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# Pet Profile

Date: 8/8/2014

Karey

Petland Athens OH  
977 East State St  
Athens, Ohio 45701  
740-594-7400

## Pet:

Ref #: 5638  
Microchip: 941000016856681  
Breed: Maltese  
Coloring: White  
Markings:  
Kennel #:

Birth Date: 5/18/2014  
Gender: Male  
Spay/Neuter: No  
Date Sold: 8/8/2014  
Sold Price: \$1,027.52



## Additional:

**Breeder:**  
Abner and Dillah Knapp  
Montgomery, IN 47558

**Distributor:**  
BRMP LLC

**Registry:**  
America's Pet Registry (APRI)  
10514 S and G Circle  
Harvey, Arkansas 72841

Reg #: F14YZAH31259B  
Sire: APRI  
J04WAAH33758D  
Doc's Rambo  
Dam: APRI  
J11ZZAH30282B  
Supreme's Daisy

## Pet Owner:

Name: [REDACTED]  
Address: [REDACTED]

Phone: [REDACTED]  
Alt Phone:  
Email: [REDACTED]

## Products & Services:

Product	Included	Price
Canine Partners	Yes	\$0.00
Dogstar Membership	Yes	\$0.00
Petland's Enhanced Protection Program	Yes	\$29.99
TRUPANION Pet Insurance	Yes	\$0.00

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**Medical Sheet**

**Date: 8/8/2014**

Petland Athens OH  
977 East State St  
Athens, Ohio 45701  
740-594-7400

**Ref #:** 5638  
**Microchip:** 941000016856681  
**Breed:** Maltese  
**Coloring:** White  
**Markings:**  
**Kennel #:**

**Birth Date:** 5/18/2014  
**Age:** 11 weeks  
**Gender:** Male  
**Spay/Neuter:** No  
**Feeding Amt:**  
**Registry:** APRI  
**Breeder:** Abner and Delilah Knepp



**Vaccinations:**

Item Name	Date	Expiration	Manufacturer	Lot	Complete
Ivomec	7/13/2014		Aspen		Yes
Ivomec	6/29/2014		Aspen		Yes
Ivomec	6/15/2014		Aspen		Yes

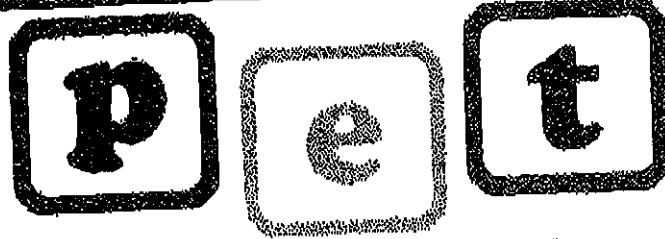
**Other:**

Item Name	Date	Expiration	Manufacturer	Lot	Complete
Nobivac 5 Way( DAPPv)	7/27/2014		Intervet		Yes
PANACURE(5DAYS)	7/27/2014		Intervet		Yes
PANACURE(5DAYS)	7/6/2014		Intervet		Yes
NeoVac (DA2)	7/6/2014		Neotech Labs		Yes
Intra Trac 3 (Bordatella)	6/29/2014		Schering-Plough		Yes
Neopar (High Titer Parvo)	6/29/2014		Neotech Labs		Yes
NeoVac (DA2)	6/22/2014		Neotech Labs		Yes
PANACURE(5DAYS)	6/22/2014		Intervet		Yes
Neopar (High Titer Parvo)	6/15/2014		Neotech Labs		Yes
Intra Trac 3 (Bordatella)	6/15/2014		Schering-Plough		Yes
Pyran 50 (Pyrantel)	6/8/2014		Columbla Labs		Yes
Pyran 50 (Pyrantel)	6/1/2014		Columbla Labs		Yes
Iron Supplement	6/1/2014				Yes
Pyran 50 (Pyrantel)	5/25/2014		Columbla Labs		Yes

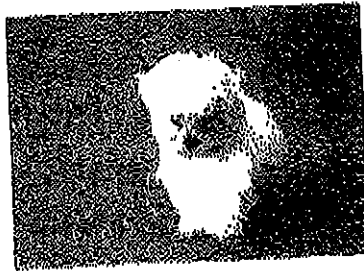
**Notes & Diagnosis:**

APR

View Paperwork



# Adoption Certificate



Name :

Was Born On : May 18, 2014

Was Adopted On: August 08, 2014

Mom:

Dad:

Supreme's Daisy

Doc's Rambo



\_\_\_\_\_  
Adopter's Signyure

View Paperwork

**Congratulations!**

Your pet is now protected and we would like to welcome you to the largest lost pet network in North America powered by helpmefindMYPET.

Please log on to your account at [www.helpmefindMYPET.com](http://www.helpmefindMYPET.com) using the username and password listed below to confirm your account information and **add at least one photo of your new family member**. Keep this account information in a safe place so you will have it handy in case of an emergency.

In the event that your pet is ever lost or stolen, log on to your account and click **REPORT LOST**. A lost pet alert will be automatically generated and immediately sent to notify all members, shelter/rescue groups, breeders, groomers, veterinary clinics, trainers and pet retailers within a 50 mile radius of where your pet was last seen. All leads will be immediately reported directly to you by a helpmefindMYPET representative.

**Username:** amy1664  
**Password:** 12643  
**ID#:** 941000016856681

**Lifetime Membership**

Official certificate for

Name of pet \_\_\_\_\_, Gender M

Species DOG Breed Maltese

I.D.# 941000016856681

Your Lost Pet Recovery Program includes:

**Lost Pet Alert**  
A lifetime membership in helpmefindMYPET, the North American wide lost pet alert system. If your pet is ever lost or stolen simply call 866-699-FIND(3463) or go to [helpmefindMYPET.com](http://helpmefindMYPET.com) and enter your username and password. An email alert/poster of your pet will be sent to every participating member, shelter group, veterinary hospital, animal control office and pet related business in a 50 mile radius of where the pet was last seen. Any information on lost pets is sent directly to helpmefindMYPET. The owner is then contacted to recover the pet.

**Microchip/ID Registry**  
Your pet is now protected for life with the HMFMP ID Registry. HMFMP has live operators available 24/7/365 if your pet is lost or found. Once alerted we will assist and contact you in any recovery. To verify that the correct information is in our database or to update information, go to [helpmefindMYPET.com](http://helpmefindMYPET.com) or call our hotline at 1-866-699-FIND.

helpmefind  
MYPET.com

helpmefind  
MYPET ID  
REGISTRY



Dear new puppy owner,

Congratulations on your new puppy! We are excited to welcome your puppy and you to the American Kennel Club®.

You've already paid for your AKC certificate and all the benefits that come with it! We need to know what you named your new puppy in order to complete your in-store AKC purchase. Follow the steps below to receive your puppy's official AKC certificate, activate the 60-Day Trial AKC Pet Healthcare Plan and enjoy the other AKC program benefits.

- 1st Step: You will receive a call within the next 3 days to record the name of your puppy. During that call you will have the opportunity to purchase other AKC products. If you do not get a call within 3 days or if you need to speak with someone prior to your call, please contact us at 800-252-5545 using PIN number 80504.
- Next Step: Activate your 60-Day Trial AKC Pet Healthcare Plan\*  
Wait 2 business days after giving us the name of your puppy, then:

Call PetPartners, Inc. at 1-866-725-2747 M-F 8:30 am – 8:30 pm ET, Sat 10:00 am – 3:00 pm ET  
or log on to [www.akcpethealthcare.com/trial](http://www.akcpethealthcare.com/trial)

We welcome you and your new puppy to the fun and tradition of the American Kennel Club. If you have any questions, contact us at 1-800-252-5545 using PIN number 80504.

Sincerely,

Mark Dunn  
Vice President  
Registration & Customer Development  
American Kennel Club, Inc.

Store Name: Petland Athens OH

Store Phone: 740-594-7400

Breed: Maltese

Date of Purchase: 8/8/2014

Microchip: 941000016856681

AKC #: F14YZAH31259B

\*The 60-Day Trial Plan is provided by the master policy issued to the Association of American Pet Owners. Activation required. Administered by PetPartners, Inc. Underwritten by American Pet Insurance Company, 907 NW Ballard Way, Seattle WA 98107-4607. Not available in all states and only available to U.S. residents. Eligibility restrictions apply. Contact PetPartners, Inc. for terms and conditions. Must be activated within 28 days of AKC Certificate Issued date. Visit [www.akcpethealthcare.com/trial](http://www.akcpethealthcare.com/trial) or call toll free at 1-866-725-2747.

\*\*Terms and conditions apply

# PETLAND ATHENS PUPPY WARRANTY PAGE 1 OF 2



Pet ID: 5838      Puppy Registry: America's Pet Registry (APRI)      Customer: [REDACTED]  
 Breed: Maltese      Puppy Birthdate: 5/18/2014      Address: 65054  
 Gender: Male      Puppy Sold Price: \$1,027.62      City/State/Zip: New Plymouth, OH 44663  
 Microchip: 941000016856681      Puppy Sold Date: 8/8/2014      Phone: [REDACTED]  
 Coloring: White      Pet Counselor: Korey      Email: [REDACTED]

INITIAL [REDACTED]

## INITIAL VETERINARY EXAM

This warranty is void unless a licensed veterinarian examines this puppy within four business days of purchase. During the initial exam, should the veterinarian diagnose any physical health problem that will require further veterinarian care, you must notify Petland Athens within 24 hours. Warranty is valid only at the following veterinarian clinics: Allen Pet Clinic (740-797-4755), Abfall Veterinary Clinic (740-797-3344), Melgs Vet Clinic (740-992-6653), Milliron Clinic (740-592-4282), or North Fork Animal Clinic (740-773-7367). If the health problems are debilitating or critical in nature, Petland Athens will offer you another puppy in exchange, up to your original purchase price. Office Visit Fees are not covered under this warranty.

INITIAL [REDACTED]

## 14 DAY PUPPY HEALTH WARRANTY

Should a veterinarian diagnose this puppy with Parvovirus, Distemper, Hepatitis, Canine Influenza, or other Respiratory Infection within the fourteen days immediately following your purchase, you may bring your puppy to one of the approved veterinarian clinics, and receive reimbursement for all reasonable treatment and medication. Costs for diagnostic procedures, emergency visits, x-rays, blood work, office fees, and lab work are not included under this warranty and are the responsibility of the customer. You must notify Petland Athens within 24 hours. Proper documentation must be provided before reimbursement is received.

INITIAL [REDACTED]

## 1 YEAR PUPPY HEREDITARY AND CONGENITAL WARRANTY

Should a veterinarian diagnose, within 1 year of the purchase date, a hereditary or congenital disorder that is currently interfering with this puppy's ability to lead a normal life, Petland Athens will allow either:

- 1.) - full credit of the original purchase price toward the purchase of another puppy
- or
- 2.) - reimbursement of appropriate veterinary bills up to 50% of the purchase price. You must supply Petland Athens with your veterinarian's written report within fourteen days of diagnosis. North Fork Animal Clinic, whose findings will govern this warranty, must concur with any diagnosis.

INITIAL [REDACTED]

## LIMITATION OF WARRANTY

Puppies are not sold on a trial basis, and ALL PUPPY SALES ARE FINAL. There are NO RETURNS OR REFUNDS. This limited warranty is neither an all-risk life insurance policy nor short-term or long-term health insurance for your puppy. Petland Athens will not reimburse or be responsible for expenses at any veterinarian other than the approved veterinarian clinics. Warranty applies to medical conditions clearly in effect before this puppy left Petland Athens. Health conditions that develop after purchase, which are not a result of the stay at Petland Athens, are not covered and are the customer's responsibility. For puppies not under the care of approved veterinary clinics after purchase, it is the customer's responsibility to document that the condition existed at time of purchase and that the puppy was under the continual care of a veterinarian for said condition. Facial exams, Vaccinations and Dewormings are not covered under this warranty and are the responsibility of the customer. Expenses related to customer's other pets are not covered under this warranty and are the responsibility of the customer. Failure to follow veterinarian-provided treatment guidelines shall void any warranty. Petland Athens Warranty applies to this puppy and to the original purchaser only; this warranty is void if the puppy is sold, traded or no longer in the possession of the original purchaser. There is no warranty for hypoglycemia, training or behavior problems, or for allergies of the puppy or for people to the puppy. This puppy is provided solely as a companion pet. There is no warranty that the puppy may be used for showing or breeding. This warranty is intended to clarify yours as well as Petland Athens's rights and responsibilities in the event there is a problem with your puppy. The initial examination and the timely submission of veterinarian reports are conditions precedent to the effectiveness of this limited warranty. The above constitute the entire warranties provided by Petland Athens.

INITIAL [REDACTED]

## 48 HOUR RETURN POLICY

Purchasing a puppy should not be an impulsive decision, and it is our customers' responsibility to understand that they are making a decision for the lifetime of the puppy. Petland Athens incurs considerable expense and risk when a puppy leaves our store. While we do not loan out puppies, we understand that sometimes customers decide they have made a mistake in purchasing a puppy. If the customer decides within the 48 hours that they are unable to keep this puppy, it may, at the discretion of the Petland General Manager, be returned for a refund of the purchase price less a 60% (\$300.00 minimum) Cash administration fee.

I acknowledge that I have read, understand and agree to the Petland Warranty and return policy as stated above.

CUSTOMER SIGNATURE [REDACTED]

# PUPPY FOR A LIFETIME PROGRAM

**Pet ID:** 5638      **Breed:** Maltese      **Coloring:** white  
**Gender:** Male  
**Microchip:** 941000016866881  
**Pet Counselor:** Corey      **Enroll:** \_\_\_\_\_  
**Puppy Registry:** America's Pet Registry (APRI)      **Address:** 85054  
**Puppy Birthdate:** 5/18/2014      **City/State/Zip:** New Plymouth, OH 45654  
**Puppy Sold Price:** \$1,027.52      **Phone:** \_\_\_\_\_  
**Puppy Sold Date:** 8/8/2014

**Customer:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**TO QUALIFY:** INITIAL \_\_\_\_\_

You must make the following purchases from Petland Athens.

- Customer items must be purchased for the life of the pet
- 1) Vet's Choice Health Extensions food
  - 2) Vet's Choice Health Extensions vitamins
  - 3) Vet's Choice Health Extensions supplement

Products are sold in quantities that last 1-3 months. Purchases must be made at least every 3 months to qualify for Petland Athens' Puppy For a Lifetime Program.

**COVERAGE:** INITIAL \_\_\_\_\_

This program has lifetime coverage. Customer will receive a full store credit towards the purchase of another puppy for the following reasons:

- 1) Major hereditary or congenital problem that prohibits the dog from living a normal life
- 2) Accidental passing
- 3) Passing from old age.

Nutrition is one of the biggest components for a pet to lead a healthy life. All purchases will be tracked through the ClubPet loyalty program at Petland Athens

**LIMITATION OF PROGRAM AND LEGAL DISCLAIMER:**

This program is issued by Petland, Inc., which does business under the name Petland Athens. Petland Athens is a franchise of Petland, Inc. Petland Athens uses the Petland name under a license from Petland, Inc. Petland, Inc. is not a party to this program and has no obligations as a result of this program. There are **NO RETURNS OR REFUNDS**. This program is neither an all-risk life insurance policy nor short-term or long-term health insurance for your puppy. Petland Athens will not reimburse or be responsible for expenses at any veterinarian. Failure to follow veterinarian-provided treatment guidelines shall void the program. This program applies to this puppy and to the original purchaser only; this program is void if the puppy is sold, traded or no longer in the possession of the original purchaser. The initial examination and the timely submission of veterinarian reports are conditions precedent to the effectiveness of this program. The above constitute the entire program provided by Petland, Inc., which does business under the name Petland Athens. Should this location close or change ownership, this program is non-transferable to another Petland location.

I acknowledge that I have read and understand the Puppy for a Lifetime Program as stated above.

**CUSTOMER SIGNATURE**

\_\_\_\_\_

INITIAL \_\_\_\_\_



# PUPPY GOING HOME

## Things to Watch for!

1. Make sure your puppy eats and drinks. If you have a toy breed or very small puppy, please refer to the information on Hypoglycemia.
2. Pay attention to your puppy's stool. It is not uncommon for the stool to be a little soft for the first 48 hours. Should any mucous or diarrhea occur, please contact us immediately.
3. Watch your puppy's activity level. Remember, they are very young and should be allowed plenty of rest. We recommend for every 1/2 hour of playtime allow 3 hours of rest in a kennel. Please also provide supervised socialization with children.
4. If you have any questions, please contact us.



Your puppy eats Nutro Max Puppy Food

- 1/4 cup      2xday
- 1/2 cup      3xday
- 3/4 cup
- 1 cup

Initial: hw

## Hypoglycemia

Hypoglycemia or low blood sugar is a disorder caused by inadequate sugar in the blood stream. It is most commonly seen in small or toy breed puppies. Tiny puppies are more susceptible as they are easily exhausted and their limited reserves of energy can be depleted. A hypoglycemic puppy may do one or more of the following: Act "droopy", stagger, look glassy-eyed, tremble, and appear weak and even pass out.

At this point, your puppy must have some nourishment. Try adding a little warm water to the dry food. Try adding a little beef or chicken broth. Try adding a little canned puppy food to the dry food. Cook a little hamburger and rice. Going to a new home is very stressful for puppies, so it is very important that tiny puppies eat often and drink plenty of water. We recommend supplementing their diet with Nutri-Stat 4 to 5 times a day, especially after exercising playtimes. We also recommend keeping Puppy Aid in their water at all times. Hypoglycemia, left unnoticed, can be very serious. **IF YOUR NEW PUPPY STILL DOES NOT SHOW ANY INTEREST, CONTACT US IMMEDIATELY!**

**Petland will not cover any health related problems related to hypoglycemia if Nutri-Stat/Puppy Boost and Puppy Aid is not purchased.**

Petland Athens  
977 E. State Street  
Athens Ohio 45701

Customer Signature





**PUPPY/KITTEN  
PURCHASE VERIFICATION**

DATE \_\_\_\_\_

Store I.D. \_\_\_\_\_

I have read and understand the 14-day warranty

OWNER EMPLOYEE

\_\_\_\_\_

I have read and understand the 1-year extended  
Warranty

\_\_\_\_\_

I have read and understand the Limitation of  
Warranty. There is no warranty expressed or  
Implied that you will be able to use this pet for  
Showing or breeding purposes.

\_\_\_\_\_

I have read and understand the 48-hour return  
Policy with administration fee.

\_\_\_\_\_

I fully understand that I will receive the \_\_\_\_\_  
Registration papers 8-12 weeks after the date of  
Purchase.

\_\_\_\_\_

Your Petland Pet has already been spayed or YES/NO  
Neutered.

\_\_\_\_\_

I have read and understand the health record showing  
All worming's, vaccinations and special notes about  
This Petland Pet.

\_\_\_\_\_

I have read and understood that I must go to one of the  
five vets listed for my 14 day & 1 year health  
warranty to be activated and to remain valid.

\_\_\_\_\_

I have read and understand Hypoglycemia and  
What to do if it should occur.

\_\_\_\_\_

I fully understand that Petland provides a \$50 Credit toward  
spay neuter rewards

\_\_\_\_\_

I fully understand that Petland provides Help me  
Find my pet Lifetime Membership

\_\_\_\_\_

I fully understand the informational sheet on  
Canine Cough

\_\_\_\_\_

I am permitted to have a puppy/kitten at  
My residence.

\_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Employee Signature

Owner: [Redacted]  
Patient: Puppies  
Phone: [Redacted]

Veterinarian: Dr. Erica Honerkamp  
Clinic Name: Beechwood Veterinary Hospital  
Phone: (614) 268-8666  
Fax: (614) 268-2631

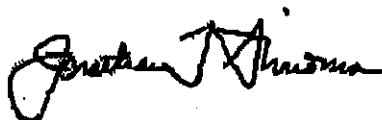
### Outpatient Ultrasound Report

Weight: 1.9 kg    Temp: 101.2 F    Pulse: 138 bpm    Respiration: 26 rpm    Pain Score: Nil

**Abdominal Ultrasound Findings:** The liver is reduced in size and subjectively has reduced hepatic portal markings. No abnormalities are noted at the gallbladder. There is a large anomalous vessel arising from the region of the gastroduodenal vein coursing towards the left side, dorsally then towards the right side and eventually draining into the caudal vena cava. No abnormalities are identified at the kidneys. Several minuscule hyperechoic interfaces are seen dependent aspect urinary bladder. The spleen is normal.

**Impression:** Large anomalous vessel likely representing a right gastrocaval shunt. Sand-like cystic calculi.

Thank you for the referral of Puppies and for your continued support of MedVet. If you have any questions regarding Puppies's ultrasound, please do not hesitate to contact me.



Jonathan T. Shiroma, DVM, MS, DACVR

Radiology Department  
Phone: (614) 431-2333  
Fax: (614) 431-6004  
Email: radiology.columbus@medvetforpets.com

**Radiographs:**

- Owner did not bring radiographs to appointment
- Owner brought radiographs to appointment
- Sent in by Beechwood Veterinary Hospital
- Returned to Owner
- Mailed back to Beechwood Veterinary Hospital
- Given to:





MedVet - Columbus  
300 E. Wilson Bridge Road  
Worthington, OH 43085  
(614) 846-5800

1/30/2015

Owner: [Redacted]

Veterinarian: Dr. Erica Honerkamp

Patient: Puppies

Clinic Name: Beechwold Veterinary Hospital

Phone: [Redacted]

Phone: (614) 268-8666

Fax: (614) 268-2631

### Outpatient Ultrasound Report

Weight: 1.9 kg    Temp: 101.2 F    Pulse: 138 bpm    Respiration: 26 rpm    Pain Score: NR

**Abdominal Ultrasound Findings:** The liver is reduced in size and subjectively has reduced hepatic portal markings. No abnormalities are noted at the gallbladder. There is a large anomalous vessel arising from the region of the gastroduodenal vein coursing towards the left side, dorsally then towards the right side and eventually draining into the caudal vena cava. No abnormalities are identified at the kidneys. Several minuscule hyperechoic interfaces are seen dependent aspect urinary bladder. The spleen is normal.

**Impression:** Large anomalous vessel likely representing a right gastrocaval shunt. Sand-like cystic calculi.

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Jonathan T. Shiroma, DVM, MS, DACVR

Radiology Department  
Phone: (614) 431-2333  
Fax: (614) 431-6004  
Email: radiology.columbus@medvetforpets.com

#### Radiographs:

- Owner did not bring radiographs to appointment
- Owner brought radiographs to appointment
- Sent in by Beechwold Veterinary Hospital

- Returned to Owner
- Mailed back to Beechwold Veterinary Hospital
- Given to:



Puppies Tate 553578  
Beechwold Veterinary Hospital



MedVet - Columbus  
300 E. Wilson Bridge Road  
Worthington, OH 43085  
(614) 846-5800

1/30/2015

Dr. Erica Honerkamp  
Beechwood Veterinary Hospital  
4590 Indianola Avenue  
Columbus, OH 43214  
Phone: (614) 268-8666

Fax: (614) 268-2631

RE: Puppies, owned by Amy Tate

Dear Dr. Honerkamp,

The following is a summary of Puppies's visit on 1/30/2015.

**History**

Puppies was presented today as a referral from the Radiology department for a portosystemic shunt.

**Physical Exam**

Weight: 1.9 kilograms  
T: 101.2 F P: 138 bpm R: 26 rpm  
MM/CRT: Pink/1-2 secs  
Attitude: Bright, alert, and responsive  
Hydration: Within acceptable limits  
Body Condition Score: /9  
Pain Score: /24  
HEENT: retained incisor teeth and canine teeth  
LYMPH NODES: Within acceptable limits  
CARDIOVASCULAR: Within acceptable limits  
RESPIRATORY: Within acceptable limits  
INTEGUMENT: Within acceptable limits  
ABDOMEN: Within acceptable limits  
MUSCULOSKELETAL: Grade I medial patella luxations bilaterally  
NEUROLOGIC: Within acceptable limits  
UROGENITAL: Within acceptable limits  
RECTAL: Within acceptable limits

**Diagnosis**

Portosystemic Shunt - Extrahepatic

**Client Communication/ Comments**

We reviewed the relevant anatomy and pathophysiology of portosystemic shunt (PSS) and expected surgical attenuation/ occlusion of PSSs with an ameroid constrictor or cellophane band. A PSS is suspected based on the clinical signs, blood work, and abdominal ultrasound findings but is definitively diagnosed/ confirmed by abdominal exploratory. If there is no obvious PSS noted intraoperatively, we will do portogram and liver biopsy (to rule-out microvascular dysplasia). Another possibility is that there are multiple PSSs already formed and then medical management will be the only treatment option. The most severe complications following surgical PSS attenuation tend to happen in the immediate postoperative period. While uncommon, acute PSS thrombosis or "kinking" of the PSS can cause portal hypertension, which can be fatal. Other risks include anesthesia-related complications (minor to life-threatening), postoperative seizures, hypoglycemia and incision infection/dehiscence. The long-term goal after surgery is to progressively wean off all medications. The development of multiple PSSs is an uncommon late-term complication and there may be a need to restart some/all medications. However, the overall prognosis is good after surgical attenuation of a PSS.



553578-1  
Puppies Tate  
Beechwood Veterinary Hospital

*I am not sure they will pursue surgery. We will do everything possible to help them pay for this but she feels her husband is not going to pursue. If they do pursue, we would recommend placing Poppers on levitracetam prior to surgery to help treat any post ligation neurologic syndrome. If surgery is not pursued, the range of survival has been reported anything from 9 months to 9 years. The low protein diet is critical and a must and medications are intermittently used to help treat hepatic encephalopathy. There is over a 90% chance that all will work out fine and Poppers will be a healthy dog in the end. We would neuter and remove the deciduous teeth at no charge if surgery is pursued.*

Thank you for the referral of Poppers and for your continued support of MedVet. If you have any questions regarding the care of Poppers, please do not hesitate to contact me.

Sincerely,

Shawn Kennedy, DVM, Diplomate ACVS  
Eric Hans, DVM, Surgical Resident

Surgery Department  
Phone: (614) 431-4407  
Fax: (614) 431-3717  
Email: skennedy@medvetforpets.com

MedVet's Clinical Studies Center is seeking patients for the following clinical trials:

1. Dogs with Congestive Heart Failure (Columbus and Cincinnati)
2. Dogs with Diabetes Mellitus (Columbus and Cincinnati)
3. Dogs requiring Cranial Cruciate or Luxating Patella Repair Surgery - Post Operative Pain study (Columbus)
4. Small breed dogs requiring cranial cruciate ligament/Tibial Tuberosity Advancement (TTA) Surgery (Cincinnati)

For more information on MedVet clinical trials visit [www.medvetforpets.com/clinical-trials](http://www.medvetforpets.com/clinical-trials).

MedVet has the following upcoming CE events for clinicians:

- Feb. 10: AAHA IM Dinner Lecture (Columbus)
- Mar. 08: Internal Medicine Seminar (Dayton)

MedVet has the following upcoming CE events for technicians:

- Feb 26: Compassion Fatigue (Cincinnati)
- Mar 11: Surgery (Columbus)

Please contact Tami Adcock at [tami.adcock@medvetforpets.com](mailto:tami.adcock@medvetforpets.com) or 614-431-4400 for more information.



MedVet - Columbus  
300 E. Wilson Bridge Road  
Worthington, OH 43085  
(614) 846-5800

1/30/2015

Owner:   
Patient: Poppers

Veterinarian: Dr. Erica Honerkamp  
Clinic Name: Beechwood Veterinary Hospital



553578-1  
Poppers Tate  
Beechwood Veterinary Hospital

Phone: [REDACTED]

Phone: [REDACTED]

Fax: [REDACTED]

Puppers was presented today as a referral from the Radiology department for a portosystemic shunt.

**Diagnosis:**

Portosystemic Shunt - Extrahepatic

**Treatment**

The best care plan for Puppers includes a portosystemic shunt attenuation as discussed by Dr. Kennedy.

**Recommendations**

Begin the following medications:

- K9 L/D Can      Feed as directed. No other treats.
- K9 K/D Can      Feed as directed. No other treats.
- Lactulose suspension      Give 1ml orally every 8 hours. Do not freeze.

*Hampburg/Brown*

*OR Purina*

*EW/NK*

**Exercise Restrictions:**

Limited leash based activities pending surgery to ensure comfort

**Monitor For**

Neurologic signs (circling, stumbling, head-pressing against things, etc), ataxia, lethargy, anorexia

**Follow Up**

Please call and schedule surgery at your earliest convenience if you have not already.

If Puppers has a medical emergency after hours and you can not reach Beechwood Veterinary Hospital MedVet's emergency department is available 24 hours a day at (614) 846-5800. Our emergency service has access to your pet's specialty medical record and the specialists involved in Puppers's care.

Beechwood Veterinary Hospital will receive a letter summarizing Puppers's diagnostic tests results and treatment plan. If you have any questions or concerns or you need to schedule any follow-up appointments with the surgery department, contact us at (614) 431-4407.

Thank you for giving us the opportunity to help in the care of Puppers.

Shawn Kennedy, DVM, Diplomate ACVS  
Eric Hms, DVM, Surgical Resident

Surgery Department  
Phone: (614) 431-4407  
Fax: (614) 431-3717  
Email: skennedy@medvetforpets.com

Like us on Facebook to receive updates on our practices and follow exciting cases!

To help us continue to provide the best patient care and client experience, please complete our survey at:

[www.medvetforpets.com/survey](http://www.medvetforpets.com/survey)



MedVet - Columbus  
300 E. Wilson Bridge Road  
Worthington, OH 43085  
(614) 846-5800

1/30/2015



553578-1  
Puppers Tate  
Beechwood Veterinary Hospital



# BEECHWOLD

## VETERINARY HOSPITAL



4590 Indianola Ave.  
Columbus, OH 43214  
(614) 268-8666  
www.beechwoodvet.com

### Vaccination Certificate

3/30/2015

Client ID: 55142

Client Name: [REDACTED]

Address: [REDACTED]

[REDACTED]

Telephone: [REDACTED]

Patient ID: 11689

Name: Henson

Species: Canine

Breed: Maltese

Sex: Male

Color: White

Markings:

Birth Date: 5/18/2014

Microchip ID: 941000016856681

Vaccination	Date Given	Date Due
Rabies Vaccine 1 Year - Canine	11/14/2014	11/14/2015

### Patient History Report

<b>Client:</b> ██████████ (2)	<b>Patient:</b> Henson (11689)
<b>Phone:</b> (614) ██████████	<b>Species:</b> Canine
<b>Address:</b> ██████████	<b>Breed:</b> Maltese
██████████	<b>Age:</b> 10 Mos. 1 Wks. 6 Days
<b>Color:</b> White	<b>Sex:</b> Male

Date	Type	Staff	History
------	------	-------	---------

1/30/2015 C EH Scanned Medical Records - FINAL 01/31/2015 - MV - rad. report

**Scanned Medical Records/Documents**

Employee who scanned & attached document: Lee Ann

**Document Remarks:**

1/30/2015 D EH Bladder Stones Tentative  
 1/30/2015 D EH Liver shunt Tentative

1/30/2015 C EH Scanned Medical Records - FINAL 01/30/2015 - Medvet: GASTROCAVAL SHUNT AND BLADDER CALCULI

**Scanned Medical Records/Documents**

Employee who scanned & attached document: shelby

**Document Remarks:**

1/27/2015 C EH Phone Message - FINAL 01/27/2015 - Phone Message - Referral request from Med Vet radiology

**Communication Request**

1/27/2015 11:08

Amy Tate 55142  
 (614) 753-8908

Henson 8 Mos. 1 Wks. 2 Days Maltese Male

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing Insir, 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 med note, V: Vial signs



### Patient History Report

<b>Client:</b> [REDACTED] 2)	<b>Patient:</b> Henson (11689)	
<b>Phone:</b> (614) [REDACTED]	<b>Species:</b> Canine	<b>Breed:</b> Maltese
<b>Address:</b> [REDACTED] rd	<b>Age:</b> 10 Mos. 1 Wks. 5 Days	<b>Sex:</b> Male
[REDACTED]	<b>Color:</b> White	

Date	Type	Staff	History
------	------	-------	---------

**Client Concern/Reason for Call:** Karen from Med Vet Radiology called requesting a referral form, bloodwork results, any x-rays, and any pertinent patient history for Henson who has an appt. for an outpatient USD on Friday 1/30. MV also asked if EH would be available after the appt. to discuss the findings, GK did inform them that EH was in office until 2pm that day.

**Phone Number(s):** All info can be faxed over to MV Radiology @ 614-431-6004

**Employee Name:** Gabby

**Client Expects Return Call:** before appt. friday

**Doctor Remarks:**

Made copy of records and faxed to MedVet LMOM for owner to pick up radiographs from last week.

**Tech/Receptionist Follow Up:**

1/27/2015 C EH Medical Remarks - FINAL 01/27/2015 - Given back to previous O (Amy Tate)

**Medical Remarks**

1/27/2015, 08:43

**Remarks:** Angel has given Henson back to the previous O (Amy Tate) because of the health issues found from recent labwork. Amy Tate Client ID: #55142

Please call Amy with the lab results. 614-753-8908

**Employee Name:** Stephanie

Phone: called Amy (614-753-8908); with results of Bile Acids (very elevated); recommend ultrasound to look for shunt as discussed in exam room last night. Left MedVet phone info on VM and owner to call once appt scheduled so history can be faxed.

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, 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 med note, V:Vital signs

### Patient History Report

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine
<b>Address:</b> [REDACTED]	<b>Breed:</b> Maltese
	<b>Age:</b> 10 Mos. 1 Wks. 5 Days
	<b>Sex:</b> Male
	<b>Color:</b> White

Date	Type	Staff	History																																																							
1/26/2015	I	EH	Pre-anesthetic organ function profiles include testing of the organs involved in the metabolism of anesthetic agents to ensure rapid elimination from the body. Liver, kidneys, pancreas, as well as hematological and urological competence are tested. Screening for anemia and infection are included.																																																							
1/26/2015	I	EH	The Physical Examination for surgery includes a thorough examination of your pet's coat, skin, legs and paws, eyes and ears, nose and throat, mouth, teeth, gums, heart and lungs, abdomen, gastrointestinal and urogenital systems.																																																							
1/26/2015	PB	EH	Anorexia (Minor, Active)																																																							
1/26/2015	PB	EH	lethargy (Minor, Active)																																																							
1/26/2015	PB	EH	<b>BLOODWORK ABNORMALITIES (Minor, Active)</b>																																																							
1/26/2015	L	EH	Chemistry results from IDEXX VetLab In-clinic Laboratory Requisition ID: 21647																																																							
			<table border="1"> <thead> <tr> <th>Test</th> <th>Result</th> <th>Reference Range</th> <th>Posted</th> <th>Final</th> </tr> </thead> <tbody> <tr> <td>ALB =</td> <td>2.2 g/dL L</td> <td>2.3 - 4.0</td> <td></td> <td></td> </tr> <tr> <td>ALKP =</td> <td>284 U/L H</td> <td>23 - 212</td> <td></td> <td></td> </tr> <tr> <td>ALT =</td> <td>240 U/L H</td> <td>10 - 125</td> <td></td> <td></td> </tr> <tr> <td>BUN/UREA =</td> <td>6 mg/dL L</td> <td>7 - 27</td> <td></td> <td></td> </tr> <tr> <td>CREA =</td> <td>0.2 mg/dL L</td> <td>0.5 - 1.8</td> <td></td> <td></td> </tr> <tr> <td>GLU =</td> <td>82 mg/dL</td> <td>74 - 143</td> <td></td> <td></td> </tr> <tr> <td>TP =</td> <td>5.0 g/dL L</td> <td>5.2 - 8.2</td> <td></td> <td></td> </tr> <tr> <td>GLOB =</td> <td>2.8 g/dL</td> <td>2.5 - 4.5</td> <td></td> <td></td> </tr> <tr> <td>ALB/GLOB =</td> <td>0.8</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BUN/CREA =</td> <td>30</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Test	Result	Reference Range	Posted	Final	ALB =	2.2 g/dL L	2.3 - 4.0			ALKP =	284 U/L H	23 - 212			ALT =	240 U/L H	10 - 125			BUN/UREA =	6 mg/dL L	7 - 27			CREA =	0.2 mg/dL L	0.5 - 1.8			GLU =	82 mg/dL	74 - 143			TP =	5.0 g/dL L	5.2 - 8.2			GLOB =	2.8 g/dL	2.5 - 4.5			ALB/GLOB =	0.8				BUN/CREA =	30			
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1/26/2015 C EH SOAP- Canine - FINAL 01/26/2015 - Canine Neuter- Canceled: ELEVATED LIVER VALUES \*\*\*ADDENDUM 1/27/2015

#### SOAP- Canine

Date of Exam: 1/26/2015

Date of last visit: N/A

Room Assistant: Brie

#### SUBJECTIVE

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: 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

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine
<b>Address:</b> [REDACTED]	<b>Breed:</b> Maltese
	<b>Age:</b> 10 Mos. 1 Wks. 5 Days
	<b>Sex:</b> Male
	<b>Color:</b> White

Date	Type	Staff	History
------	------	-------	---------

**Reason for Visit:** Canine Neuter

**History:** Was in last week for possible foreign body but ended up just being constipated. Owner says that he has been doing great since then but is a very picky eater, wants to make sure his bloodwork is ok. Owner wants PSX, laser and deciduous teeth pulled.

**Diet:**

**OBJECTIVE**

<b>General Appearance</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<b>Integumentary</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
<b>Mouth</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<b>Neurological</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
<b>Ears</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<b>Digestive</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
<b>Eyes</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<b>Urogenital</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
<b>Lymph Nodes</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<b>Cardiovascular</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
<b>Musculoskeletal</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<b>Respiratory</b>	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

weight: 3.69 lbs  
 MM: pink/moist  
 LN wnl  
 Both testis  
 No hernias  
 BCS 2/5 (thin)  
 abd wnl  
 H&L wnl

**PSX:**  
 increased ALT (240)  
 increased AlkPhos (284)  
 decreased TP and Alb  
 decreased BUN (6) and Creat (0.2)

**Phone: 9:00 a.m.:** LMOM reg concerns of PSX, past concerns of unthriftiness, and owner's concerns of lethargy and decreased appetite: Recommend postpone surgery and persue liver work-up- owner agrees.

**Reviewed pas radiographs:** poor abdominal detail due to age and decreased abdominal fat: no abnormalities seen in area of liver.

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### Patient History Report

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine
<b>Address:</b> [REDACTED]	<b>Breed:</b> Maltese
	<b>Age:</b> 10 Mos. 1 Wks. 5 Days
	<b>Sex:</b> Male
	<b>Color:</b> White

Date	Type	Staff	History
	Problem Description	Severity	State
	BLOODWORK	Minor	Active
		A B N O R M A L I T I E S	Create Staff
			Dr. E. Honerkamp, D.V.M.
			Create Date
			Modified Date
			1/26/2015
			1/26/2015
	lethargy	Minor	Active
			Dr. E. Honerkamp, D.V.M.
			1/26/2015
			1/26/2015
	Anorexia	Minor	Active
			Dr. E. Honerkamp, D.V.M.
			1/26/2015
			1/26/2015

**Comments:**

**PLAN**

Paired Bile Acids pending home today  
EH to call with results

**ADDENDUM on 1/27/2015 at 09:07:10 from Dr. E. Honerkamp, D.V.M.**

Phone: LMOM 9:00 am: reg results:  
Pre Bile Acid 142 (0-6.9)  
Post Bile Acid 368 (0-14)

Recommend ultrasound for shunt as discussed with owner last evening. Owner to call when appt made so records and radiographs can be faxed.

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing insir, 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 med note, V:Vital signs

### Patient History Report

Client: [REDACTED]  
 Phone: [REDACTED]  
 Address: [REDACTED]  
 [REDACTED]

Patient: Henson (11689)  
 Species: Canine      Breed: Maltese  
 Age: 10 Mos. 1 Wks. 5 Days      Sex: Male  
 Color: White

Date	Type	Staff	History
1/26/2015	R	EH	Surgery Consent Form - FINAL 01/26/2015 - Canine Neuter

**Beechwold Veterinary Hospital Inc.**  
 4590 Indianola Ave.  
 Columbus, OH 43214  
 (614) 268-8666  
 www.beechwoldvet.com

### Surgery Consent Form 1/26/2015

Client ID: 4860  
 Client Name: Angel Dyer  
 Address: 834 E. Longview Ave.  
 Columbus, OH 43224  
 Telephone: (614) 218-0434

Patient ID: 11689  
 Name: Henson  
 Species: Canine  
 Breed: Maltese  
 Sex: Male  
 Color: White  
 Markings:  
 Birth Date: 5/18/2014

**Procedure(s) to be performed: Canine Neuter**  
 Phone number where you can be reached today: 218-0434

Additional issues or concerns that you would like us to address today?  Yes  No  
 If concerns, please note:

I hereby authorize and direct the veterinarians at Beechwold Veterinary Hospital, Inc. to perform the indicated procedures and additional diagnostic and/or treatment procedures as deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. The estimate of charges for the presently planned procedure(s) is only an approximation and the final bill may be greater or less than this amount.

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: 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 med note, V: Vital signs

### Patient History Report

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine
<b>Address:</b> [REDACTED]	<b>Breed:</b> Maltese
[REDACTED]	<b>Age:</b> 10 Mos. 1 Wks. 5 Days
[REDACTED]	<b>Sex:</b> Male
	<b>Color:</b> White

Date	Type	Staff	History
------	------	-------	---------

A complimentary nail trim will be performed on your pet as part of today's treatment.

**Pre-Anesthesia Blood Screen** will be performed on your pet if over the age of 6 years and/or advised by the veterinarian for specific health reasons. This is highly recommended for the pet under the age of 6 to help minimize the risks of anesthesia. The cost of the blood screening will be \$60.50

**Agree to Pre-Anesthesia Blood Screen**  Yes  No

**Laser surgery** decreases the pain and bleeding for any pet undergoing a surgical procedure. Laser fees vary according to the surgical procedure so please inquire as to the cost of this procedure.

**Agree to Laser Surgery**  Yes  No

**AKC Microchip** is a small device that is implanted under the skin between the shoulders. The microchip will provide permanent identification for your pet.

The fee for the AKC Microchip and lifetime membership will be \$48.00.

**Agree to AKC Microchip**  Yes  No Already Has One.

I have read and understand the above conditions of Beechwood Veterinary Hospital, Inc.



Owner/Agent signature:

1/26/2015	CK	EH	Reason for Visit: Canine Neuter
			Date Patient Checked Out: 01/26/15 Practice 1
1/26/2015	L	EH	Chemistry results from IDEXX Reference Laboratory Requisition
			ID: 11689      Posted      Final
			Test      Result      Reference Range
			BILE ACIDS      142.6 umol/L H      0.0 - 6.9
			BILE ACPP      368.7 umol/L H      0.0 - 14.9
			Ascn: W4825404
			2SS      MI CANINE

**RESULTS OBTAINED BY DILUTION**

In both dogs and cats resting bile acids >7 umol/L or post prandial bile acid concentrations >15 umol/L are suggestive of liver malfunction but does not indicate the nature of the abnormality or

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, 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 med note, V: Vital signs

**Patient History Report**

Client: [REDACTED]  
 Phone: [REDACTED]  
 Address: [REDACTED]  
 [REDACTED]

Patient: Henson (11689)  
 Species: Canine      Breed: Maltese  
 Age: 10 Mos. 1 Wks. 5 Days      Sex: Male  
 Color: White

Date	Type	Staff	History
------	------	-------	---------

whether the problem is reversible or permanent. A liver biopsy may be warranted to further identify the underlying hepatopathy. Increased bile acids can be seen in diseases affecting hepatic circulation (i.e. liver shunts), cholestasis, or diseases associated with hepatocellular damage. Dehydration, hypovolemia, and chronic passive congestion have only a minor effect on bile acid levels. A normal bile acid level does not rule out a hepatopathy.

1/26/2015	B	EH	1.00 Physical Exam for Surgery (SE) by SMM
1/26/2015	B	EH	1.00 Pre Surgery Screen (PSX) by SMM
1/26/2015	B	EH	1.00 Bile Acids (paired) 257 (BA) by SMM
1/26/2015	B	EH	1.00 each of Bio-Hazard Waste Fee (BIO1) by SMM

1/22/2015	R	MC	Release from Hospitalization - FINAL 01/22/2015
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**Beechwood Veterinary Hospital**

4590 Indianola Ave.  
 Columbus, OH 43214  
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**Release from Hospitalization**

1/22/2015

Client ID: 4860  
 Client Name: Angel Dyer  
 Address: 834 E. Longview Ave.

Patient ID: 11689  
 Name: Henson  
 Species: Canine  
 Breed: Maltese

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: 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 med note, V: Vital signs

### Patient History Report

Client: [REDACTED]  
 Phone: [REDACTED]  
 Address: [REDACTED]  
 [REDACTED]

Patient: Henson (11669)  
 Species: Canine      Breed: Maltese  
 Age: 10 Mos. 1 Wks. 5 Days      Sex: Male  
 Color: White

Date	Type	Staff	History
Telephone:	Columbus, OH 43224 (614) 218-0434		Sex: Male Color: White Markings: Birth Date: 5/18/2014

You should call our office if you notice any of the following:

- Listlessness or inactivity for more than 24-48 hours
- Not eating/drinking
- Vomiting
- Diarrhea
- Straining to urinate
- Crying in pain

#### SPECIAL INSTRUCTIONS FOR YOUR PET PATIENT DISCHARGE WITH: tech

**1. Monitor Henson** and please let us know if he starts to vomit. Monitor stools- make sure he continues to pass stool. He has passed some of the barium we fed him (white, opaque liquid) and may pass more. This is normal, and lets us know things are passing clearly through.

**2. Medications-** Give 1/2 tab tomorrow, then just save the rest for future use.

ITEM DESCRIPTION	QUANTITY	DIRECTIONS	TOTAL REFILLS
Cerenia Tabs 16 mg per box/4	1.00	1/2 tab once a day (already had Thursday dose)	0

**YOUR PET WAS RELEASED BY** Gracie  
**PLEASE CALL (614) 268-8666 IF YOU HAVE ANY QUESTIONS OR CONCERNS**

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing in car, 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 med note, V: Vital signs



### Patient History Report

Client: [REDACTED]  
 Phone: [REDACTED]  
 Address: [REDACTED]  
 [REDACTED]

**Patient:** Henson (11689)  
**Species:** Canine      **Breed:** Maltese  
**Age:** 10 Mos. 1 Wks. 5 Days      **Sex:** Male  
**Color:** White

Date	Type	Staff	History
1/22/2015	P	MC	1.00 box of Cerenia Tabs 16 mg per box/4 (CER1) Rx #: 474381 Exp. 01/22/16 0 Of 0 Refills Filled by: MC 1/2 tab once a day (already had Thursday dose)
1/22/2015	T	DCM	Image: Abdomen Received via DICOM C-STORE on Thu Jan 22 08:32:45 EST 2015. Client First Name: 'Angel' Client Last Name: 'Dyer' Patient Id: '11689' Patient Name: 'Henson' Patient DOB: 'Sun May 18 00:00:00 EDT 2014' Patient Sex: 'Male'
1/22/2015	T	DCM	Image: Abdomen Received via DICOM C-STORE on Thu Jan 22 08:32:48 EST 2015. Client First Name: 'Angel' Client Last Name: 'Dyer' Patient Id: '11689' Patient Name: 'Henson' Patient DOB: 'Sun May 18 00:00:00 EDT 2014' Patient Sex: 'Male'
1/22/2015	B	MC	1.00 Radiograph - Additional View (RADA) by VS
1/22/2015	B	MC	1.00 Visit with Physical Exam (OVR) by VS
1/22/2015	B	MC	.25 Subcutaneous Fluids (SUBFL) by VS
1/22/2015	B	MC	.20 ml of Cerenia Injectable per ml (CERIN) by VS
1/22/2015	B	MC	10.00 each of Lactulose (LACTU) by VS
1/22/2015	B	MC	1.00 box of Cerenia Tabs 16 mg per box/4 (CER1) by VS
1/22/2015	B	MC	1.00 Canine Board <40 (CBS) by VS

1/21/2015 C      MC      SOAP - FINAL

#### SOAP

Date of Exam: 1/21/2015      Date of last visit: N/A

Room Assistant:

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: 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 med note, V: Vital signs

### Patient History Report

Client: [REDACTED]  
Phone: [REDACTED]  
Address: [REDACTED]  
[REDACTED]

Patient: Henson (11689)  
Species: Canine Breed: Maltese  
Age: 10 Mos. 1 Wks. 5 Days Sex: Male  
Color: White

Date	Type	Staff	History
------	------	-------	---------

#### SUBJECTIVE

**Reason for Visit:** has been vomiting and passed a piece of plastic earlier this week, also had plastic in stool, had been fine for several days then vomiting again.

**History:**

**Diet:**

#### OBJECTIVE

General Appearance	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Integumentary	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Mouth	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Neurological	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Ears	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Digestive	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Eyes	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Urogenital	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Lymph Nodes	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Cardiovascular	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Musculoskeletal	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Respiratory	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

#### Add Vital Signs

##### Pain Scale

0  1  2  3  4  5  6  7  8  9

**Comments:** mm pink, abdomen not painful, alert and active-concern with FB

#### ASSESSMENT

Problem Description	Severity	State	Create Staff	Create Date	Modified Date
vomiting	Minor	Active	Dr. M. McCloskey, D.V.M.	1/21/2015	1/21/2015

#### Add Diagnosis Detail

**Comments:** no obvious FB but large amounts of stool, gave 2ml lactulose enemas twice

#### PLAN

gave 30 ml 2.5% dex  
0.2 cerenia SQ  
hold overnight  
3PM gave 2ml oral barium- can get film in AM but also use therapeutic effect  
no food tonight but let have small amounts of water,

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### Patient History Report

Client: [REDACTED]  
Phone: [REDACTED]  
Address: [REDACTED]  
[REDACTED]

Patient: Henson (11689)  
Species: Canine  
Age: 10 Mos. 1 Wks. 5 Days  
Color: White  
Breed: Maltese  
Sex: Male

Date	Type	Staff	History
------	------	-------	---------

1/22/15 no further vomiting, rads show barium is out of stomach but stops at level of colon that still has lots of stool- gave 10ml lactulose enema and had large bm that had some barium in it. ate baby food with great appetite, gave 1/2 16mg cerenia- send home with tech. Keep on cerenia tomorrow then can keep extra doses-

GH with tech  
feed small amounts and make sure having BM's  
call if vomits or doesn't eat

1/21/2015	PB	MC	vomiting (Minor, Active)
1/21/2015	T	DCM	Image: Abdomen Received via DICOM C-STORE on Wed Jan 21 11:39:42 EST 2015. Client First Name: 'Angel' Client Last Name: 'Dyer' Patient Id: '11689' Patient Name: 'Henson' Patient DOB: 'Sun May 18 00:00:00 EDT 2014' Patient Sex: 'Male'

-----  
Received via DICOM C-STORE on Wed Jan 21 11:39:45 EST 2015.  
Client First Name: 'Angel'  
Client Last Name: 'Dyer'  
Patient Id: '11689'  
Patient Name: 'Henson'  
Patient DOB: 'Sun May 18 00:00:00 EDT 2014'  
Patient Sex: 'Male'

1/21/2015 R HS Surgery Consent Form - FINAL 01/21/2015

### Beechwold Veterinary Hospital Inc.

4590 Indianola Ave.  
Columbus, OH 43214  
(614) 268-8666  
www.beechwoldvet.com

### Surgery Consent Form

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: 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

<b>Client:</b> [REDACTED] <b>Phone:</b> [REDACTED] <b>Address:</b> [REDACTED] [REDACTED]	<b>Patient:</b> Henson (11689) <b>Species:</b> Canine <b>Breed:</b> Maltese <b>Age:</b> 10 Mos. 1 Wks. 5 Days <b>Sex:</b> Male <b>Color:</b> White
---	---

Date	Type	Staff	History
------	------	-------	---------

1/21/2015

Client ID: 4860  
 Client Name: Angel Dyer  
 Address: 834 E. Longview Ave.  
 Columbus, OH 43224  
 Telephone: (614) 218-0434

Patient ID: 11689  
 Name: Henson  
 Species: Canine  
 Breed: Maltese  
 Sex: Male  
 Color: White  
 Markings:  
 Birth Date: 5/18/2014

**Procedure(s) to be performed:** FB sx if necessary  
**Phone number where you can be reached today:** (614) 218-0434

**Additional issues or concerns that you would like us to address today?**  Yes  No  
**If concerns, please note:** Vomiting, not eating, no BM this morning

I hereby authorize and direct the veterinarians at Beechwold Veterinary Hospital, Inc. to perform the indicated procedures and additional diagnostic and/or treatment procedures as deemed advisable or necessary for my pet. The nature of the procedure(s) has been explained to me and no guarantee has been made as to the results or cure. I understand that there may be risk involved in these procedures.

I agree to pay in full for services rendered, including those deemed necessary for medical or surgical complications or unforeseen circumstances. The estimate of charges for the presently planned procedure(s) is only an approximation and the final bill may be greater or less than this amount.

A complimentary nail trim will be performed on your pet as part of today's treatment.

**Pre-Anesthesia Blood Screen** will be performed on your pet if over the age of 6 years and/or advised by the veterinarian for specific health reasons. This is highly recommended for the pet under the age of 6 to help minimize the risks of anesthesia. The cost of the blood screening will be \$60.50  
**Agree to Pre-Anesthesia Blood Screen**  Yes  No

**Laser surgery** decreases the pain and bleeding for any pet undergoing a surgical procedure. Laser fees vary according to the surgical procedure so please inquire as to the cost of this procedure.  
**Agree to Laser Surgery**  Yes  No

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## Patient History Report

Client: [REDACTED]  
 Phone: [REDACTED]  
 Address: [REDACTED]

Patient: Henson (11689)  
 Species: Canine      Breed: Maltese  
 Age: 10 Mos. 1 Wks. 5 Days      Sex: Male  
 Color: White

Date	Type	Staff	History
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**AKC Microchip** is a small device that is implanted under the skin between the shoulders. The microchip will provide permanent identification for your pet.

The fee for the AKC Microchip and lifetime membership will be \$48.00.

Agree to AKC Microchip  Yes  No

**Companion Therapy Laser Post-Op Treatment** uses a beam of light to deeply penetrate tissue and induce a biological response, which leads to reduced pain, reduced inflammation, and increased healing speed.

The cost for Companion Therapy Laser Post-Op Treatment is \$5.00.

Agree to Companion Therapy Laser Post-Op Treatment  Yes  No

### Dental Procedure:

Your pet is having a dental cleaning procedure today. After a thorough examination, it may be medically necessary to extract teeth. Extractions can vary in cost from \$21.95 - \$68.35 per tooth.

Agree to Tooth Extractions  Yes  No

**Dental Radiographs** are a useful tool that helps the veterinarian see the health of the tooth, root and bone. This tool helps determine if a tooth can remain or would need extracted.

Agree to Dental Radiographs (if needed)  Yes  No

To assist in keeping your pet's teeth clean, please select from one of the following at no additional charge today.

- CET Hextra Chews
- CET Dental Rinse
- CET Toothpaste w/toothbrush
- Oxyfresh Solution/Gel

### Caesarean Section Procedure:

The procedure of "swinging puppies" is no longer recommended by our veterinarians. Your signature indicates you wish to have this procedure performed.  Yes  No

I have read and understand the above conditions of Beechwold Veterinary Hospital, Inc.



Owner/Agent signature:

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### Patient History Report

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine
<b>Address:</b> [REDACTED]	<b>Breed:</b> Maltese
	<b>Age:</b> 10 Mos, 1 Wks. 5 Days
	<b>Sex:</b> Male
	<b>Color:</b> White

Date	Type	Staff	History
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1/21/2015 R HS Treatment Authorization Form - FINAL 01/21/2015

### Beechwold Veterinary Hospital Inc.

4590 Indianola Ave.  
 Columbus, OH 43214  
 (614) 268-8666  
 www.beechwoldvet.com

### Treatment Authorization Form

1/21/2015

<b>Client ID:</b> 4860	<b>Patient ID:</b> 11689
<b>Client Name:</b> Angel Dyer	<b>Name:</b> Henson
<b>Address:</b> 834 E. Longview Ave.	<b>Species:</b> Canine
	<b>Breed:</b> Maltese
	<b>Sex:</b> Male
<b>Telephone:</b> Columbus, OH 43224	<b>Color:</b> White
(614) 218-0434	<b>Markings:</b>
	<b>Birth Date:</b> 5/18/2014

A physical examination fee of \$48.00 will be charged for any examination performed on any pet that receives any treatment. If your pet requires hospitalization, a deposit may be requested.

Client Phone Number(s): (614) 218-0434 - teacher, but will have phone on her and available to answer

Services to be performed: Possible FB, x-rays, OK to proceed with surgery if necessary, labwork, any treatment that DVM feels is necessary

Additional problems or concerns we should address today: Vomited this morning, not eating, no BM this morning

Beechwold Veterinary Hospital, Inc. is not responsible for any lost personal property (leash, collar, bed, blanket, toys, etc.)

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**Patient History Report**

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine
<b>Address:</b> [REDACTED]	<b>Breed:</b> Maltese
	<b>Age:</b> 10 Mos. 1 Wks. 5 Days
	<b>Sex:</b> Male
	<b>Color:</b> White

Date	Type	Staff	History
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If the pet is not called for or arrangements are not made within ten (10) days of specified release date, the pet's disposition will be at Beechwold Veterinary Hospital, Inc. discretion, but does not release any financial obligation incurred to the owner/responsibility party.

All fees will be paid at the time of release.

I hereby authorize and direct the veterinarians at Beechwold Veterinary Hospital, Inc. to perform the above procedures and additional diagnostic and/or treatment procedures as deemed advisable or necessary for my pet.



Client signature:

1/21/2015	CK	HS	MC OK'd drop off, Passed lrg piece of plastic earlier this week (will bring in) - also saw other FB pieces in stool other than plastic, fine up until today - not eating, no bm this morning, O noticed "gurgling" noise from stomach Reason for Visit: First Available / Walk In Date Patient Checked Out: 01/22/16 Practice 1
1/21/2015	ES	HS	Signed Estimate - Canine neuter
1/21/2015	B	MC	1.00 Radiograph- 2 views (RA2) by VS

1/19/2015 R EH PreSurgery Instructions - TENTATIVE - Pre Surgery Instructions

**Beechwold Veterinary Hospital Inc.**  
 4590 Indianola Avenue  
 Columbus, OH 43214  
 Phone (614) 268-8666 Fax (614) 268-2631  
 www.beechwoldvet.com

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**Patient History Report**

Client: [REDACTED]  
 Phone: [REDACTED]  
 Address: [REDACTED]

Patient: Henson (11689)  
 Species: Canine Breed: Maltese  
 Age: 10 Mos. 1 Wks. 5 Days Sex: Male  
 Color: White

Date	Type	Staff	History
------	------	-------	---------

[REDACTED]

Patient Name: Henson  
 Species: Canine  
 Breed: Maltese  
 Sex: Male  
 Color: white  
 Birth Date: 5/18/2014

**Pre Surgery Instructions**

Do not feed your pet after 6:00 pm on the day prior to surgery. (If your pet is a brachiocephalic breed, such as an English Bulldog, we request that feeding be discontinued at 3:00 pm the day prior to surgery).

Stop water intake at 6:00 am on the day of surgery.

Give any prescribed medications as instructed up to the day prior to surgery. Please consult with your veterinarian if your pet should take any prescribed medication(s) on the day of surgery.

**Surgery Day Instructions**

Surgery patients are admitted to the hospital between 7:30 am and 8:30 am on the day of surgery.

Please allow 15 - 20 minutes when dropping off your pet so you can meet with the surgery technician.

Upon entering the hospital the patient will receive a physical examination and a pre-anesthetic. A short period of time will be allowed for the patient to become accustomed to hospitalization before surgery.

We may recommend pre-anesthesia blood testing on the day of surgery. This test will help determine if your pet can process and eliminate the anesthetic he/she is given. This test will also confirm that your pet's organs are functioning properly and will reveal any hidden health concerns. All pets over the age of six (6) will be required to have pre-anesthetic blood testing.

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## Patient History Report

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)	
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine	<b>Breed:</b> Maltese
<b>Address:</b> [REDACTED]	<b>Age:</b> 10 Mos. 1 Wks. 5 Days	<b>Sex:</b> Male
[REDACTED]	<b>Color:</b> White	

Date	Type	Staff	History
------	------	-------	---------

In many procedures, the laser can replace the scalpel and provide a safe and more comfortable alternative to traditional surgery. Speak with your veterinarian to see if laser surgery is an option for your pet's surgical procedure.

Patients will be discharged when adequately recovered from anesthesia, usually after 4:00 pm. Depending on the type of surgery, some patients may remain in the hospital overnight.

If you have any questions regarding your pet's surgery, please call our office at 614-268-8666.

### Laser Surgery

Your pet's health is as important to us as it is to you. We are pleased to offer laser surgery as a safe and more comfortable treatment for your pet. In many procedures, the laser can actually replace a scalpel.

Laser surgery offers less pain, less bleeding and less swelling.

- As the laser moves through tissue, the energy seals nerve endings, thus resulting in less pain for your pet.
- The laser seals blood vessels during surgery which allows the veterinarian to perform surgery with extreme precision. This may also reduce the amount of time your pet is under anesthesia.
- Only an intense beam of light contacts the tissue, reducing the risk of tearing, bruising, or swelling at the incision site.

The use of laser in surgical procedures reduces the risk of infection, increases the precision, and allows patients to return to their normal routine quickly.

- The laser sterilizes as it removes damaged or diseased tissue, killing bacteria that cause infection.
- The laser can remove unhealthy tissue while minimizing adverse affects to healthy surrounding tissue.
- There is significantly less post-operative discomfort and recovery is normally quicker than with traditional methods.

Laser surgery is ideal for a wide variety of surgical procedures. It may be used to correcty many common conditions as well as routine spaying and neutering. Specialized internal procedures are also an option. Speak with your veterinarian to find out if laser surgery is an option for your pets next procedure.

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### Patient History Report

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)	
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine	<b>Breed:</b> Maltese
<b>Address:</b> [REDACTED]	<b>Age:</b> 10 Mos. 1 Wks. 5 Days	<b>Sex:</b> Male
	<b>Color:</b> White	

Date	Type	Staff	History
------	------	-------	---------

*\*If you have any financial concerns regarding your pet's upcoming surgery, please contact us prior to the surgery date so you can discuss these concerns with your veterinarian.*

Client ID: [REDACTED]  
 Client Name: [REDACTED]  
 Address: [REDACTED]  
 Telephone: [REDACTED]

Patient Name: Henson  
 Species: Canine  
 Breed: Maltese  
 Sex: Male  
 Color: white  
 Birth Date: 5/18/2014

**PLEASE COMPLETE AND BRING THIS FORM WITH YOU ON THE DAY OF SURGERY.**

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### Patient History Report

Client: [REDACTED]  
 Phone: [REDACTED]  
 Address: [REDACTED]  
 [REDACTED]

Patient: Henson (11689)  
 Species: Canine      Breed: Maltese  
 Age: 10 Mos. 1 Wks. 6 Days      Sex: Male  
 Color: White

Date	Type	Staff	History
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**SURGERY HAS BEEN SCHEDULED ON: 1-26-15 with Dr. E. Honerkamp, D.V.M.**

Has your pet been drinking and eating normally?  Yes       No

Have you noticed any unusual lumps or bumps on your pet?  Yes       No

Has your pet been through a recent trauma?  Yes       No

Has your pet had any recent weight changes?  Yes       No

If yes, please explain: \_\_\_\_\_

Have you noticed any behavior changes recently?  Yes       No

If yes, please explain: \_\_\_\_\_

Has your pet had any previous anesthesia (including other clinics)?  Yes       No

If yes, did your pet experience any problems? \_\_\_\_\_

Has your pet been seen by another veterinarian in the past 3 months?  Yes       No

Is your pet on any medications?  Yes       No

If yes, what medications did you give your pet today? \_\_\_\_\_

Did you withhold food from your pet since last evening?  Yes       No

Did you withhold water from your pet since 6:00 am this morning?  Yes       No

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### Patient History Report

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine
<b>Address:</b> [REDACTED]	<b>Breed:</b> Maltese
[REDACTED]	<b>Age:</b> 10 Mos. 1 Wks. 5 Days
[REDACTED]	<b>Sex:</b> Male
	<b>Color:</b> White

Date	Type	Staff	History
Does your pet have any other problems/conditions that we need to be aware of? _____			

11/17/2014	R	MC	New Client Letter - FINAL 11/17/2014
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**Monday, November 17, 2014**

**Amy Tate**  
614 Royal Forest Blvd  
Columbus, OH 43214

Dear Amy,

Thank you for bringing Puppets to Beechwold Veterinary Hospital, Inc. We are happy to have you as our client.

Puppets's good health is our primary concern. We also want to make each visit as pleasant as possible for you and Puppets by being prompt, friendly and sensitive to all your needs.

Beechwold Veterinary Hospital, Inc. continually seeks to keep pace with the most recent developments in medical care and treatment through our close relationships with specialists in the field and our ongoing involvement with continuing education. In addition, each staff doctor has developed a special interest area in

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### Patient History Report

**Client:** [REDACTED]  
**Phone:** [REDACTED]  
**Address:** [REDACTED]

**Patient:** Henson (11689)  
**Species:** Canine  
**Breed:** Maltese  
**Age:** 10 Mos. 1 Wks. 5 Days  
**Sex:** Male  
**Color:** White

Date	Type	Staff	History
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veterinary medicine. This commitment helps assure our clients that their pets are receiving the best of medical care

We care about Puppies and hope you will not hesitate to call us when you have a question. The doctors are available Monday through Saturday until 10:00 pm to discuss any question or emergency that may arise. Healthy pets and satisfied clients are our primary goals.

Thank you for giving us the opportunity to serve you.

Sincerely,

Mark J. McCloskey, DVM

BEECHWOLD VETERINARY HOSPITAL, Inc.

55142

11/14/2014 C HS Scanned Medical Records - FINAL 11/14/2014 - Client registration

#### Scanned Medical Records/Documents

Employee who scanned & attached document: vicki

#### Document Remarks:

11/14/2014 R MC Rabies Certificate - FINAL 11/14/2014



# BEECHWOLD

VETERINARY HOSPITAL



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### Patient History Report

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine <b>Breed:</b> Maltese
<b>Address:</b> [REDACTED]	<b>Age:</b> 10 Mos. 1 Wks. 5 Days <b>Sex:</b> Male
	<b>Color:</b> White

Date	Type	Staff	History
------	------	-------	---------

4590 Indianola Ave.  
 Columbus, OH 43214  
 (614) 268-8666  
 www.beechwoldvet.com

### Rabies Certificate

11/14/2014

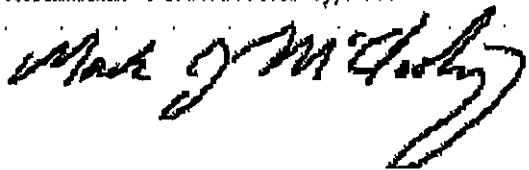
**Client ID:** 55142  
**Client Name:** Amy Tate  
**Address:** 614 Royal Forest Blvd  
 Columbus, OH 43214  
**Telephone:** (614) 753-8908

**Patient ID:** 11689  
**Name:** Puppies  
**Species:** Canine  
**Breed:** Maltese  
**Sex:** Male  
**Color:** white  
**Markings:**  
**Birth Date:** 5/18/2014

**Microchip#** 941000016856681

<b>Tag Number</b> K358185	<b>Vaccination Date</b> 11/14/2014
<b>Serial/Lot Number:</b> 18231A	<b>Expiration Date:</b> 11/14/2015
<b>Vaccine:</b> Inventory Rabies Vaccine	<b>Producer</b> Merial
<b>Type:</b> Killed Virus	<b>Dose:</b> 1

**Veterinarian:** Dr. M. McCloskey, D.V.M.



**License #** 6248

11/14/2014 | MC      The rabies vaccine will need to be boosted in one year.

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### Patient History Report

Client: [REDACTED]  
Phone: [REDACTED]  
Address: [REDACTED]  
[REDACTED]

Patient: Henson (11689)  
Species: Canine  
Age: 10 Mos. 1 Wks. 5 Days  
Color: White  
Breed: Maltese  
Sex: Male

Date	Type	Staff	History
11/14/2014	C	MC	Fecal Analysis Results - FINAL 11/14/2014

#### Fecal Analysis

11/14/2014, 08:32 Dr. M. McCloskey, D.V.M.

Receptionist (or staff member who took sample from client):

Lab Tech: Angie

Fecal Float: NOS

11/14/2014	V	KCH	Nov 14, 2014 08:25 AM Staff: KCH ----- Weight : 3.06 pounds
------------	---	-----	---

11/14/2014 C MC Scanned Previous Medical Records - FINAL - Previous Medical Records

#### Previous Medical Records

Employee who scanned & attached document: shelby

#### Document Remarks:

11/14/2014	C	MC	Early Admit SOAP - FINAL - Early Admit SOAP
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#### Early Admit SOAP

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: 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 med note, V: Vital signs

## Patient History Report

Client: [REDACTED]  
 Phone: [REDACTED]  
 Address: [REDACTED]

Patient: Henson (11689)  
 Species: Canine      Breed: Maltese  
 Age: 10 Mos. 1 Wks. 5 Days      Sex: Male  
 Color: White

Date	Type	Staff	History
------	------	-------	---------

Services Needed: bath

Receptionist: shelby

**11/14/2014 Remarks: On physical exam, extremely thin- and unthrifty body condition, poor/picky appetite per owner, chest clear, both testes, still not completely dropped,**

**Mc discussed with owner about checking for liver shunt, rec liver profile and paired bile acids next week. make estimate for owner,**

**Picky eater with his dry food. Only eating certain pieces. Coprophagia.**

**ate baby food well,  
 fecal negative**

**estimate for liver profile and bile acids- \$192.98, please go home with tech with RV and estimate for labwork**

11/14/2014 R      MC      Treatment Authorization Form - FINAL 11/14/2014

### Beechwold Veterinary Hospital Inc.

4590 Indianola Ave.  
 Columbus, OH 43214  
 (614) 268-8666  
 www.beechwoldvet.com

### Treatment Authorization Form 11/14/2014

Client ID: 55142  
 Client Name: Amy Tate  
 Address: 614 E. Royal Forest Blvd  
 Columbus, OH 43214  
 Telephone: (614) 753-8908

Patient ID: 11689  
 Name: Puppies  
 Species: Canine  
 Breed: Maltese  
 Sex: Male  
 Color:  
 Markings:

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: 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 med note, V: Vital signs



### Patient History Report

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine
<b>Address:</b> [REDACTED]	<b>Breed:</b> Maltese
	<b>Age:</b> 10 Mos. 1 Wks. 5 Days
	<b>Sex:</b> Male
	<b>Color:</b> White

Date	Type	Staff	History
------	------	-------	---------

Birth Date: 6/10/2014

A physical examination fee of \$48.00 will be charged for any examination performed on any pet that receives any treatment. If your pet requires hospitalization, a deposit may be requested.

Client Phone Number(s): 614-753-8847

Services to be performed: bath

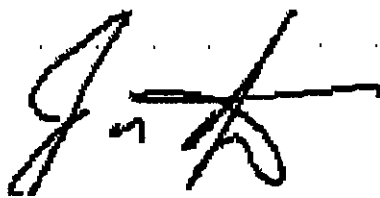
Additional problems or concerns we should address today:

Beechwold Veterinary Hospital, Inc. is not responsible for any lost personal property (leash, collar, bed, blanket, toys, etc.)

If the pet is not called for or arrangements are not made within ten (10) days of specified release date, the pet's disposition will be at Beechwold Veterinary Hospital, Inc. discretion, but does not release any financial obligation incurred to the owner/responsibility party.

All fees will be paid at the time of release.

I hereby authorize and direct the veterinarians at Beechwold Veterinary Hospital, Inc. to perform the above procedures and additional diagnostic and/or treatment procedures as deemed advisable or necessary for my pet.



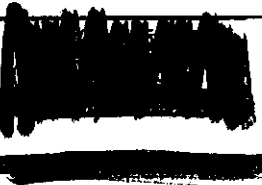
Client signature:

11/14/2014 R MC New Client Consent Form - FINAL 11/14/2014

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**Patient History Report**

Client:  
Phone:  
Address:



Patient: Henson (11689)  
Species: Canine Breed: Maltese  
Age: 10 Mos. 1 Wks. 5 Days Sex: Male  
Color: White

Date	Type	Staff	History
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**BEECHWOLD**  
VETERINARY HOSPITAL



4590 Indianola Ave.  
Columbus, OH 43214  
(614) 268-8666  
www.beechwoldvet.com

11/14/2014

Client ID: 55142  
Client Name: Amy Tate  
Address: 614 E. Royal Forest Blvd  
  
Columbus, OH 43214  
Telephone: (614) 753-8908

Patient ID: 11689  
Name: Puppies  
Species: Canine  
Breed: Maltese  
Sex: Male  
Color:  
Markings:  
Birth Date: 6/10/2014

**Welcome to Beechwold Veterinary Hospital!****About BVH**

Beechwold Veterinary Hospital was founded by Dr. Bruce Wenger in 1952 as a single-doctor practice. Today, our full-service veterinary medical facility is home to eight veterinarians and over 30 staff members. Our professional and courteous staff seeks to provide the best possible medical care, surgical care, and dental care for our highly-valued patients. We are committed to promoting responsible pet ownership, preventive health care, and health-related educational opportunities for our clients. We strive to offer excellence in veterinary care to Columbus and surrounding areas. We encourage you to contact us to learn more about our practice and to find out more information on how BVH can serve the needs of you and your other family members; you can call us, email us at BVH@BeechwoldVet.com, or visit our website at www.BeechwoldVet.com.

BVH is accredited by the American Animal Hospital Association. Our membership to this voluntary organization reflects our desire to provide the highest level of care for our patients. We continually strive to keep pace with the most recent advancements in medical and surgical care through our ongoing involvement with continuing education and our close relationship with specialists. Together, with our registered veterinary technicians and caring staff, we work as a team to provide you and your pet with the quality care and compassion you deserve.

We are available to care for your pet Monday, Wednesday, and Friday from 7:30AM-6:30PM, Tuesday and Thursday from 7:30AM-7:30PM, and Saturday from 7:30AM-3:30PM.

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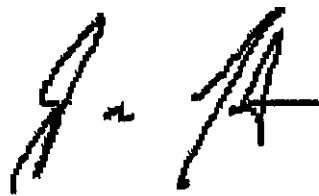
### Patient History Report

<b>Client:</b> [REDACTED]	<b>Patient:</b> Henson (11689)
<b>Phone:</b> [REDACTED]	<b>Species:</b> Canine
<b>Address:</b> [REDACTED]	<b>Breed:</b> Maltese
	<b>Age:</b> 10 Mos. 1 Wks. 5 Days
	<b>Sex:</b> Male
	<b>Color:</b> White

Date	Type	Staff	History
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#### Financial Policy and Agreement

I assume responsibility for all charges incurred for the care of my patients. I understand that all charges will be paid at the time of service; Beechwold Veterinary Hospital, Inc. does not authorize any billing. I understand a deposit may be required for any surgical, emergency, or hospitalization service. Payment can be made with cash, checks, Visa, MasterCard, or Discover. Beechwold Veterinary Hospital, Inc. also offers Care Credit as a third party billing option. There will be a \$35 fee for any returned payment.



Signature:

11/14/2014	CK	MC	update Rabies, staying for Bath afterwards - O will bring records for Puppies Reason for Visit: Bath Date Patient Checked Out: 11/14/14 Practice 1
11/14/2014	B	MC	1.00 Visit w/ Physical Exam New Pet (OVN) by SLW
11/14/2014	B	MC	1.00 Fecal Flotation Test (FFT) by SLW
11/14/2014	B	MC	1.00 Rabies Vaccine 1 Year - Canine (CRV1) by SLW
11/14/2014	B	MC	.25 Canine Small (0-25) Bath Long (CSBL) by SLW
11/14/2014	B	MC	1.00 each of Bio-Hazard Waste Fee (BIO1) by SLW

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**Franklin County Dog Shelter**



FCDACC Shelter  
 4340 Tamarack Blvd  
 Columbus, OH 43229-6709  
 614-525-3647

**Vet Treatment History**

**Owner Details**

HOSPETS  
 PO BOX 1063  
 MARYSVILLE OH 43040

**Animal Details**

Animal ID: 76093  
 Name: Puppies  
 Type: Dog  
 Breed: Maltese  
 Mixed: Yes  
 Color(1): White  
 Color(2): None  
 Gender: Male  
 Spayed / Neutered: No  
 Age: 10 Months (approx)  
 Primary Microchip #: 941000016856681  
 Rabies Tag: M219225  
 Weight: 5.5 lbs

This is to confirm that our records show that the animal described above has had the following vaccinations and treatments administered:

Vet Treatment Type	Date Given	Manufacturer	Type	Lot #	Expiration Date	Route Of Admin	Result	Vet #	License #
1 Bordatella Nasal	28-Mar-2015								
2 DHPP	28-Mar-2015								
3 Heartworm Test	30-Mar-2015						Negative		
4 Ivermectin	30-Mar-2015								
5 Strongid T	30-Mar-2015								

	Vet Treatment Type	Due Date
1	DHPP	11-Apr-2015
2	Ivermectin	30-Apr-2015
3	Bordatella Nasal	28-Sep-2015

**Conditions:**



FCDACC Shelter  
 4340 Tamarack Blvd  
 Columbus, OH 43229-6709  
 614-525-3647

RABIES CERTIFICATE

Owner Details

HOSPETS  
 PO BOX 1063  
 MARYSVILLE OH 43040

Animal Details

Animal ID: 75093  
 Name: Poppers  
 Type: Dog  
 Breed: Maltese  
 Mixed: Yes  
 Color(1): White  
 Color(2): None  
 Gender: Male  
 Spayed / Neutered: No  
 Age: 10 Months (approx)  
 Primary Microchip #: 941000016856681  
 Rabies Tag: M219225  
 Weight: 5.5 lbs

This is to confirm that our records show that the animal described above has had the following vaccinations and treatments administered:

Vet Treatment Type	Date Given	Manufacturer	Type	Type	Lot #	Expiration Date	Route Of Admin	Vet	License #
1 Rabies - 1 Yr	30-Mar-2015	1 Pfizer-Nobivac	Killed	Killed	1411227	9-Feb-2016	SQ	Dr. Vincent Morton	5460

Vet Treatment Type	Vet Treatment Type	Due Date
1 Rabies - 1 Yr	Rabies - 1 Yr	30-Mar-2016

Conditions:

## Existing Vet Notes

Animal ID: 75093

Type: Dog

Breed: Maltese

Name: Poppers

	Entry Date/Time	Category	Notes	Show popup on animal page?
Edit Delete	3/30/2015 12:30:38 PM	Vet Notes	Both testicles. Multiple retained deciduous teeth. Norm PE. OK for rescue. VM	No
Edit Delete	3/28/2015 2:33:01 PM	RVT Notes	Liver shunt reported on turn in form and on special diet. Adding vet request. MN	No

**PLEASE PRINT AND COMPLETE ALL INFORMATION IN THE REQUIRED SHADED AREAS  
ONE DOG PER APPLICATION**

75093

All dogs over 3 months of age require a license immediately per Ohio Revised Code (ORC) 955.01. Dog licenses are renewed annually between December 1 and January 31st per ORC 955.01. **If you wait more than 30 days to license a dog over 3 months old, the Auditor is required to assess a penalty equal to the fee per ORC 955.01.**

The Franklin County and City of Columbus Boards of Health have declared a rabies quarantine for all of Franklin County. A rabies vaccination is required prior to the issuance of a dog tag for all dogs over 3 months old per ORC 955.26. **Dogs 3 months or younger can be licensed without a rabies vaccination.**

In order to address the overpopulation of dogs in Franklin County, the Board of County Commissioners has increased the fee for dogs not spayed or neutered. Dogs 9 months or younger and other exclusions are listed below.

**Mail this application with a check or money order made payable to: FRANKLIN COUNTY AUDITOR, DOG LICENSE SECTION, 373 S HIGH ST 21ST FL, COLUMBUS OH 43215-6317.** To determine the proper fee, contact the Franklin County Auditor's Office at **(614) 525-3260.**

As an alternative, you may purchase your license online at [www.franklincountyauditor.com](http://www.franklincountyauditor.com) or take this application to one of the locations listed on our website.

**APPLICATION FOR FRANKLIN COUNTY 2015 DOG REGISTRATION**

RABIES TAG NUMBER (ISSUED BY VETERINARIAN):	DOG'S AGE		SEX M F N OR S	COLOR(S)							HAIR LONG/ SHORT	BREED OF DOG	PET NAME	FOR AUDITOR'S USE ONLY			
	YRS	MOS		1	2	3	4	5	6	7				FEE	PEN- ALTY	TOTAL FEE	NEW TAG NO.
M219225	10		M	X								Multicolored	Peppers	35	-	35	9784
MICROCHIP # (IF APPLICABLE)				DID YOU PURCHASE/ACQUIRE DOG WITHIN LAST 30 DAYS? YES <input checked="" type="checkbox"/> - NO <input type="checkbox"/>													
				DID YOU OR DOG MOVE INTO OHIO WITHIN LAST 30 DAYS? YES <input type="checkbox"/> - NO <input checked="" type="checkbox"/>													

HOSPETS  
 OWNER'S FIRST NAME MI LAST NAME  
 DO BOX 1063  
 STREET ADDRESS INCLUDING APARTMENT OR LOT NO.  
 Marysville, OH 43040  
 CITY STATE ZIP CODE

I the undersigned, Owner, Keeper or Harboree of the dog listed above, declare under penalty of perjury the information is true and accurate to the best of my knowledge.

266-3267  
 APPLICANT'S PHONE NO. ALTERNATE PHONE NO.  
 Signature of Applicant DATE SIGNED 3-30-15  
 ISSUED BY DEPUTY OR AGENT

**CHECK ONLY ONE BOX BELOW AS APPLICABLE FOR A DISCOUNTED FEE AS DESCRIBED ABOVE**

- Dog is or has been:
- Spayed or Neutered
  - 9 months old or less, not required to be altered for discounted fee
  - Advanced in years or has a medical condition preventing the dog from being Spayed or Neutered (Signature of Veterinarian required below)
  - Used or intended to be used for breeding or show (Breed registry # or signature of Veterinarian required below)
  - Used or intended to be used for hunting (Owner's hunting license number required below)

**Dog Licenses  
now available  
online at:**  
[www.franklincountyauditor.com](http://www.franklincountyauditor.com)

**Franklin County Dog Shelter**



**License Form**

FCDACC Shelter  
 4340 Tamarack Blvd  
 Columbus, OH 43229-6709  
 614-525-3647

**Owner's Details**

Person Name: HOSPETS  
 Person Address: PO BOX 1063  
 MARYSVILLE OH 43040  
 Home Phone: 614 266 3267  
 Email: lisa@hospets.org

Person ID: 52718  
 Receipt #: 72644  
 Receipt Date: 3/30/2015  
 Animal ID: 75093, License Tag  
 Number: 9784

**Animal Details:**

Animal ID	Name	Type	Breed	Mixed	Secondary Breed	Color (1)	Color (2)	Gender	Spayed / Neutered	Age	Other Identification
1 75093	Puppers	Dog	Maltese	Yes		White	None	Male	No	10 Months (approx)	
License #	Primary Microchip Brand	Primary Microchip #	Secondary Microchip Brand	Secondary Microchip #	Incoming Date	Rabies Tag	ACO Record Number	Expiry Date	Issuing Authority	License fee	
9784		941000016850681			28-Mar-2015	M219225		1/31/2016	133	35	
License Number	Issue Date	Expiration Date	Issuing Authority	Address	License Description	License Fee					
9784	3/30/2015	1/31/2016	Franklin County		1 Year Unaltered	\$35.00					
Vet Treatment	Type	Date Given	Rabies Vaccination	Due Date	Manufacturer	Type	Lot #	Expiration Date	Route Of Admin	Vet	
Rabies - 1 Yr		30-Mar-2015	30-Mar-2016		1 Pfizer- Nobivac	Killed	1411227		SQ	Dr. Vincent Morton	

**Payment Details:**

Payment Method: Cash

Fee	Amount
License Fees	\$35.00
<b>Amount Paid</b>	<b>\$35.00</b>

Notes:

Entered By: 390 Sam  
 Printed By: 390 Sam Printed On: 3/30/2015 13:13



**Franklin County Dog Shelter**



FCDACC Shelter  
 4340 Tamarack Blvd  
 Columbus, OH 43229-6709  
 614-525-3647

**RABIES CERTIFICATE**

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 PO BOX 1063  
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1 Rabies - 1 Yr	30-Mar-2015	1 Pfizer-Nobivac	Killed	Killed	1411227	9-Feb-2016	SQ	Dr. Vincent Morton	5460

Vet Treatment Type	Vet Treatment Type	Due Date
1 Rabies - 1 Yr	Rabies - 1 Yr	30-Mar-2016

**Conditions:**

Franklin County Dog Shelter  
Owner Surrender Information Form

75093

OWNER INFORMATION

Name: ~~FAFA~~ Fafa Dog's Name: Puppers  
Address: 4016 Royal Oaks City: Col State: OH Zip: 43214  
Home Phone: 614 232-8408 Cell Phone: 614 232-8408  
Dog Breed: Mastiff Color: White Sex: M Age: 10 mos  
Spay/Neutered? Yes  No  Is your dog microchipped?  Yes  No  Not sure

HOUSEHOLD HISTORY

Why are you surrendering your dog? HAS LOVED SILENCE, THINKS WHEN HE IS NOT FEELING WELL HE HAS SNIPPED @ 1 YEAR OLD  
How long have you had your dog? 10 mos How many other owners has your dog had? 1

Where did you acquire your dog?  Franklin County Dog Shelter  Other shelter/rescue \_\_\_\_\_

Friend/Relative  Newspaper  Found as a Stray  Pet Store  Own litter  
 Received as Gift  Breeder  Craigslist  Other \_\_\_\_\_

How many hours a day is your dog: Indoors: 24 Outdoors: only to walk/use bathroom

When alone, where is your dog kept:  Free run of house  Confined to a room  Crated  Other: \_\_\_\_\_

How many hours a day is your dog left unsupervised: 8 During that time, is your dog:  Indoors  Outdoors

What ages of people have lived with your dog? Men: 43 Women: 45 Children: 7

Please describe your dog's behavior with each of the following:

Men:  Friendly  Playful Women:  Friendly  Playful Children:  Friendly  Playful  
 Tolerant  Afraid  Tolerant  Afraid  Tolerant  Afraid

What other animals has your dog lived with? Dogs (# and sex): \_\_\_\_\_ Cats (# and sex): 1 FEMALE

Please describe your dog's relationship with each:

Dogs:  Wags Tail  Plays  Avoids Cats:  Wags Tail  Plays  Avoids  
 Does Nothing  Barks  Snaps  Does Nothing  Barks  Chases  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

DOG'S HABITS AND BEHAVIORS

Please circle adjectives that best describe your dog:

Friendly Unfriendly Affectionate Aloof High Energy Lazy Dominate Fearful  
Rough Gentle Quiet Loud Not Bright Smart Stubborn Eager to Please

Please check any protective or possessive behavior your dog may display when you touch his/her:

Rawhide:  Barks  Growls  Shows teeth Food:  Barks  Growls  Shows teeth  
 Snaps  Bites  Snaps  Bites

Please tell us about your dog's "bad habits":  Jumps  Digs  Barks/howls  Chases cats

Fights with other dogs  Barks (when left alone)  Destroys household items  Accidents in the house

PET IDENTIFICATION  
TAG

