENCY TRANSFER

Date of Impound: 7/31/2019

Ledger #: 20 19-07-263

Canine: Feline: Other:

Breed/Mix: Pitx

(Circle all that apply)

Tail: Long Short Bushy Docked Curly

Ears: Drooping Erect Semi-erect Rose Cut/Cropped

Coat: Smooth Medium Long Wire Hair Curly

Sex: Male Neutered Female Spayed Age: 8 (Wks, Mon, Yrs) Weight: 67 lbs

ANIMAL BEHAVIOR

Friendly Friendly/Shy Shy Fearful Wild House Broken

Leash Broken Accustomed to Children Obedience Trained Leash Wild/Scared

Symptoms of Illness or Injury: Heartworm Positive

Known Behavior Problems: _____

By signing below, I acknowledge that I am taking custody of the animal above and will follow all state requirements for getting the animal sterilized within (30) thirty days and will supply Barrow County Animal Control with proof once performed. I am also taking full custody and responsibility for the animal and will safely and humanely transport the animal to its new facility.

§ 4-14-3. Sterilization of dogs and cats required

(a) Any public or private animal shelter, animal control agency operated by a political subdivision of this state, humane society, or public or private animal refuge shall make provisions for the sterilization of all dogs or cats acquired from such shelter, agency, society, or refuge by:

(2) Entering into a written agreement with the person acquiring such animal guaranteeing that sterilization will be performed by a licensed veterinarian within 30 days after acquisition of such animal in the case of an adult animal within 30 days of sexual maturity of the animal in the case of an immature animal.

Printed Name of Agency: Paws Onward, Inc

Printed Name of Agency's Authorized Agent: _____

Signature of Agency's Authorized Agent: _____

Date: 10/15/2019

Signature of Animal Control Representative: [Signature]

Printed Name of Animal Control Representative: KENDRA TURK

COPY

Leftover



ANESTHESIA RECORD/SURGICAL CONSENT FORM

Leftover Pets, Inc. 610 Barrow Park Drive Winder, Georgia 30680

770-307-3499 - voice mailbox 3

OWNER/AGENT BGC Phone # _____

Street Address _____ Zip Code _____ County _____

Email Address _____

ANIMAL NAME 201907263 BELLA Age _____ Sex F

Breed(s) pitbull x Color(s) Red

I understand that there are risks associated with anesthesia and surgery and that complications including death may arise during or after the procedure. By signing, I agree that I am the owner or authorized agent of the animal described above and that I have the authority to offer consent for surgery. I hereby release Leftover Pets Inc. and its agents, including Dr. Amber Polvere, from liability associated with surgery or boarding at the spay/neuter service. I understand that I will not be contacted if my animal is discovered to be pregnant and that the spay procedure will be completed. For male animals with retained testicle(s), castration will be performed and the cryptorchid fee will be charged with no guarantee that the retained testicle(s) can be located and removed. I understand that the service does not require complete medical records on animals presented for surgery and that all animals presented for surgery may not be healthy. Cats may be given an injectable pain medicine which is used off label. This medicine is made at a licensed compounding pharmacy. You must tell us before surgery if you do not want your pet to receive this medication. I understand that my animal may come in contact with an infectious agent as a result of entering the clinic and that unvaccinated animals are at a greater risk for developing disease. Animals older than 5 years and those with health conditions such as respiratory or skin infections, obesity, pregnancy, or heartworm disease are at a greater risk for developing complications during and after the procedure.

Owner Signature _____ Date 9/20/19

SERVICES REQUESTED (please circle)

Female Surgery (Spay/OHE)

Dog over 25 lbs \$90
Dog 25 lbs or less \$70
Cat \$60

Pediatric Discount \$5

Male Surgery (Castration)

Dog \$60
Cat \$40
Cryptorchid Fee \$15

Pediatric Discount \$5

Other Services

Rabies Vaccination included
Microchip \$15
Nail Trim \$5
DHPP (Dog) Vaccination \$10
Dog Flea Control \$10
Dog Flea/Tick Control \$15
FVRCP (Cat) Vaccination \$5
Cat Flea Control \$5
Cat Deworm/Flea Control \$10

POST-OPERATIVE INSTRUCTIONS

The incision must be kept **CLEAN and DRY for 14 days**. This means that the animal should not be bathed. Animals must be confined and leash-walked for this period. Animals should not be allowed to lick, chew, or scratch at the incision (an Elizabethan/lamp shade type collar may be necessary). Any dogs that were in heat at the time of surgery should be kept away from ALL male dogs (including neutered ones) for at least 10 days. If you notice heat, redness, swelling or discharge at the incision or if the animal becomes lethargic, vomits, or is uninterested in food please contact Leftover Pets, Inc. or your veterinarian.

*** DO NOT WRITE IN BOX ***

Surgical Record #: _____

Physical Exam Abnormalities: 4A7B48125A Spayed

Anesthesia Premed: _____

Induction: _____

Maintenance: _____

Post-op: _____

Other treatments: _____

Recommendations: _____

Charges & Payment Type: ⓧ



Always keep a collar with current identification and rabies tags on your dog.

Barrow County Animal Control

Owner Surrender Information Sheet

This is a questionnaire designed to help us find a new home for your dog/cat. Please give as much detailed information as possible and PLEASE BE HONEST

Pet's Name: Bella

How old is your pet? 8 yrs

How long have you had this pet? 8 yrs

Why are you surrendering it? moving states

Is it current of vaccinations? Yes No

Which Veterinarian?

Is it fixed (spayed/neutered)? Yes No

Is it housebroken? Yes No

Does it chew/claw household Objects? Yes No

Does it dig holes under fence? Yes No

Does it jump over fences? Yes No

Where did you keep your pet? in house and outside

Is it good with children? Yes No

Is it good with cats? Yes No on lawn

Is it good with dogs? Yes No

Has it ever bitten anyone? Yes No

If yes, what were the circumstances?

Has it had any obedience training? no

Other information you like to provide:

NOW YOU KNOW YOUR CHIP

Put this in your wallet
YOUR PET DOESN'T HAVE ONE



This is 2019 07 263's
social security card

4A7B48125A

FREE TO REGISTER, FREE TO USE, FREE TO UPDATE

REGISTERING YOUR MICROCHIP IS EASY

NO #BULLCHIP

Your pet's registration is almost complete.
All you need to do is visit found.org and
verify that your info is correct.

VISIT FOUND.ORG/START

Michelson Found **Animals** Registry

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 number for this information collection is 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 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

OMB APPROVED
0579-0036
0579-0333

1. TYPE OF ANIMAL SHIPPED (select one only)
 Dog Cat Other
 Nonhuman Primate Ferret Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS
4

4. PAGE
1

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)
 Fairfield Adoption Center
 1678 US Hwy 21 Business N
 Winnsboro, SC 29180
 980-721-7333

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)
 Last Chance Animal Rescue
 61 Shore Rd
 South Hampton, NY 11968

USDA License/or Registration Number (if applicable)
 7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP	8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY
(1) Bella (ID# N2019181) 19-20509	Mixed	~8yrs	FS	Brown	RABIES VACCINATION <input checked="" type="checkbox"/> 1 YEAR <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 3 YEARS Vaccination Date: 9/20/2019 Product: Zoetis
(2) Dozer (ID# N2019182) 19-20510	Mixed	~8yrs	MN	Black/White	Product Type and/or Results DAPP by Zoetis, Bordetella by Zoetis
(3) Byron (ID# N2019183) 19-20508	Beagle Mix	~1yr	MN	Black/Brown	DAPP by Zoetis, Bordetella by Zoetis
(4) Layla (ID# N2019184) 19-20511	Shepherd Mix	~1yr	FS	Black/Brown	DAPP by Zoetis, Bordetella by Zoetis
(5)					DAPP by Zoetis, Bordetella by Zoetis
(6)					

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

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN
 Mara Holland, DVM
 Pet Friends Veterinary Clinic
 610 E Killian Rd
 Columbia, SC 29229
 803-699-6252

LICENSE NUMBER AND STATE
 SC 2804

Accredited Yes No
 If yes, please complete below
 NATIONAL ACCREDITATION NUMBER
 026426

NOTE: International shipments may require certification by an accredited veterinarian.
 SIGNATURE OF ISSUING VETERINARIAN
 SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here
 DATE
 DATE
 12/03/2019

APHIS Form 7001
 (NOV 2010)

This certificate is valid for 30 days after issuance

HWD treated

New York Health Certificate

Patient: Bella
LCAR ID #: 19-10509
Owner: Last Chance Animal Rescue
P.O. Box 1661
Southampton, NY 11969

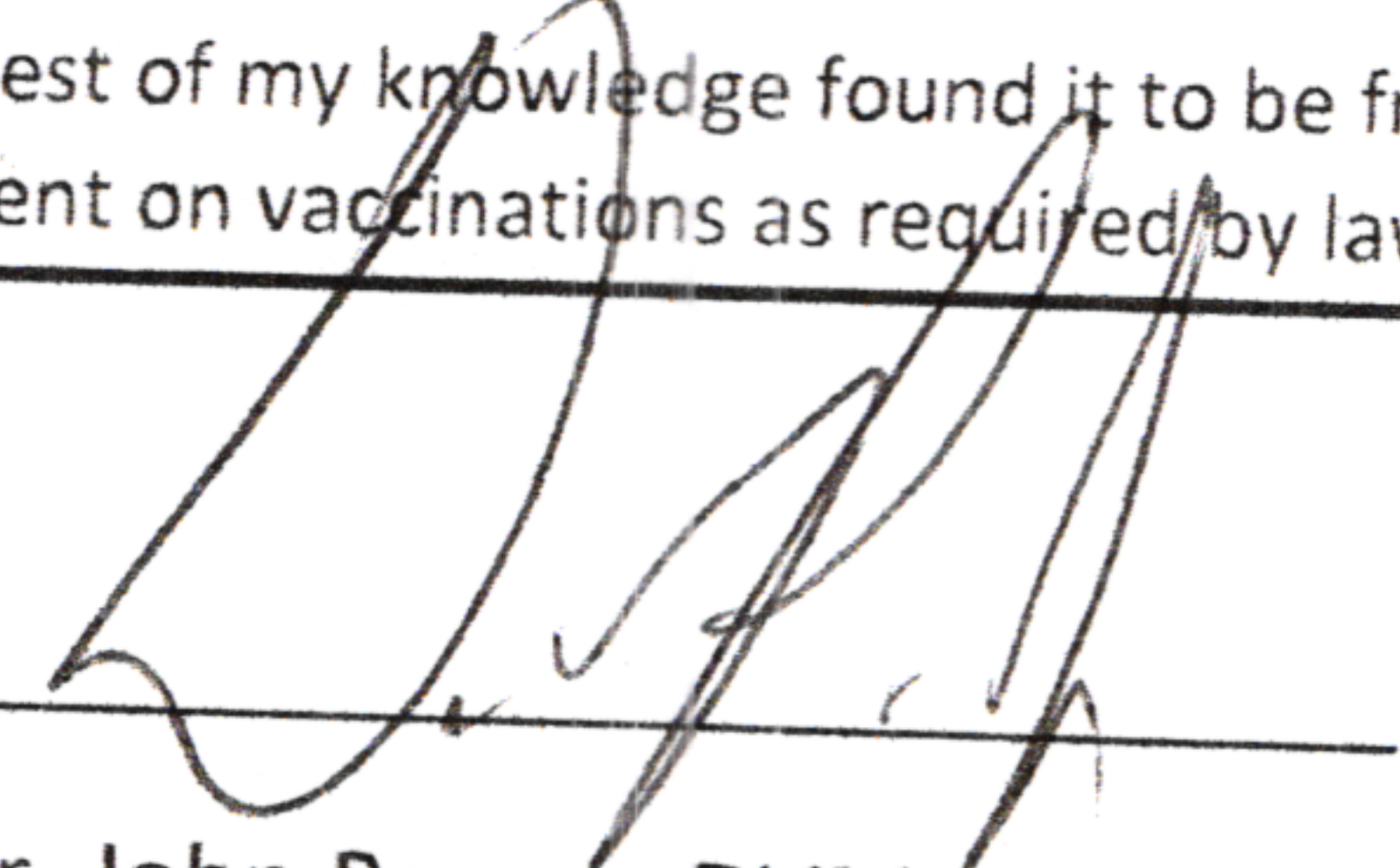
Date: 12/13/19
Species: Canine
Breed: Pit x
Sex: FIS
Approx DOB: @9/20/11
Color: Red
Weight: 67.4 lbs
Microchip #: 4A7B48125A

History

Ears: chrn
Eyes: chr
Skin/Coat: wn
Heart: mm
Lungs: chr
Teeth: wn
Other:

DAPP - > 7/31/19
Bord - > 7/31/19
Rabies - 9/20/19
Fecal - 12/4/19 - Neg
Hwt test - 12/4/19 - POS
↳ Gimmitide 10/17/19
↳ Microflarade - 12/21
↳ Knotts 12/31/19 - Neg

I have examined this animal on the above-mentioned date and to the best of my knowledge found it to be free of fleas, ticks, internal parasites and in good health. The animal is current on vaccinations as required by law.


Dr. John Berger, DVM-lic.009266

Or
Dr. Perry, DVM-lic.010160
3135 Route 112
Medford, NY 11763