

Treated for Heartworm!



ANIMAL MEDICAL SUMMARY - DOG

ID #: 19-DO510 New York Intake Date: 12/7/19
Name: Dozer Originating Shelter & Pull Date: Barrow GA via Paws on Board
Breed/Color/Description: Pitbull Mix - B&W
Approximate D.O.B. @ 9/20/11 Weight: 62.4 lbs Sex: Male Female
Altering: Yes No Date: Previously Hospital: Confirmed 9/20/19
Microchip #: 4B056E117C Issuing company: Found Animals
Flea & Tick Prevention Dates: Nexgard 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. A.C.
Heartworm Prevention Dates: 11/16/19 - IVO
HW treatment: (if applicable)
Immiticide injections 1&2 (dates) 10/17/19 & 11/19 & 11/20/19 Microfiliaricide: 11/16/19 Type: IVO
Treating Hospital: Edgefield Veterinary
Direct Test: Date: 12/3/19 Result: Neg Performed by: Fairfield COAS.

VACCINES:
DAPP - 7/31/19
Bordetella - 7/31/19

RABIES VACCINE & TAG ID: 9/20/19 - # 01779

WORMER & FECAL:
Fecal - 12/4/19 - Neg Ivermectin - 11/16/19

ADDITIONAL MEDICAL INFO: Dozer was treated for Heartworm! He MUST be maintained on monthly prevention for this treatment to remain effective. NO Antigen or SNAP test for at least 6 months post injections.

FOOD USED: Donated Mix \* Grade 3 Heartworm \*

Interstate Health Certificate Issue Date: 12/13/19 Transport Date: 12/6/19

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

Last Chance Animal Rescue PO Box 1661 Southampton, NY 11969

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

www.LCARescue.org









Barrow County Animal Control

Dozer

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

COPY

**AGENCY TRANSFER**

Date of Impound: 7/31/2019

Ledger #: 2019-07264

Canine:  Feline:  Other:

Breed/Mix: Pit x

(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, 7 Yrs) Weight: 72 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: Heartworms 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





# ANESTHESIA RECORD/SURGICAL CONSENT FORM

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

770-307-3499 - voice mailbox 3

**OWNER/AGENT** BCAC Phone # \_\_\_\_\_  
 Street Address \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_  
 Email Address \_\_\_\_\_  
**ANIMAL NAME** 201907264 DOZER Age \_\_\_\_\_ Sex M  
 Breed(s) Pitbull x Color(s) Black w/white

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)

#### Male Surgery (Castration)

#### Other Services

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

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

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

**Pediatric Discount \$5**

**Pediatric Discount \$5**

### 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: 4B056E117C Castrated  
 \_\_\_\_\_  
 \_\_\_\_\_  
 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.



Rabies Vaccination Certificate

last name: BCAC                      first name:                      Rabies Tag #: 01779  
street address:                      city:                      telephone:  
state: GA zip: 30680

pet's name: 2019-07-264  
species: canine    sex: M/C    age: 12 mths or older    size: >50 lbs  
breed(s): pitbull x                      color(s): black  
w/white

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

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: *Dozer*

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*

Is it good with children? Yes  No

Is it good with cats? Yes  No  *unknown*

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:







# Edgefield Veterinary Clinic

# Patient Chart

218 Augusta Road  
Edgefield, SC 29824  
803-637-0356

Printed: 11-20-19 at 3:36p

## CLIENT INFORMATION

**Name** Mr/Mrs. Jude Langmaid Last Chance Animal Rescue (4730)  
**Address** 61 Shore Rd.; 803-426-6919 ANNETT  
South Hampton, NY 11968  
**Phone** 781 856-6863

## PATIENT INFORMATION

<b>Name</b>	Dozer 10-17-19	<b>Species</b>	Canine
<b>Sex</b>	Male, Neutered	<b>Breed</b>	Lab Mix
<b>Birthday</b>	10-17-17	<b>Age</b>	2y
<b>ID</b>		<b>Rabies</b>	
<b>Color</b>	Black	<b>Weight</b>	0.00 lbs
<b>Reminded</b>	(none)	<b>Codes</b>	

## MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
10-18-19	CB	02108	Prednisone 20mg	60	
10-17-19	CB	838	Radiograph Heart Worm Treatment Class 3 heartworm treatment. Gave 2.9 cc of Immiticide in right side lumbar. Will return in 30 days for 2 injections of immiticide (1 injection per day). He will then return in 30 days for his oral dose of ivermectin and then return for a knots test.		
		52	HeartWorm Treatment Rescue He is doing a Class 3 heartworm treatment which is 1 injection on 10/17/19. He returned on 11/19/19 for 2 injections. He received 2.8 cc of immiticide on 11/19/19 and another 2.8 cc on 11/20/19. In 30 days he needs an oral does of ivermectin.		
		45	Fecal Float Rescue - Negative		



Bill: LAST CHANCE

ANIMAL RECORD

Owner's Name PARSONS ONWARD INC

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Referred By \_\_\_\_\_

Animal's Name DOZER

Species CANINE

Breed SC LAB

Sex N/M

Age 8'

Birthdate \_\_\_\_\_

Color and Markings BLACK

Allergies -

Rabies						FVR-CP					
DHLP						FelV					
Parvo						Chlamydia					
HW						Rabies					
Lyme											
Corona						Dental					
Bordetella						Fecal					

DATE	WEIGHT	TREATMENT AND PROGRESS	CODE	CHARGE
10-17	45.0	CHECK IN		
		✓ Fecal neg		
		HW TREATMENT -> Split Treatment		
		✓ RADIOGRAPH - significant cardiomegaly diffuse bronchovascular pattern, possible perihilar pulmonary edema (mild) <del>_____</del>		
		recommend split treatment - Class III		
		2.9 ml @ side lumbar ✓		
		PX Doxycycline 100mg qT BID #512		
		PX Prednisone 20mg 1/2 T BID x 7		
		1/2 T SID x 7 1/2 T SID x 7 # 20		
11-19-19		Class 3 HW Treatment		
		Did 1 injection on 10/17/19		
	wt: 62.4	after imibicide 1st side ✓		
				49.50
11-20-19		2.80c frontside LIT. side ✓		
		Keep quiet / restrict activity - 2nd stage 1 month		

Annette  
Hart



# 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 <del>Brock</del> Dozer <b>ID #: N2019182</b> <b>Kennel #:</b> <b>Species: Dog</b> <b>Breed: Crossbreed</b>		No photograph available. 	
Most Recent Date of Entry <b>12/03/2019</b>	Age on 12/03/2019 <b>8 years 0 months</b>	Sex <b>Male</b>	
Comments HW direct smear - Neg Grade 3 Heart Murmur			
Reason for Entry <b>Stray Healthy</b>			



# N (Non-Shelter Animal) Animal Details

Date of entry	<b>12/03/2019</b>	Kennel #:	
Animal ID	<b>N2019182</b>	<p>No photograph available.</p> 	
Name	<b>Dozer</b>		
Animal Type	<b>N (Non-Shelter Animal)</b>		
Species	<b>Dog</b>		
Breed	<b>Crossbreed</b>	Medications:	
Litter ID			
Sex	<b>Male</b>		
Altered?	<b>No,</b>		
Age	<b>8 years 0 months</b>		
Color & Markings	<b>Black,</b>		
Microchip Number			
Weight	<b>0.0</b>		
Comments			
Test Details	Fecal Negative 12/04/2019		
Medical Problems			



# NOW YOU KNOW YOUR CHIP

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

This is 2019 07 264's  
social security card

4B 056E117C

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](http://found.org) and  
verify that your info is correct.

VISIT [FOUND.ORG/START](http://FOUND.ORG/START)

Michelson Found Animals Registry



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 #:**



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 0579-0333. 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/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	RABIES VACCINATION Vaccination Date	Product	Product Type and/or Results	OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS
(1) Bella (ID# N2019181) <b>19-20509</b>	Mixed	~8yrs	FS	Brown	9/20/2019	Zoetis	DAPP by Zoetis, Bordetella by Zoetis	
(2) Dozer (ID# N2019182) <b>19-20510</b>	Mixed	~8yrs	MN	Black/White	9/20/2019	Zoetis	DAPP by Zoetis, Bordetella by Zoetis	
(3) Byron (ID# N2019183) <b>19-20508</b>	Beagle Mix	~1yr	MN	Black/Brown	10/17/2019	Zoetis	DAPP by Zoetis, Bordetella by Zoetis	
(4) Layla (ID# N2019184) <b>19-20511</b>	Shepherd Mix	~1yr	FS	Black/Brown	01/21/2019	Zoetis	DAPP by Zoetis, Bordetella by Zoetis	
(5)								
(6)								

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

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.

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

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  
*Mara Holland, DVM*

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here

DATE  
 12/03/2019



Treated for Heartworm

# New York Health Certificate

Patient: Dozer  
LCAR ID #: 19-10510  
Owner: Last Chance Animal Rescue  
P.O. Box 1661  
Southampton, NY 11969

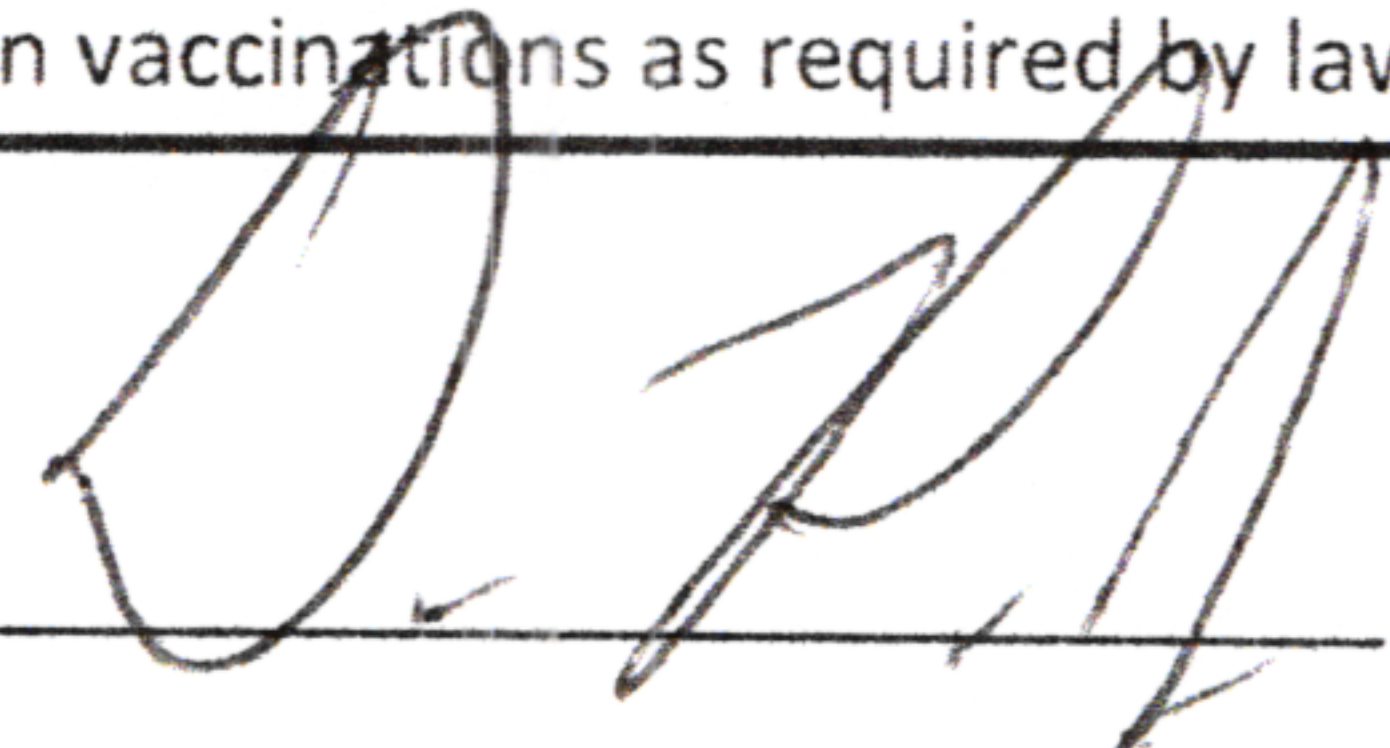
Date: 12/13/19  
Species: Canine  
Breed: Pit x  
Sex: M.N.  
Approx DOB: @ 9/20/11  
Color: B/W  
Weight: 62.4 lbs  
Microchip #: 4B056E117C

## History

Ears: clean  
Eyes: clear conjunct  
Skin/Coat: u  
Heart: u  
Lungs: u  
Teeth: u  
Other:

DAPP - > 7/31/19  
Board - > 7/31/19  
Rabies - 9/20/19  
Fecal - 12/4/19 - Neg  
Hw test - 10/4/19 - Positive  
↳ Immicide - 10/17/19  
11/19 & 11/20/19  
↳ Microfloride - 11/19  
Ivo  
↳ Knotts - 12/3/19 - NE

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