



ENVIRONMENTAL PROTECTION AND GROWTH MANAGEMENT DEPARTMENT  
ANIMAL CARE and ADOPTION DIVISION  
2400 SW 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313

**Animal Care Trust Fund Sub-Committee Reimbursement Qualification Checklist**

Person/Foster/Adopter/Rescue Partner Requesting Reimbursement:

Name: Kristine Minerva

Meeting Date: March 10 2022

**PLEASE CHECK-MARK ALL APPLICABLE BOXES**

**Emergency Reimbursement**

- Director or Committee Authorization
- Veterinarian statement received
- Funds available

**Post-Adoption or Rescue-Pull Reimbursement**

- Adopted/Rescued from shelter
- Adoption within 30 days of reimbursement request
- Medical or surgical in nature
- Could not be dealt with adequately by County Veterinarian
- Written request received indicating why owner/rescue group cannot afford to pay expenses
- Treatment is not the result of apparent abuse or neglect by the owner/rescue group

**Financial Need Reimbursement**

- Sterilized or agrees to sterilize animal
- Has rabies vaccine and license or agrees to have vaccinated and licensed
- Written request received indicating why owner cannot afford to pay expenses
- Funds available

**Extraordinary Shelter Expenses**

- Director Authorization
- Services not provided by County Animal Clinic
- Funds available

Amount of Charges: **\$2,590.32**

Funds available:

  
\_\_\_\_\_  
Director

<b><u>NAME</u></b>	Kristine Minerva
<b><u>Address</u></b>	
<b><u>Telephone Number</u></b>	561-662-4736
<b><u>Animal Name</u></b>	Spencer
<b><u>Animal ID#</u></b>	A2164256
<b><u>Date of adoption</u></b>	October 28, 2021

### **Chronological History Timeline:**

**Date: 10 /28 /2021**

**On October 28, 2021 I entered the Broward County Animal Shelter looking to adopt Shane, I didn't expect to see Spencer and immediately fall in love with his sweet demeanor and face. I asked if he had anyone interested in him and it was stated no., I looked at his report and didn't see any alarming findings on his medical report, so I thought what is one more senior to tend to in the house. On his report it is stated that he had what seemed only a visual exam upon intake and no further testing was done. He was given Panacure for 5 days, but no other meds or treatment was done. I didn't see any blood work or heart worm test done as well. I didn't think much of it, all I knew was he was an older dog and needed to get out of the shelter.**

**Date: 10 /30 /2021**

**Spencer was brought to the vet where he was given a thorough exam. He was so gentle, kind and happy. The lab came back and he was high heartworm positive, had a skin infection, ear /eye infection and some teeth were infected. Other than that, his bloodwork came back perfect. The news that he was heartworm positive I was not expecting. So, \$448.05 was paid for on Care Credit and we made arrangements to start heartworm treatment as well as take care of his infections. Medicine was given for his ears, and skin. (See bill attached)**

**Date: 11 /9/2021**

**On November 9, 2021 Spencer was back at the vet, had X-Rays done on his heart, and a repeat of blood work and heartworm test. The Dr mentioned he wanted to redo these tests since no blood work was done at Broward Shelter, he wanted to see the difference in the levels. He was started on Doxycycline. \$618.21 was put on Care Credit ( See bill attached)**

**Date: 11/28/2021**

**Spencer had a recheck visit, X-Rays done on his heart, ear recheck and a CBC done. His bill was paid on Care Credit totaling \$261.00 (See bill attached)**

**Date: 12/12/2021**

**Spencer started his first heart worm injection, stayed overnight. His bill totaled \$324.00 and was put on Care Credit. He was back at the vet on 12-19-2021 for bloody and very loose stool. That bill totaled \$132.85 (See both bills attached)**

**Date: 1-17-2022**

**Spencer had two heartworm injections done, still has an ongoing ear infection as that was treated with a different medicine too. His bill totaled \$449.00**

**To date, Spencer has been healing nicely and goes back on February 20 for a heart worm and ear check. It is unfortunate that no heartworm or other medical exam was done further for him at Broward. He was adopted under false medical findings. There was no reason that testing and further care was not provided to him. As a single person, taking on 3 seniors with expensive medical conditions was something I was not prepared for. However, I made a commitment to them and provided all three with the best care possible. I am satisfied knowing each one has been cared for to the best of my ability. I have been working double shifts to make ends meet with the proper care for them. As stated before, heartworm is not just with puppies, it happens with all dogs not properly cared for.**

February 22, 2022

To whom it may concern-

This letter confirms that I have not been provided with any donations to pay for the treatment of Spencer at Highlands Animal clinic. I understand I will need to sign an affidavit, and agree to do so.

Kind Regards,

Kristine Minerva

Kristine Minerva

Highlands Animal Hospital

433 Sebastian Blvd.  
Sebastian, FL 32958  
(772) 388-1883

Client ID: 43971  
Invoice #: 392471  
Date: 10/30/2021

Patient ID: 125200	Species: Canine	Weight: 62.20 pounds
Patient Name: Spencer	Breed: Mountain Dog, Bernese Mix	Birthdate: 10/29/2009 Sex: Neutered Male

	Description	Staff Name	Quantity	Total
10/30/2021	Records Set-up Fee	George A. Jutras, Jr D.V.M	1.00	\$3.50
	Office Visit		1.00	\$59.75
	Ear Swab & Stain		1.00	\$29.50
	Animax Ointment 30ml		1.00	\$49.00
	Kenalog Injection (10 mg/mL)		1.00	\$49.50
	Ketoconazole 400mg Quad Tab		30.00	\$83.80
	Ear Cleaning		1.00	\$16.50
	Chem 17 Panel/Lytes/CBC		1.00	\$189.00
	Heartworm- 4DX Test		1.00	\$55.50
	Blood Draw/Prep		1.00	\$7.50
	Biomedical Waste Disposal		1.00	\$6.50
	Lixotinic per 120 ml		1.00	\$39.00
	Lixotinic at no charge		1.00	(\$39.00)
	Rescue discount		1.00	(\$102.00)
	Your Receptionist today was Katie		1.00	\$0.00
	<b>Patient Subtotal:</b>			<b>\$448.05</b>

Reminder

- 10/24/2022 Fecal-/with Annual
- 10/28/2022 Rabies, Canine 1 Year
- 10/30/2022 Heartworm- 4DX Test

Invoice Total:	\$448.05
Total:	\$448.05
Balance Due:	\$448.05
Previous Balance:	\$0.00
Balance Due:	\$448.05
Offline Credit Card:	(\$448.05)
Less Payment:	(\$448.05) ✓
<b>Balance Due:</b>	<b>\$0.00</b>

Scheduled Appointments:

- Appt. for Spencer on 11/1/2021 at 08:00 am.
- Appt. for Spencer on 11/8/2021 at 09:15 am.

How did we do today? We greatly value your opinion. Leave us a review on yelp.com or google review, send us proof of review, and we will apply a \$10 credit to your account.

Highlands Animal Hospital

433 Sebastian Blvd  
Sebastian, FL 32958  
(772) 388-1883

My Why Rescue My Why Rescue

Client ID: 49947  
Invoice #: 393729  
Date: 11/9/2021

Open Invoice

Patient ID: 125200	Species: Canine	Weight: 62.20 pounds
Patient Name: Spencer 20% Rescue Discount	Breed: Mountain Dog, Bernese Mix	Birthdate: 10/29/2009 Sex: Male

	Description	Staff Name	Quantity	Total
11/8/2021	Exam, Recheck	George A. Jutras, Jr D.V.M	1.00	\$53.50
	Heartworm- 4DX Occult Test w/Annual		1.00	\$55.50
	Biomedical Waste Disposal		1.00	\$6.50
	Bravecto Flea/Tick K-9 Chew 44-88#		1.00	\$73.81
	Heartgard Plus Brown 50-100#		6.00	\$76.76
	Chem 17 Panel/Lytes/CBC		1.00	\$189.00
	X-Rays		1.00	\$0.00
	X-Ray (2 views)		1.00	\$139.00
	Tech Radiation Monitoring		1.00	\$7.50
	Lixotinic per 120 ml		1.00	\$39.00
	Prednisone 10mg Tablets		30.00	\$24.10
	X-Ray (One Add'l View)		1.00	\$0.00
	Doxycycline Hyclate 100mg Tablets		63.00	\$103.54
	Large Discount Per Dr. George		1.00	(\$150.00)
	Your Receptionist Today was Marvella		1.00	\$0.00
	<b>Patient Subtotal:</b>			<b>\$618.21</b>

Reminder

- 10/24/2022 Fecal-/with Annual
- 10/28/2022 Rabies, Canine 1 Year
- 11/08/2022 Heartworm- 4DX Occult Test w/Annual

Invoice Total:	\$618.21
Total:	\$618.21
Balance Due:	\$618.21
Previous Balance:	\$0.00
Balance Due:	\$618.21

Scheduled Appointments:

- Appt. for Spencer 20% Rescue Discount on 11/12/2021 at 08:00 am
- Appt. for Spencer 20% Rescue Discount on 11/28/2021 at 07:45 am

How did we do today? We greatly value your opinion. Leave us a review on yelp.com or google review, send us proof of review, and we will apply a \$10 credit to your account.

**Highlands Animal Hospital**  
 433 Sebastian Blvd  
 Sebastian, FL 32958  
 (772) 388-1883

My Why Rescue Mv Whv Rescue

Client ID: 49947  
 Invoice #: 396692  
 Date: 11/28/2021

Patient ID: 125200	Species: Canine	Weight: 62.80 pounds
Patient Name: Spencer 20% Rescue Discount	Breed: Mountain Dog, Bernese Mix	BirthDay: 10/29/2009 Sex: Male

	Description	Staff Name	Quantity	Total
11/28/2021	Exam. Recheck	George A. Jutras, Jr D.V.M	1.00	\$54.50
	X-Rays		1.00	\$0.00
	X-Ray (2 views)		1.00	\$139.00
	Tech Radiation Monitoring		1.00	\$7.50
	CBC (Complete Blood Count)		1.00	\$63.50
	Ear Swab & Stain		1.00	\$0.00
	Biomedical Waste Disposal		1.00	\$7.50
	Animax Ointment 30ml		1.00	\$49.00
	P/Q \$350 heartworm treatment		1.00	\$0.00
	P/q \$ 350 + ext. neuter / dental		1.00	\$0.00
	Large Discount Per Dr. George		1.00	(\$60.00)
	Your receptionist today was Rachel		1.00	\$0.00
	<b>Patient Subtotal:</b>			<b>\$261.00</b>

Reminder

- 10/24/2022 Fecal-w/with Annual
- 10/28/2022 Rabies, Canine 1 Year
- 11/08/2022 Heartworm- 4DX Occult Test w/Annual

<b>Invoice Total:</b>	<b>\$261.00</b>
Total:	\$261.00
Invoice Balance Due:	\$261.00
Offline Credit Card:	(\$879.21)
Less Payment:	(\$879.21)
<b>Invoice Balance Due:</b>	<b>(\$618.21)</b> ✓
<b>Balance Due:</b>	<b>\$0.00</b>

**Scheduled Appointments:**

- Appt. for Spencer 20% Rescue Discount on 12/12/2021 at 07:45 am.
- Appt. for Spencer 20% Rescue Discount on 12/12/2021 at 07:45 am.

How did we do today? We greatly value your opinion. Leave us a review on yelp.com or google review, send us proof of review, and we will apply a \$10 credit to your account.

**Highlands Animal Hospital**

433 Sebastian Blvd.  
Sebastian, FL 32958  
(772) 388-1883

My Why Rescue My Why Rescue (C.C. # or

Client ID: 49947

Invoice #: 398911

Date: 12/12/2021

Patient ID: 125200	Species: Canine	Weight: 67.00 pounds
Patient Name: Spencer 20% Rescue Discount	Breed: Mountain Dog, Bernese Mix	Birthday: 10/29/2009 Sex: Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
12/12/2021	Heartworm Treatment	George A. Jutras, Jr D.V.M	1.00	\$0.00
	Office Visit		1.00	\$63.50
	Analgesia Injection (pain relief)		1.00	\$39.00
	Hospitalization-Medical		1.00	\$59.00
	Biomedical Waste Disposal		1.00	\$7.50
	Torbugesic Injection	Cornerstone	0.20	\$0.00
	Immiticide 44/88lbs (Per Injection)		1.00	\$235.00
	Large Discount Per Dr. George		1.00	(\$80.00)
	Your Receptionist today was Jessica		1.00	\$0.00
		<b>Patient Subtotal:</b>		<b>\$324.00</b>

Reminder

- 10/24/2022 Fecal-/with Annual
- 10/28/2022 Rabies, Canine 1 Year
- 11/08/2022 Heartworm- 4DX Occult Test w/Annual

<b>Invoice Total:</b>	<b>\$324.00</b>
Total:	\$324.00
Invoice Balance Due:	\$324.00
Offline Credit Card:	(\$324.00)
Less Payment:	(\$324.00) ✓
<b>Invoice Balance Due:</b>	<b>\$0.00</b>
<b>Balance Due:</b>	<b>\$0.00</b>

**Scheduled Appointments:**

Appt. for Spencer 20% Rescue Discount on 1/16/2022 at 08:00 am.

How did we do today? We greatly value your opinion. Leave us a review on yelp.com or google review, send us proof of review, and we will apply a \$10 credit to your account.

**Highlands Animal Hospital**

433 Sebastian Blvd.  
Sebastian, FL 32958  
(772) 388-1883

My Why Rescue My Why Rescue

Client ID: 49947  
Invoice #: 400029  
Date: 12/19/2021

Patient ID: 125200	Species: Canine	Weight: 69.20 pounds
Patient Name: Spencer 20% Rescue Discount	Breed: Mountain Dog, Bernese Mix	Birthday: 10/29/2009 Sex: Male

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
12/19/2021	Office Visit	Odemaris Rivera, D.V.M.	1.00	\$63.50
	Fecal Comprehensive		1.00	\$0.00
	Fecal Direct Smear		1.00	\$18.50
	Biomedical Waste Disposal		1.00	\$8.50
	Metronidazole 250mg Tablets (antibiotic)		20.00	\$32.80
	Metronidazole 50 mg Tab (antibiotic)		20.00	\$29.00
	FortiFlora Canine Purina-Single Packet		5.00	\$10.55
	Discounts		1.00	(\$30.00)
	Your Receptionist today was Jessica		1.00	\$0.00
		<b>Patient Subtotal:</b>		<b>\$132.85</b>

Reminder

- 10/24/2022 Fecal-/with Annual
- 10/28/2022 Rabies, Canine 1 Year
- 11/08/2022 Heartworm- 4DX Occult Test w/Annual

<b>Invoice Total:</b>	<b>\$132.85</b>
Total:	\$132.85
Invoice Balance Due:	\$132.85
Offline Credit Card:	(\$132.85)
Less Payment:	(\$132.85)
<b>Invoice Balance Due:</b>	<b>\$0.00</b>
<b>Balance Due:</b>	<b>\$53.97</b>

**Scheduled Appointments:**

Appt. for Spencer 20% Rescue Discount on 2/20/2022 at 08:00 am.

How did we do today? We greatly value your opinion. Leave us a review on [yelp.com](https://www.yelp.com) or google review, send us proof of review, and we will apply a \$10 credit to your account.

**Highlands Animal Hospital**

433 Sebastian Blvd  
 Sebastian, FL 32958  
 (772) 388-1883

My Why Rescue My Why Rescue (C.C. # or

Client ID: 49947  
 Invoice #: 404313  
 Date: 1/17/2022

Patient ID: 125200	Species: Canine	Weight: 69.20 pounds
Patient Name: Spencer 20% Rescue Discount	Breed: Mountain Dog, Bernese Mix	Birthdate: 10/29/2009 Sex: Male

  

	Description	Staff Name	Quantity	Total
1/16/2022	Office Visit	George A. Jutras, Jr D.V.M	1.00	\$63.50
	Ear Cleaning		1.00	\$16.50
	Ear Swab & Stain		1.00	\$29.50
	Animax Ointment 30ml		1.00	\$49.00
	Torbugesic Injection		0.30	\$0.00
1/17/2022	Heartworm Treatment		1.00	\$0.00
	Analgesia Injection (pain relief)		2.00	\$78.00
	Hospitalization-Medical		1.00	\$69.00
	Biomedical Waste Disposal		1.00	\$8.50
	Immiticide 44/88lbs (Per Injection)		2.00	\$470.00
	Prednisone 10mg Tablets		30.00	\$28.50
	Famotidine 20mg Tab		14.00	\$13.52
	Large Discount Per Dr. George		1.00	(\$377.02)
	Your receptionist today was Rachel		1.00	\$0.00
		<b>Patient Subtotal:</b>		<b>\$449.00</b>

Reminder

- 10/24/2022 Fecal-/with Annual
- 10/28/2022 Rabies, Canine 1 Year
- 11/08/2022 Heartworm- 4DX Occult Test w/Annual

Invoice Total:	<b>\$449.00</b>
Total:	<b>\$449.00</b>
Balance Due:	<b>\$449.00</b>
Previous Balance:	<b>\$0.00</b>
Balance Due:	<b>\$449.00</b>
Care Credit:	<b>(\$449.00)</b>
Less Payment:	<b>(\$449.00)</b>
Balance Due:	<b>\$0.00</b>

How did we do today? We greatly value your opinion. Leave us a review on yelp.com or google review, send us proof of review, and we will apply a \$10 credit to your account.

## Patient History Report

**Client:** My Why Rescue, My Why Rescue  
(49947)

**Patient:** Spencer 20% Rescue Discount  
(125200)

**Phone:** (561) 818-8120

**Species:** Canine

**Breed:** Mountain Dog,  
Bernese Mix

**Address:**

**Age:** 12 Yrs. 3 Mos.

**Sex:** Male

**Color:**

Date	Type	Staff	History																																																
2/20/2022	L	01	<p>Chemistry results from IDEXX VetLab In-clinic Laboratory Requisition ID: 61726      Posted Final</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Test</th> <th style="text-align: left;">Result</th> <th style="text-align: left;">Reference Range</th> </tr> </thead> <tbody> <tr> <td>ALB =</td> <td>2.6 g/dL</td> <td>2.2 - 3.9</td> </tr> <tr> <td>ALKP =</td> <td>57 U/L</td> <td>23 - 212</td> </tr> <tr> <td>ALT =</td> <td>39 U/L</td> <td>10 - 125</td> </tr> <tr> <td>BUN/UREA =</td> <td>29 mg/dL H</td> <td>7 - 27</td> </tr> <tr> <td>Chloride =</td> <td>113 mmol/L</td> <td>109 - 122</td> </tr> <tr> <td>CREA =</td> <td>2.1 mg/dL H</td> <td>0.5 - 1.8</td> </tr> <tr> <td>GLU =</td> <td>106 mg/dL</td> <td>70 - 143</td> </tr> <tr> <td>OSM calc =</td> <td>298 mmol/kg</td> <td></td> </tr> <tr> <td>Potassium =</td> <td>5.4 mmol/L</td> <td>3.5 - 5.8</td> </tr> <tr> <td>Sodium =</td> <td>146 mmol/L</td> <td>144 - 160</td> </tr> <tr> <td>TP =</td> <td>7.6 g/dL</td> <td>5.2 - 8.2</td> </tr> <tr> <td>GLOB =</td> <td>5.0 g/dL H</td> <td>2.5 - 4.5</td> </tr> <tr> <td>ALB/GLOB =</td> <td>0.5</td> <td></td> </tr> <tr> <td>BUN/CREA =</td> <td>14</td> <td></td> </tr> <tr> <td>Na/K =</td> <td>27</td> <td></td> </tr> </tbody> </table>	Test	Result	Reference Range	ALB =	2.6 g/dL	2.2 - 3.9	ALKP =	57 U/L	23 - 212	ALT =	39 U/L	10 - 125	BUN/UREA =	29 mg/dL H	7 - 27	Chloride =	113 mmol/L	109 - 122	CREA =	2.1 mg/dL H	0.5 - 1.8	GLU =	106 mg/dL	70 - 143	OSM calc =	298 mmol/kg		Potassium =	5.4 mmol/L	3.5 - 5.8	Sodium =	146 mmol/L	144 - 160	TP =	7.6 g/dL	5.2 - 8.2	GLOB =	5.0 g/dL H	2.5 - 4.5	ALB/GLOB =	0.5		BUN/CREA =	14		Na/K =	27	
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2/20/2022	T	ADM	Image: Thorax																																																
2/20/2022	T	ADM	Image: Abdomen																																																
2/20/2022	P	01	<p>1.00 dose of Bravecto Flea/Tick K-9 Chew 44-88# (1283) Rx #: 435674 Exp. May 31/2023 0 Of 0 Refills Filled by: 919 Give one chew by mouth WITH FOOD every 12 weeks for treatment and prevention of fleas and treatment and control of ticks.</p>																																																

2/20/2022 TC      01  
**Appt time:** \_\_\_\_\_

\*\*\*\*\* MEDICAL EXAM : GENERAL WORK-UP Canine/ Feline - TENTATIVE  
**General Workup      TIME ROOM WAS READY \_\_\_\_\_ :**

Date: 2/20/2022    ACCT# **49947 My Why Rescue My Why Rescue**  
**Y / N**

**Patient Name: " Spencer 20% Rescue Discount" 125200** 12 Yrs. 3 Mos. D.O.B.  
10/29/2009

Mountain Dog, Bernese Mix    **Male**

**Dr. George A. Jutras, Jr D.V.M.    Technician: Taylor**

<b>TEMP:</b> 100.1	<input type="checkbox"/> Fecal	<input type="checkbox"/> Ear swab	<input type="checkbox"/> HW PULLED	<input type="checkbox"/> Urine	<input checked="" type="checkbox"/> TNT	<input type="checkbox"/> Anal Glands	<b>DEC</b>
<b>WEIGHT: 68 pounds 2/20/2022</b>							

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> My Why Rescue, My Why Rescue (49947) <b>Phone:</b> (561) 818-8120 <b>Address:</b>	<b>Patient:</b> Spencer 20% Rescue Discount (125200) <b>Species:</b> Canine <b>Breed:</b> Mountain Dog, Bernese Mix <b>Age:</b> 12 Yrs. 3 Mos. <b>Color:</b> <b>Sex:</b> Male
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Date	Type	Staff	History
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**Primary Concern:** HW tx recheck, ear recheck but O said we dont need to swab, just examine the ear canal, very good progress. O noticed bump on spine close to hips while in room, hard texture. Examine skin, P does lose excessive amounts of fur. If HW is good to go, rescue gave permission for neuter and dental. No other concerns.

Which medication is your pet currently on? none	Are vaccinations current? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Eating/Drinking Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Normal	Any Coughing, sneezing, diarrhea or vomiting? None
What diet is patient currently eating? Purina pro plan	
Is patient current on flea and heartworm prevention? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no what kind? Bravecto	
Do you need any refills on medications for any of your pets? <input checked="" type="checkbox"/> no <input type="checkbox"/> yes if yes what kind?	
Do you need any refill on preventions for any of your pets? <input type="checkbox"/> no <input checked="" type="checkbox"/> yes if yes what kind? Bravecto x1	

<b>Vaccines: DOGS</b> <input type="checkbox"/> Da2pp <input type="checkbox"/> Bordetella <input type="checkbox"/> nasal <input type="checkbox"/> inj <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Lepto <input type="checkbox"/> Lyme <input type="checkbox"/> Influenza	<b>Heartworm Test</b> <input type="checkbox"/> accept <input type="checkbox"/> decline HW. <input type="checkbox"/> neg <input type="checkbox"/> pos Lyme <input type="checkbox"/> neg <input type="checkbox"/> pos Ap-spp <input type="checkbox"/> neg <input type="checkbox"/> pos EC-EE <input type="checkbox"/> neg <input type="checkbox"/> pos	<b>CATS</b> <input type="checkbox"/> Fvrpcp (distemper) <input type="checkbox"/> Felv <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Felv/Fiv/HW Triple Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos <b>FECAL =</b> <input type="checkbox"/> NEG <input type="checkbox"/> POS
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**EXAM:**

**Diagnostics:**

**DDX:**

**TREATMENT:**

**PLAN:**

<b>Nose and Throat</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Mouth/Teeth/Gum</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE
<b>Eyes and Ears</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Coat and Skin</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE
<b>Lymph Nodes</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Legs/Paws/Back/Musculoskeletal</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE

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## Patient History Report

**Client:** My Why Rescue, My Why Rescue  
(49947)

**Phone:** (561) 818-8120

**Address:**

**Patient:** Spencer 20% Rescue Discount  
(125200)

**Species:** Canine

**Age:** 12 Yrs. 3 Mos.  
**Color:**

**Breed:** Mountain Dog,  
Bernese Mix

**Sex:** Male

Date	Type	Staff	History
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<b>Nervous System</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E	<b>Heart and Lungs</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Heart Murmur Grade __/VI   Murmur Comments: __ <b>P=</b> <b>R=</b> <input type="checkbox"/> Did not exam
<b>GI Tract/Abdomen</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E	<b>Urinary and Genitals</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E

2/20/2022	V	01	Feb 20, 2022 07:33 AM Staff: 01
			Weight : 68.00 pounds

2/18/2022 TC      RGM      Emailed all records to Email on file -RodneyM - TENTATIVE  
Emailed all records to Email on file -RodneyM

1/20/2022 TC      803      LMOM IN REGARDS TO FECAL RESULTS, FECAL CAME BACK N.O.S  
BUT DID HAVE OVER GROWTH - TENTATIVE  
LMOM IN REGARDS TO FECAL RESULTS, FECAL CAME BACK N.O.S BUT DID HAVE OVER GROWTH IN  
BACTERIA. PENDING RESCUES APPROVAL TO PUT THROUGH METRONIDAZOLE. QUOTED O AT  
ROUGHLY \$62 WITH DISCOUNT FOR FECAL TEST AND RX. - DANNY R

1/20/2022 TC      752      Sarah Hoey read Fecal float- NOS. Corey Grace read direct- - TENTATIVE

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R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

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(49947)

**Phone:** (561) 818-8120

**Address:**

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(125200)

**Species:** Canine

**Age:** 12 Yrs. 3 Mos.

**Color:**

**Breed:** Mountain Dog,  
Bernese Mix

**Sex:** Male

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Date	Type	Staff	History
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Sarah Hoey read Fecal float- NOS. Corey Grace read direct- Overgrowth of rods and Cocci. Non-pathogenic yeast TNTC. Per Dr Wapner dispensed Metronidazole.

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1/20/2022	P	040	20.00 tablet of Metronidazole 500mg Tab (500 ct) (4023) Rx #: 430614 Exp. Aug 31/2023 0 Of 0 Refills Filled by: 816 Give 1 tablet by mouth every 12 hours.
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1/20/2022	TC	803	LMOM IN REGARDS TO FOSTER BRINGING IN FECAL DUE TO P HAVING DIARRHEA. PENDING - TENTATIVE UPDATE: OWNER OF RESCUE SAID PROCEED WITH FECAL TEST BUT CALL PRIOR TO FILLING RX WITH FINDINGS. O ALSO WANTS TO MAKE SURE IF ANY RX IS FILLED IT'S SAFE WITH HEARTWORM TREATMENT. - DANNY R
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LMOM IN REGARDS TO FOSTER BRINGING IN FECAL DUE TO P HAVING DIARRHEA. PENDING  
PERMISSION FROM RESCUE IF WE CAN TEST THE FECAL AND PRESCRIBE RX'S AS NEEDED. -  
DANNY R

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1/19/2022	T	7	Image: OWNER EMAIL - DANNY R
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1/18/2022	TC	TAA	LMOM, THE RECHECK IS TO MAKE SURE P IS DOING WELL AND LUNGS ARE CLEAR. NORMAL - TENTATIVE LMOM, THE RECHECK IS TO MAKE SURE P IS DOING WELL AND LUNGS ARE CLEAR. NORMAL RECHECK CHARGE IS \$58 BUT DR G IS LOWERING IT TO \$35.
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## Patient History Report

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(49947)

**Phone:** (561) 818-8120

**Address:**

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(125200)

**Species:** Canine

**Age:** 12 Yrs. 3 Mos.

**Color:**

**Breed:** Mountain Dog,  
Bernese Mix

**Sex:** Male

Date	Type	Staff	History
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TIFFANYROSE

1/17/2022	P	040	1.00 bottle of Posatex 15g (3160) Rx #: 430181 Exp. May 31/2023 0 Of 0 Refills Filled by: 040 Apply several drops to both ears every 24 hours for 14 days.
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1/17/2022	TC	943	EMAILED INVOICE FROM 1/17/22 TO ADDRESS IN ACCT.-RC - TENTATIVE EMAILED INVOICE FROM 1/17/22 TO ADDRESS IN ACCT.-RC
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1/17/2022	TC	943	PLEASE CALL KRISTIN(RESCUE OWNER) TO GET APPROVAL FOR SERVICES AND CHARGES THAT - TENTATIVE PLEASE CALL KRISTIN(RESCUE OWNER) TO GET APPROVAL FOR SERVICES AND CHARGES THAT FOSTER MAY REQUEST FOR P.-RC
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1/17/2022	TC	943	LMOM FOR RESCUE TO GIVE UPDATE, P IS LOOKING GOOD AND CAN GO HOME ANYTIME AFTER - TENTATIVE
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**Color:**

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**Sex:** Male

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Date	Type	Staff	History
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LMOM FOR RESCUE TO GIVE UPDATE, P IS LOOKING GOOD AND CAN GO HOME ANYTIME AFTER 5PM AND WENT OVER BILL.-RC

---

1/17/2022 TC 816

Spoke with O. Doing well. go home after 5pm. Will go over discharge instructions at that time. - TENTATIVE

Spoke with O. Doing well. go home after 5pm. Will go over discharge instructions at that time.

Corey

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1/17/2022 C 01

\* Discharge Medical Instructions - CLOSED Jan 25/2022

### Discharge Instructions

**Client:** My Why Rescue My Why  
Rescue (C.C. # on file)  
49947

**Phone:** (603) 785-0314

**Doctor:** George A. Jutras, Jr D.V.M.

**Patient Name/ID:** Spencer 20% Rescue Discount

**Breed – Species:** Mountain Dog, Bernese Mix

**Age:** 12 Yrs. 2 Mos.

**Sex:** Male

**Current Weight:** 69.2

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## Patient History Report

<b>Client:</b> My Why Rescue, My Why Rescue (49947) <b>Phone:</b> (561) 818-8120 <b>Address:</b>	<b>Patient:</b> Spencer 20% Rescue Discount (125200) <b>Species:</b> Canine <b>Age:</b> 12 Yrs. 3 Mos. <b>Color:</b>	<b>Breed:</b> Mountain Dog, Bernese Mix <b>Sex:</b> Male
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Date	Type	Staff	History
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**Prescriptions:** *If your pet has been given medications, please give them according to the following directions. If there is excessive vomiting, diarrhea, or if your pet will not take this medication, please call us immediately.*

DIRECTIONS	ITEM DESCRIPTION	QUANTITY
Give 1 tablet by mouth once every 12 hours. Acid reducer. Use while on prednisone.	Famotidine 20mg Tab (1000 ct)	14.00
Give 1 tablet by mouth every 12 hours for 7 days, then give 1 tablet by mouth once every 24 hours for 7 days, then give 1 tablet by mouth every other day for 2 weeks.	Prednisone 10mg Tab	30.00
Apply a small amount into both ears every 12 hours.(Antifungal/Antibiotic )	Animax Ointment/Derma-Vet 30ml	1.00

Begin Prescribed Medications:  Tonight     Tomorrow Morning

Spencer did well for the treatment. Recheck in 1 month. Please use the medications as prescribed. Restrict activity for the next month. Call immediately if any coughing or respiratory concerns.

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## Patient History Report

**Client:** My Why Rescue, My Why Rescue  
(49947)

**Phone:** (561) 818-8120

**Address:**

**Patient:** Spencer 20% Rescue Discount  
(125200)

**Species:** Canine

**Age:** 12 Yrs. 3 Mos.

**Color:**

**Breed:** Mountain Dog,  
Bernese Mix

**Sex:** Male

Date	Type	Staff	History
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1/17/2022	P	01	14.00 tablet of Famotidine 20mg Tab (1000 ct) (1632) Rx #: 430023 Exp. Feb 29/2024 0 Of 0 Refills Filled by: 816 Give 1 tablet by mouth once every 12 hours. Acid reducer. Use while on prednisone.
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1/17/2022	P	01	30.00 tablet of Prednisone 10mg Tab (2251) Rx #: 430022 Exp. Dec 31/2023 0 Of 0 Refills Filled by: 816 Give 1 tablet by mouth every 12 hours for 7 days, then give 1 tablet by mouth once every 24 hours for 7 days, then give 1 tablet by mouth every other day for 2 weeks.
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1/16/2022 C ADP

### In Patient Treatment Notes

Time: 22:00  AM  PM

\*\*\*\*\*In Patient Treatment Notes - CLOSED Jan 23/2022

Technician: Angie

Weight: 69.2 1/16/2022

Temperature: 100.3

Urine:  yes  no  IC

Walked  yes  no  n/a

BM  yes  no D=

Appetite:  good  fair  poor

NPO  NSPO

Vomit  no  yes=

Meds:

Comments: Angie walked at 8pm. P urinated, No issues. 69.8 lbs, Temp. 100.3

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## Patient History Report

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(49947)

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(125200)

**Species:** Canine

**Age:** 12 Yrs. 3 Mos.

**Color:**

**Breed:** Mountain Dog,  
Bernese Mix

**Sex:** Male

Date	Type	Staff	History
1/16/2022	P	01	1.00 tube of Animax Ointment/Derma-Vet 30ml (3396B) Rx #: 429870 Exp. Aug 30/2023 0 Of 0 Refills Filled by: 01
1/16/2022	P	01	Apply a small amount into both ears every 12 hours. (Antifungal/Antibiotic) 1.00 dose of Bravecto Flea/Tick K-9 Chew 44-88# (1283) Rx #: 429869 Exp. Mar 31/2023 0 Of 0 Refills Filled by: 816 Give one chew by mouth WITH FOOD every 12 weeks for treatment and prevention of fleas and treatment and control of ticks.

1/16/2022 C 01 \*\*\*\*\* MEDICAL EXAM : GENERAL WORK-UP Canine/ Feline - CLOSED Feb 15/2022

**Appt time:** \_\_\_\_\_

**General Workup**

**TIME ROOM WAS READY**

Date: 1/16/2022 ACCT# **49947 My Why Rescue My Why Rescue**  
**(C.C. # on file) Y / N**

Patient Name: "**Spencer 20% Rescue Discount**" 125200 12 Yrs. 2 Mos. D.O.B.  
10/29/2009

Mountain Dog, Bernese Mix **Male**

Dr. **George A. Jutras, Jr D.V.M.** Technician: **KARINGTON**

<b>TEMP:</b> 100.0 <input type="checkbox"/> Fecal <input checked="" type="checkbox"/> Ear swab <input type="checkbox"/> HW PULLED <input type="checkbox"/> Urine <input checked="" type="checkbox"/> TNT <input type="checkbox"/> Anal Glands Dec	
WEIGHT: 69.2 pounds 1/16/2022	
Primary Concern: HW Treatment , Check ears, O noticed gunk coming out of the ears yesterday. O wants Dr. to check skin. <b>No other concerns</b>	
Which medication is your pet currently on? No	Are vaccinations current? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Eating/Drinking Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Normal	Any Coughing, sneezing, diarrhea or vomiting? No
What diet is patient currently eating? Purina pro plan sensitive skin and stomach, chicken, rice, eggs	
Is patient current on flea and heartworm prevention? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no what kind? heartgard, bravecto	
Does Patient need any refills on prevention or meds? <input type="checkbox"/> no <input checked="" type="checkbox"/> yes if yes what kind? Bravecto 1 months worth	

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## Patient History Report

**Client:** My Why Rescue, My Why Rescue  
(49947)

**Phone:** (561) 818-8120

**Address:**

**Patient:** Spencer 20% Rescue Discount  
(125200)

**Species:** Canine

**Age:** 12 Yrs. 3 Mos.

**Color:**

**Breed:** Mountain Dog,  
Bernese Mix

**Sex:** Male

Date	Type	Staff	History
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<b>Vaccines:</b> <input type="checkbox"/> Da2pp <input type="checkbox"/> Bordetella <input type="checkbox"/> nasal <input type="checkbox"/> inj <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Lepto <input type="checkbox"/> Lyme <input type="checkbox"/> Influenza	<b>DOGS</b> <b>Heartworm Test</b> <input type="checkbox"/> accept <input type="checkbox"/> decline HW. <input type="checkbox"/> neg <input type="checkbox"/> pos Lyme <input type="checkbox"/> neg <input type="checkbox"/> pos Ap-spp <input type="checkbox"/> neg <input type="checkbox"/> pos EC-EE <input type="checkbox"/> neg <input type="checkbox"/> pos	<b>CATS</b> <input type="checkbox"/> Fvrpcp (distemper) <input type="checkbox"/> Felv <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr	<input type="checkbox"/> Felv/Fiv/HW Triple Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos
<b>FECAL = <input type="checkbox"/> NEG <input type="checkbox"/> POS</b>			

**EXAM:**

1/17 PE BAR mm pink. ate well. lungs clear.

2nd immiticide given at 10am. 3.1cc  
send home at 5pm  
see d/c instructions.

**Diagnostics:**

**DDX:**

**TREATMENT:**

**PLAN:**

<b>Nose and Throat</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Mouth/Teeth/Gum</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE
<b>Eyes and Ears</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Coat and Skin</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE
<b>Lymph Nodes</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Legs/Paws/Back/Musculoskeletal</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE
<b>Nervous System</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Heart and Lungs</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Heart Murmur Grade ___/VI Murmur Comments: ___ P= R= <input type="checkbox"/> Did not exam
<b>GI Tract/Abdomen</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Urinary and Genitals</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE

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## Patient History Report

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(49947)

**Phone:** (561) 818-8120

**Address:**

**Patient:** Spencer 20% Rescue Discount  
(125200)

**Species:** Canine

**Age:** 12 Yrs. 3 Mos.  
**Color:**

**Breed:** Mountain Dog,  
Bernese Mix

**Sex:** Male

Date	Type	Staff	History
1/16/2022	V	01	Jan 16, 2022 07:42 AM Staff: 01 ----- Weight : 69.20 pounds
12/22/2021	T	7	Image: estemate-JML
12/22/2021	P	DOR	10.00 tablet of Guaifenesin Tabs100 mg (1000 ct) (2074) Rx #: 425745 Exp. Oct 31/2023 0 Of 0 Refills Filled by: DOR Give 1 tablet by mouth every 6-12 hours as needed for cough.
12/22/2021	P	DOR	12.00 tablet of Prednisone 10mg Tab (2251) Rx #: 425744 Exp. Dec 31/2023 0 Of 0 Refills Filled by: DOR Give 1 1/2 tablet by mouth every 24 hours for 5 days. Then give 1 tablet by mouth every 24 hours for 3 days. The give 1/2 tablet by mouth every other day until gone.
12/22/2021	T	ADM	Image: Thorax

12/22/2021 C DOR \*\*\*\*\* MEDICAL EXAM : GENERAL WORK-UP Canine/ Feline - CLOSED Jan 21/2022

Appt time: \_\_\_\_\_

General Workup \_\_\_\_\_

TIME ROOM WAS READY

Date: 12/22/2021 ACCT# **49947 My Why Rescue My Why Rescue**  
**(C.C. # on file) Y / N**

Patient Name: "**Spencer 20% Rescue Discount**" 125200 12 Yrs. 1 Mos. D.O.B.  
10/29/2009

Mountain Dog, Bernese Mix **Male**

Dr. **Odemaris Rivera, D.V.M.** Technician: **Randy**

<b>TEMP:</b> 101.0		<input type="checkbox"/> Fecal	<input type="checkbox"/> Ear swab	<input type="checkbox"/> HW PULLED	<input type="checkbox"/> Urine	<input type="checkbox"/> TNT d	<input type="checkbox"/> Anal Glands d
WEIGHT: 65 pounds 12/22/2021							
Primary Concern: P has a hacking cough that started yesterday. O thinks it might be due to heartworm injection or Metronidazole. No other concerns							
Which medication is your pet currently on? Metronidazole 50mg				Are vaccinations current? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Eating/Drinking Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased				Any Coughing, sneezing, diarrhea or vomiting? coughing			
<input checked="" type="checkbox"/> Normal							
What diet is patient currently eating? Purina sensitive skin with chicken and rice							

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**Sex:** Male

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

Is patient current on flea and heartworm prevention?  yes  no what kind? HG Bravecto

Does Patient need any refills on prevention or meds?  no  yes if yes what kind?

Vaccines:

**DOGS**

Da2pp  
 Bordetella  nasal  inj  
 Rabies  1yr  3yr  
 Lepto  
 Lyme  
 Influenza

Heartworm Test

accept  decline  
 HW.  neg  pos  
 Lyme  neg  pos  
 Ap-spp  neg  pos  
 EC-EE  neg  pos

**CATS**

Fvrccp (distemper)  
 Felv  
 Rabies  1yr  3yr

Felv/Fiv/HW Triple Test  
 Neg  Pos

**FECAL =**  NEG  POS

**EXAM:**

BAR, h/I WNL

**Diagnostics:**

radiographs: NSF compared to previous radiographs

**DDX:** Suspected side effect of HW treatment vs other

**TREATMENT:**

Prednisone 10mg taper down, guifenesin 100mg tabs PRN

**PLAN:** Recheck if no improvement.

**Nose and Throat**  Normal  Abnormal  DNE

**Mouth/Teeth/Gum**  Normal  Abnormal  DNE

**Eyes and Ears**  Normal  Abnormal  DNE

**Coat and Skin**  Normal  Abnormal  DNE

**Lymph Nodes**  Normal  Abnormal  DNE

**Legs/Paws/Back/Musculoskeletal**  Normal  Abnormal  DNE

**Nervous System**  Normal  Abnormal  DNE

**Heart and Lungs**  Normal  Abnormal  
 Heart Murmur Grade \_\_\_/VI Murmur Comments: \_\_\_  
 P= R=  Did not exam

**GI Tract/Abdomen**  Normal  Abnormal  DNE

**Urinary and Genitals**  Normal  Abnormal  DNE

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**Sex:** Male

Date	Type	Staff	History										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>Nose and Throat</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> DNE                 </td> <td style="width: 50%; padding: 5px;"> <b>Mouth/Teeth/Gum</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> DNE                 </td> </tr> <tr> <td style="padding: 5px;"> <b>Eyes and Ears</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> DNE                 </td> <td style="padding: 5px;"> <b>Coat and Skin</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> DNE                 </td> </tr> <tr> <td style="padding: 5px;"> <b>Lymph Nodes</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> DNE                 </td> <td style="padding: 5px;"> <b>Legs/Paws/Back/Musculoskeletal</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> DNE                 </td> </tr> <tr> <td style="padding: 5px;"> <b>Nervous System</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> DNE                 </td> <td style="padding: 5px;"> <b>Heart and Lungs</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal  <input type="checkbox"/> Heart Murmur Grade ___/VI   Murmur Comments: ___                      P= 120bpm   R=   <input type="checkbox"/> Did not exam                 </td> </tr> <tr> <td style="padding: 5px;"> <b>GI Tract/Abdomen</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> DNE                 </td> <td style="padding: 5px;"> <b>Urinary and Genitals</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> DNE                 </td> </tr> </table>				<b>Nose and Throat</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Mouth/Teeth/Gum</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Eyes and Ears</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Coat and Skin</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Lymph Nodes</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Legs/Paws/Back/Musculoskeletal</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Nervous System</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Heart and Lungs</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Heart Murmur Grade ___/VI   Murmur Comments: ___ P= 120bpm   R= <input type="checkbox"/> Did not exam	<b>GI Tract/Abdomen</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Urinary and Genitals</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE
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12/19/2021	V	DOR	Dec 19, 2021 06:44 PM Staff: DOR ----- Weight : 65.80 pounds										
12/15/2021	TC	803	Sample- Quick Text Blank - TENTATIVE										
EMAILED INVOICE FROM SUNDAY-JB													
12/12/2021	TC	MLH	O called said that P was in today 12/12 is now home and has blood in stool, paged back to Senior Tec - TENTATIVE O called said that P was in today 12/12 is now home and has blood in stool, paged back to Senior Tech ( SW ) advised that it could be relatable to stress and that we can give 1 to 2 tablespoons of Pepto-Bismol and Observe O through out the night and call if anything worsen. per Dr Wapner										

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## Patient History Report

**Client:** My Why Rescue, My Why Rescue  
(49947)

**Phone:** (561) 818-8120

**Address:**

**Patient:** Spencer 20% Rescue Discount  
(125200)

**Species:** Canine

**Age:** 12 Yrs. 3 Mos.  
**Color:**

**Breed:** Mountain Dog,  
Bernese Mix

**Sex:** Male

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

-MH

12/12/2021 TC 919 owner called for update, o can come pick up ater 3 pm - TENTATIVE  
owner called for update, o can come pick up ater 3 pm

sb

12/12/2021 C 01 \*\*\*\*\* MEDICAL EXAM : GENERAL WORK-UP Canine/ Feline - CLOSED Jan  
11/2022

**Appt time:** \_\_\_\_\_

**General Workup**

**TIME ROOM WAS READY**

Date: 12/12/2021 ACCT# **49947 My Why Rescue My Why Rescue**  
**(C.C. # on file) Y / N**

Patient Name: "**Spencer 20% Rescue Discount**" 125200 12 Yrs. 1 Mos. D.O.B.  
10/29/2009

Mountain Dog, Bernese Mix **Male**

Dr. **Dr. George Jutras DVM** Technician: **Taylor**

<b>TEMP:</b> 100.2	<input type="checkbox"/> Fecal	<input type="checkbox"/> Ear swab	<input type="checkbox"/> HW PULLED	<input type="checkbox"/> Urine	<input type="checkbox"/> TNT DEC	<input type="checkbox"/> Anal Glands DEC
<b>WEIGHT:</b> 67 pounds 12/12/2021						
<b>Primary Concern:</b> 1st hwt tx. No other concerns.						
Which medication is your pet currently on? Animax				Are vaccinations current? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
Eating/Drinking Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased		Any Coughing, sneezing, diarrhea or vomiting? None				

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<input checked="" type="checkbox"/> Normal			
What diet is patient currently eating? Purina pro plan sensitive/ fresh turkey and cheese			
Is patient current on flea and heartworm prevention? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no what kind? Bravecto			
Does Patient need any refills on prevention or meds? <input checked="" type="checkbox"/> no <input type="checkbox"/> yes if yes what kind?			
<b>Vaccines: DOGS</b> <input type="checkbox"/> Da2pp <input type="checkbox"/> Bordetella <input type="checkbox"/> nasal <input type="checkbox"/> inj <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Lepto <input type="checkbox"/> Lyme <input type="checkbox"/> Influenza		<b>CATS</b> <input type="checkbox"/> Fvrvc (distemper) <input type="checkbox"/> Felv <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Felv/Fiv/HW Triple Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos  <b>FECAL =</b> <input type="checkbox"/> NEG <input type="checkbox"/> POS	
<b>Heartworm Test</b> <input type="checkbox"/> accept <input type="checkbox"/> decline HW. <input type="checkbox"/> neg <input type="checkbox"/> pos Lyme <input type="checkbox"/> neg <input type="checkbox"/> pos Ap-spp <input type="checkbox"/> neg <input type="checkbox"/> pos EC-EE <input type="checkbox"/> neg <input type="checkbox"/> pos			
<b>EXAM:</b> PE bar mm pink HR 110 RR 16 lungs clear, cataracts OU , well hydrated, good weight gain			
<b>Diagnostics:</b> declined ( recently done rads cbc on 11/28)			
<b>DDX:</b> HW positive			
<b>TREATMENT:</b> 76 mg immiticide IM left epaxial area			
<b>PLAN:</b> Keep for the day, send home at 3 pm			
<b>Nose and Throat</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE		<b>Mouth/Teeth/Gum</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E	
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11/28/2021	L	01	<p><b>Hematology results from IDEXX VetLab In-clinic Laboratory Requisition ID: 59478      Posted</b></p> <p><b>Final</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Test</th> <th style="text-align: left;">Result</th> <th style="text-align: left;">Reference Range</th> </tr> </thead> <tbody> <tr><td>HCT =</td><td>27.1 % L</td><td>37.3 - 61.7</td></tr> <tr><td>HGB =</td><td>9.9 g/dL L</td><td>13.1 - 20.5</td></tr> <tr><td>MCHC =</td><td>36.5 g/dL</td><td>32.0 - 37.9</td></tr> <tr><td>WBC =</td><td>9.02 K/uL</td><td>5.05 - 16.76</td></tr> <tr><td>LYMPHS =</td><td>1.80 K/uL</td><td>1.05 - 5.10</td></tr> <tr><td>%LYMPHS =</td><td>20.0 %</td><td></td></tr> <tr><td>MONOS =</td><td>0.51 K/uL</td><td>0.16 - 1.12</td></tr> <tr><td>%MONOS =</td><td>5.7 %</td><td></td></tr> <tr><td>NEUT =</td><td>6.10 K/uL</td><td>2.95 - 11.64</td></tr> <tr><td>%NEUT =</td><td>67.5 %</td><td></td></tr> <tr><td>EOS =</td><td>0.60 K/uL</td><td>0.06 - 1.23</td></tr> <tr><td>%EOS =</td><td>6.7 %</td><td></td></tr> <tr><td>BASO =</td><td>0.01 K/uL</td><td>0.00 - 0.10</td></tr> <tr><td>%BASO =</td><td>0.1 %</td><td></td></tr> <tr><td>PLT =</td><td>299 K/uL</td><td>148 - 484</td></tr> <tr><td>Retics =</td><td>14.7 K/uL</td><td>10.0 - 110.0</td></tr> <tr><td>%Retics =</td><td>0.4 %</td><td></td></tr> <tr><td>RBC =</td><td>4.20 M/uL L</td><td>5.65 - 8.87</td></tr> <tr><td>MCV =</td><td>64.5 fL</td><td>61.6 - 73.5</td></tr> <tr><td>MCH =</td><td>23.6 pg</td><td>21.2 - 25.9</td></tr> <tr><td>RDW =</td><td>18.0 %</td><td>13.6 - 21.7</td></tr> <tr><td>MPV =</td><td>10.5 fL</td><td>8.7 - 13.2</td></tr> <tr><td>PDW =</td><td>9.8 fL</td><td>9.1 - 19.4</td></tr> <tr><td>PCT =</td><td>0.31 %</td><td>0.14 - 0.46</td></tr> <tr><td>RETIC-HGB =</td><td>22.8 pg</td><td>22.3 - 29.6</td></tr> </tbody> </table> <p><b>Anemia without reticulocytosis - Likely non-regenerative anemia; consider pre-regenerative anemia.</b></p>	Test	Result	Reference Range	HCT =	27.1 % L	37.3 - 61.7	HGB =	9.9 g/dL L	13.1 - 20.5	MCHC =	36.5 g/dL	32.0 - 37.9	WBC =	9.02 K/uL	5.05 - 16.76	LYMPHS =	1.80 K/uL	1.05 - 5.10	%LYMPHS =	20.0 %		MONOS =	0.51 K/uL	0.16 - 1.12	%MONOS =	5.7 %		NEUT =	6.10 K/uL	2.95 - 11.64	%NEUT =	67.5 %		EOS =	0.60 K/uL	0.06 - 1.23	%EOS =	6.7 %		BASO =	0.01 K/uL	0.00 - 0.10	%BASO =	0.1 %		PLT =	299 K/uL	148 - 484	Retics =	14.7 K/uL	10.0 - 110.0	%Retics =	0.4 %		RBC =	4.20 M/uL L	5.65 - 8.87	MCV =	64.5 fL	61.6 - 73.5	MCH =	23.6 pg	21.2 - 25.9	RDW =	18.0 %	13.6 - 21.7	MPV =	10.5 fL	8.7 - 13.2	PDW =	9.8 fL	9.1 - 19.4	PCT =	0.31 %	0.14 - 0.46	RETIC-HGB =	22.8 pg	22.3 - 29.6
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Date	Type	Staff	History
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TENTATIVE

EMAILED INVOICES 11/28 & 11/10 TO EMAIL ADDRESS IN ACCT.-RC

11/28/2021	P	01	1.00 tube of Animax Ointment/Derma-Vet 30ml (3396B) Rx #: 421482 Exp. Apr 30/2023 0 Of 0 Refills Filled by: 01 Apply a small amount into both ears every 12 hours.(Antifungal/Antibiotic)
11/28/2021	T	ADM	Image: Abdomen

11/28/2021 C 01 \*\*\*\*\* MEDICAL EXAM : GENERAL WORK-UP Canine/ Feline - CLOSED Dec 28/2021

**Appt time:** \_\_\_\_\_

**General Workup**

**TIME ROOM WAS READY**

Date: 11/28/2021 ACCT# **49947 My Why Rescue My Why Rescue**  
Y / N

Patient Name: "**Spencer 20% Rescue Discount**" 125200 12 Yrs. 0 Mos. D.O.B.  
10/29/2009

Mountain Dog, Bernese Mix **Male**

Dr. **George A. Jutras, Jr D.V.M.** Technician: **CMS**

<b>TEMP:</b> 100.4 <input type="checkbox"/> Fecal <input checked="" type="checkbox"/> Ear swab <input type="checkbox"/> HW PULLED <input type="checkbox"/> Urine <input type="checkbox"/> TNT d <input type="checkbox"/> Anal Glands d	
WEIGHT: 62.8 pounds 11/28/2021	
Primary Concern: Recheck xrays and cbc. P has history of blindness, O concerned about dark discoloration in P eyes. O states she observed discharge coming from P left ear. P is no longer taking iron supplement, O states P was vomiting after taking supplement. No other concerns.	
Which medication is your pet currently on? Doxycycline 1 1/2 tab BID.	Are vaccinations current? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Eating/Drinking Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Normal	Any Coughing, sneezing, diarrhea or vomiting? Vomit.
What diet is patient currently eating? Purina Sensitive skin and stomach, Fresh Pet.	
Is patient current on flea and heartworm prevention? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no what kind? HG and Bravecto.	

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**Does Patient need any refills on prevention or meds?**  no  yes if yes what kind?

<b>Vaccines: DOGS</b> <input type="checkbox"/> Da2pp <input type="checkbox"/> Bordetella <input type="checkbox"/> nasal <input type="checkbox"/> inj <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Lepto <input type="checkbox"/> Lyme <input type="checkbox"/> Influenza	<b>Heartworm Test</b> <input type="checkbox"/> accept <input type="checkbox"/> decline HW. <input type="checkbox"/> neg <input type="checkbox"/> pos Lyme <input type="checkbox"/> neg <input type="checkbox"/> pos Ap-spp <input type="checkbox"/> neg <input type="checkbox"/> pos EC-EE <input type="checkbox"/> neg <input type="checkbox"/> pos	<b>CATS</b> <input type="checkbox"/> Fvrccp (distemper) <input type="checkbox"/> Felv <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr  <b>FECAL =</b> <input type="checkbox"/> NEG <input type="checkbox"/> POS	<input type="checkbox"/> Felv/Fiv/HW Triple Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos
--	---	--	---

**EXAM:** PE BAR mm pink, cataracts OU( R>L) mm pink, severe tartar. HR 108, RR panting, mild gas on abd palpation. Debris/inflamed ears AU

**Diagnostics:** CBC improving anemia( abd rads no charge)

**DDX:** HW pos/dental dex/intact/otitis

**TREATMENT:** Cleaned ears applied meds

**PLAN:** Schedule 1 dose HWT in 2 weeks then recheck in 30 days

<b>Nose and Throat</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Mouth/Teeth/Gum</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE
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Date	Type	Staff	History
11/28/2021	V	01	Nov 28, 2021 07:27 AM Staff: 01 ----- Weight : 62.80 pounds
11/16/2021	TC	MML	O discontinued Prednisone and Iron supplement medication due to vomiting, and loose stools. O wants - TENTATIVE O discontinued Prednisone and Iron supplement medication due to vomiting, and loose stools. O wants to switch P to a safer medication.ml
11/9/2021	T	7	Image: SPENCER MYR BILL-CW
11/9/2021	TC	TAA	EMAILED INVOICE TO mywhyrescue@outlook.com - TENTATIVE EMAILED INVOICE TO mywhyrescue@outlook.com
TIFFANYROSE			
11/8/2021	TC	TAW	Negative Fecal - TENTATIVE Negative Fecal

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## Patient History Report

**Client:** My Why Rescue, My Why Rescue  
(49947)

**Patient:** Spencer 20% Rescue Discount  
(125200)

**Phone:** (561) 818-8120

**Species:** Canine

**Breed:** Mountain Dog,  
Bernese Mix

**Address:**

**Age:** 12 Yrs. 3 Mos.

**Sex:** Male

**Color:**

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

11/8/2021 L 01

**Chemistry results from IDEXX VetLab In-clinic**  
Laboratory Requisition ID: 58940 Posted

Test	Result	Reference Range
ALB =	2.6 g/dL	2.2 - 3.9
ALKP =	64 U/L	23 - 212
ALT =	146 U/L H	10 - 125
AMYL =	562 U/L	500 - 1500
BUN/UREA =	49 mg/dL H	7 - 27
Ca =	9.0 mg/dL	7.9 - 12.0
Chloride =	117 mmol/L	109 - 122
CHOL =	234 mg/dL	110 - 320
CREA =	1.7 mg/dL	0.5 - 1.8
GGT =	0 U/L	0 - 11
GLU =	94 mg/dL	70 - 143
LIPA =	339 U/L	200 - 1800
OSM calc =	314 mmol/kg	
PHOS =	5.5 mg/dL	2.5 - 6.8
Potassium =	4.7 mmol/L	3.5 - 5.8
Sodium =	152 mmol/L	144 - 160
TBIL =	0.1 mg/dL	0.0 - 0.9
TP =	7.0 g/dL	5.2 - 8.2
GLOB =	4.4 g/dL	2.5 - 4.5
ALB/GLOB =	0.6	
BUN/CREA =	29	
Na/K =	32	

11/8/2021 L 01

**Hematology results from IDEXX VetLab In-clinic**  
Laboratory Requisition ID: 58940 Posted

Test	Result	Reference Range
HCT =	22.7 % L	37.3 - 61.7
HGB =	8.7 g/dL L	13.1 - 20.5
MCHC =	38.3 g/dL H	32.0 - 37.9
WBC =	9.61 K/uL	5.05 - 16.76
LYMPHS =	1.78 K/uL	1.05 - 5.10
%LYMPHS =	18.5 %	
MONOS =	0.92 K/uL	0.16 - 1.12
%MONOS =	9.6 %	

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Bernese Mix

**Sex:** Male

Date	Type	Staff	History
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NEUT =	6.80 K/uL	2.95 - 11.64
%NEUT =	70.8 %	
EOS =	0.10 K/uL	0.06 - 1.23
%EOS =	1.0 %	
BASO =	0.01 K/uL	0.00 - 0.10
%BASO =	0.1 %	
PLT =	383 K/uL	148 - 484
Retics =	7.8 K/uL L	10.0 - 110.0
%Retics =	0.2 %	
RBC =	3.71 M/uL L	5.65 - 8.87
MCV =	61.2 fL L	61.6 - 73.5
MCH =	23.5 pg	21.2 - 25.9
RDW =	18.0 %	13.6 - 21.7
MPV =	10.4 fL	8.7 - 13.2
PDW =	9.6 fL	9.1 - 19.4
PCT =	0.40 %	0.14 - 0.46
RETIC-HGB =	25.5 pg	22.3 - 29.6

**Anemia without reticulocytosis - Likely non-regenerative anemia; consider pre-regenerative anemia.**

11/8/2021	P	01	63.00 tablet of Doxycycline 100mg Tablets (500 ct) (2129) Rx #: 418296 Exp. Sep 30/2023 0 Of 0 Refills Filled by: 01 Give 1 and 1/2 tablets by mouth every 12 hours.
11/8/2021	T	ADM	Image: Abdomen
11/8/2021	P	01	30.00 tablet of Prednisone 10mg Tab (2251) Rx #: 418293 Exp. Dec 31/2023 0 Of 0 Refills Filled by: 01 Give 1 tablet by mouth every 12 hours for two weeks and then recheck bloodwork
11/8/2021	P	01	1.00 each of Lixotinic per 120 ml (2410) Rx #: 418291 Exp. Oct 31/2022 0 Of 0 Refills Filled by: 01 Give 6 ml's by mouth every 12 hours

11/8/2021	TC	709	please email receipt when charges are done and processed to email on file - TENTATIVE
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please email receipt when charges are done and processed to email on file -ys

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<b>Client:</b> My Why Rescue, My Why Rescue (49947)	<b>Patient:</b> Spencer 20% Rescue Discount (125200)
<b>Phone:</b> (561) 818-8120	<b>Species:</b> Canine <b>Breed:</b> Mountain Dog, Bernese Mix
<b>Address:</b>	<b>Age:</b> 12 Yrs. 3 Mos. <b>Sex:</b> Male
	<b>Color:</b>

Date	Type	Staff	History
11/8/2021	T	ADM	Image: Thorax
11/8/2021	P	01	6.00 tablet of Heartgard Plus Brown 50-100# per tab (3514) Rx #: 418279 Exp. Apr 30/2023 0 Of 0 Refills Filled by: 752 Give 1 tablet/chewable by mouth every 30 days for the prevention/control of heartworms and intestinal parasites.
11/8/2021	P	01	6.00 tablet of Heartgard Plus Green 26-50# per tab (3509) Rx #: 418278 Exp. Mar 30/2024 0 Of 0 Refills Filled by: 752 Give 1 tablet/chewable by mouth every 30 days for the prevention/control of heartworms and intestinal parasites.
11/8/2021	P	01	1.00 dose of Bravecto Flea/Tick K-9 Chew 44-88# (1283) Rx #: 418277 Exp. Feb 28/2023 0 Of 0 Refills Filled by: 752 Give one chew by mouth WITH FOOD every 12 weeks for treatment and prevention of fleas and treatment and control of ticks.

11/8/2021 C 01 \*\*\*\*\* MEDICAL EXAM : GENERAL WORK-UP Canine/ Feline - CLOSED Dec 08/2021

**Appt time:** \_\_\_\_\_ **General Workup** **TIME ROOM WAS READY**

Date: 11/8/2021 ACCT# **49947 My Why Rescue My Why Rescue**  
**Y / N**

Patient Name: "**Spencer 20% Rescue Discount**" 125200 12 Yrs. 0 Mos. D.O.B. 10/29/2009

Mountain Dog, Bernese Mix **Neutered Male**  
**Dr. George A. Jutras, Jr D.V.M.** Technician: SH

<b>TEMP:</b> 100.8 <input checked="" type="checkbox"/> Fecal (Foster brought) <input type="checkbox"/> Ear swab <input type="checkbox"/> HW PULLED <input type="checkbox"/> Urine <input type="checkbox"/> TNT dec <input type="checkbox"/> Anal Glands	
Dec	
<b>WEIGHT:</b> 62.2 pounds 10/30/2021	
<b>Primary Concern:</b> Heartworm positive. Discuss Neuter. Both testicles descended. Possible bloodwork for Neuter. Check mouth. Has some missing teeth and a cracked right lower canine. Check fecal. (No diarrhea). No other concerns. (Foster in room-Linda- 603-785-0314) Foster has had for 2 weeks.	
Which medication is your pet currently on? Animax- both ears BID Ketoconazole 400mg 1 tab PO BID, Lixotinic 5ml PO BID, Doxycycline 100mg 1 and 1/2 PO BID	Are vaccinations current? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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(125200)

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**Sex:** Male

**Color:**

Date	Type	Staff	History
Eating/Drinking Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Normal			Any Coughing, sneezing, diarrhea or vomiting? NO C/S/V/d
What diet is patient currently eating? Purina sensitive stomach and skin + Steak and turkey.			
Is patient current on flea and heartworm prevention? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no what kind? HG / Bravecto			
Does Patient need any refills on prevention or meds? <input type="checkbox"/> no <input checked="" type="checkbox"/> yes if yes what kind? Bravecto 1 refill HG- 6 months			
<b>Vaccines: DOGS</b> <input type="checkbox"/> Da2pp <input type="checkbox"/> Bordetella <input type="checkbox"/> nasal <input type="checkbox"/> inj <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Lepto <input type="checkbox"/> Lyme <input type="checkbox"/> Influenza		<b>CATS</b> <input type="checkbox"/> Fvrccp (distemper) <input type="checkbox"/> Felv <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Felv/Fiv/HW Triple Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos  <b>FECAL =</b> <input type="checkbox"/> NEG <input type="checkbox"/> POS	
<b>Heartworm Test</b> <input type="checkbox"/> accept <input type="checkbox"/> decline HW. <input type="checkbox"/> neg <input type="checkbox"/> pos Lyme <input type="checkbox"/> neg <input type="checkbox"/> pos Ap-spp <input type="checkbox"/> neg <input type="checkbox"/> pos EC-EE <input type="checkbox"/> neg <input type="checkbox"/> pos			
<b>EXAM:</b> PE BAR intact male HR-108. Grade 1/6 systolic murmur, lungs clear.			
<b>Diagnostics:</b> CBC - geratric blood work, anemia slightly improved. Chem - WNL.			
<b>DDX:</b> Possible splenic mass? IMHA/infectious disease. anemia secondary to HW disease.			
<b>TREATMENT:</b> N/A			
<b>PLAN:</b> Use meds as directed. Repeat CBC/abdomenrads in 3 weeks.			
<b>Nose and Throat</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE		<b>Mouth/Teeth/Gum</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E	
<b>Eyes and Ears</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E		<b>Coat and Skin</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E	
<b>Lymph Nodes</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E		<b>Legs/Paws/Back/Musculoskeletal</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	
<b>Nervous System</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E		<b>Heart and Lungs</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Heart Murmur Grade __/VI Murmur Comments: __ P= R= <input type="checkbox"/> Did not exam	

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11/7/2021 TC    MML    LMOM to confirm appointment/ml - TENTATIVE  
LMOM to confirm appointment/ml

11/7/2021 TC    CRR    Y Dr.G has seen. CRR - TENTATIVE  
Y Dr.G has seen. CRR

11/1/2021 TC    362    Linda called to give permission to move p to A different account for a rescue,  
o didnt give me infor - TENTATIVE  
Linda called to give permission to move p to A different account for a rescue, o didnt give me information about  
other account could not transfer p

db

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**Age:** 12 Yrs. 3 Mos.

**Color:**

**Breed:** Mountain Dog,  
Bernese Mix

**Sex:** Male

Date	Type	Staff	History
11/1/2021	TC	CMS	Client called confused about why she only received a 14 day prescription and not 30 days. She has an - TENTATIVE Client called confused about why she only received a 14 day prescription and not 30 days. She has an appointment on 11/8 and will ask the doctor then.
11/1/2021	TC	MMT	Swo to let them know rx is ready for pu-Mt - TENTATIVE Swo to let them know rx is ready for pu-Mt
11/1/2021	P	01	42.00 tablet of Doxycycline 100mg Tablets (500 ct) (2129) Rx #: 417068 Exp. Aug 31/2023 0 Of 0 Refills Filled by: 01 Give 1 and 1/2 tablets by mouth every 12 hours.
11/1/2021	TC	MMT	O called to cancel appt. said she will reschedule when she set's up an exam-Mt - TENTATIVE O called to cancel appt. said she will reschedule when she set's up an exam-Mt
10/30/2021	L	01	<b>SNAP Assays results from IDEXX VetLab In-clinic</b>

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WBC =	11.01 K/uL	5.05 - 16.76																																																																						
LYMPHS =	1.56 K/uL	1.05 - 5.10																																																																						

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## Patient History Report

**Client:** My Why Rescue, My Why Rescue  
(49947)

**Patient:** Spencer 20% Rescue Discount  
(125200)

**Phone:** (561) 818-8120

**Species:** Canine

**Breed:** Mountain Dog,  
Bernese Mix

**Address:**

**Age:** 12 Yrs. 3 Mos.

**Sex:** Male

**Color:**

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

```

%LYMPHS =      14.2 %
MONOS =        0.90 K/uL      0.16 - 1.12
%MONOS =        8.2 %
NEUT =         7.73 K/uL      2.95 - 11.64
%NEUT =        70.1 %
EOS =          0.81 K/uL      0.06 - 1.23
%EOS =         7.4 %
BASO =         0.01 K/uL      0.00 - 0.10
%BASO =         0.1 %
PLT =          337 K/uL      148 - 484
Retics =        5.0 K/uL L     10.0 - 110.0
%Retics =        0.1 %
RBC =          3.54 M/uL L     5.65 - 8.87
MCV =          60.5 fL L      61.6 - 73.5
MCH =          22.9 pg        21.2 - 25.9
RDW =          16.8 %        13.6 - 21.7
MPV =          11.6 fL        8.7 - 13.2
PDW =          11.9 fL        9.1 - 19.4
PCT =          0.39 %        0.14 - 0.46
RETIC-HGB =     24.3 pg        22.3 - 29.6
Anemia without reticulocytosis - Likely
non-regenerative anemia; consider pre-regenerative
anemia.
    
```

10/30/2021	P	01	1.00 each of Lixotinic per 120 ml (2410) Rx #: 416813 Exp. Oct 31/2022 0 Of 0 Refills Filled by: 01 Give 5 ml's by mouth every 12 hours (Iron supplement)
10/30/2021	P	01	30.00 tablet of Ketoconazole 400mg Quad Tab (1319) Rx #: 416803 Exp. Jan 31/2022 0 Of 0 Refills Filled by: 01 Give 1 tablet by mouth every 12 hours.
10/30/2021	P	01	1.00 tube of Animax Ointment/Derma-Vet 30ml (3396B) Rx #: 416802 Exp. Apr 30/2023 0 Of 0 Refills Filled by: 01 Apply a small amount into both ears every 12 hours.(Antifungal/Antibiotic)

10/30/2021 C 01 \*\*\*\*\* MEDICAL EXAM : GENERAL WORK-UP Canine/ Feline - CLOSED Nov 29/2021

Appt time: \_\_\_\_\_

General Workup

TIME ROOM WAS READY

:

Date: 10/30/2021 ACCT# **43971** **Linda Ellia** Y / N

Patient Name: "**Spencer**" 125200 12 Yrs. 0 Mos. D.O.B. 10/29/2009

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Date	Type	Staff	History
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Mountain Dog, Bernese Mix **Neutered Male**

Dr. **George A. Jutras, Jr D.V.M.** Technician: **kal**

<b>TEMP:</b> 101.0 <input type="checkbox"/> Fecal <input checked="" type="checkbox"/> Ear swab <input type="checkbox"/> HW PULLED <input type="checkbox"/> Urine <input type="checkbox"/> TNT Dec <input type="checkbox"/> Anal Glands Dec	
WEIGHT: 62.2 pounds 10/30/2021	
Primary Concern: General exam, Check ears, green puss like substance in ears, ears seems irritated and swollen. P is blind, P has dandruff. No other concerns.	
Which medication is your pet currently on? plaque off powder added to food.	Are vaccinations current? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>O brought in records,</b>
Eating/Drinking Changes? <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input checked="" type="checkbox"/> Normal	Any Coughing, sneezing, diarrhea or vomiting? No
What diet is patient currently eating? Pro plan sensitive skin and stomach	
Is patient current on flea and heartworm prevention? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no what kind? O rescued from shelter but the shelter stated they gave him flea prevention	
Does Patient need any refills on prevention or meds? <input checked="" type="checkbox"/> no <input type="checkbox"/> yes if yes what kind?	
<b>Vaccines: DOGS</b> <input type="checkbox"/> Da2pp <input type="checkbox"/> Bordetella <input type="checkbox"/> nasal <input type="checkbox"/> inj <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Lepto <input type="checkbox"/> Lyme <input type="checkbox"/> Influenza	<b>CATS</b> <input type="checkbox"/> Fvrccp (distemper) <input type="checkbox"/> Felv <input type="checkbox"/> Rabies <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> Felv/Fiv/HW Triple Test <input type="checkbox"/> Neg <input type="checkbox"/> Pos
Heartworm Test <input checked="" type="checkbox"/> accept <input type="checkbox"/> decline HW. <input type="checkbox"/> neg <input checked="" type="checkbox"/> pos Lyme <input checked="" type="checkbox"/> neg <input type="checkbox"/> pos Ap-spp <input checked="" type="checkbox"/> neg <input type="checkbox"/> pos EC-EE <input checked="" type="checkbox"/> neg <input type="checkbox"/> pos	<b>FECAL =</b> <input type="checkbox"/> NEG <input type="checkbox"/> POS
EXAM: Rescued 2 days ago. Foul smelling skin. Entire body dry, crusty, and flaky. HR 110. Grade 2/6 SM. Lungs clear. Slightly under weight. MM slightly pale.	
Diagnostics: Geriatric bloodwork: CBC, Chem and HWT Ear cytology- yeast Skin cytology- yeast	
DDX: Heartworm positive. Otitis externa. Yeast dermatitis	
TREATMENT: 0.4cc Kenalog SQ	
PLAN: Recheck in 7 dyas. Use meds as directed. Rec slow staged heartworm treatment ie one injection. Recheck in 2 months for full treatment	
Nose and Throat <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	Mouth/Teeth/Gum <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E

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Date	Type	Staff	History								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <b>Eyes and Ears</b>    <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> D N E                 </td> <td style="width: 50%; padding: 5px;"> <b>Coat and Skin</b>    <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> D N E                 </td> </tr> <tr> <td style="padding: 5px;"> <b>Lymph Nodes</b>    <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> D N E                 </td> <td style="padding: 5px;"> <b>Legs/Paws/Back/Musculoskeletal</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> DNE                 </td> </tr> <tr> <td style="padding: 5px;"> <b>Nervous System</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> D N E                 </td> <td style="padding: 5px;"> <b>Heart and Lungs</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal  <input type="checkbox"/> Heart Murmur Grade __/VI   Murmur Comments: __  <b>P=</b>                      <b>R=</b>                      <input type="checkbox"/> Did not exam                 </td> </tr> <tr> <td style="padding: 5px;"> <b>GI Tract/Abdomen</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> D N E                 </td> <td style="padding: 5px;"> <b>Urinary and Genitals</b>   <input type="checkbox"/> Normal   <input type="checkbox"/> Abnormal   <input type="checkbox"/> D N E                 </td> </tr> </table>				<b>Eyes and Ears</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E	<b>Coat and Skin</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E	<b>Lymph Nodes</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E	<b>Legs/Paws/Back/Musculoskeletal</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> DNE	<b>Nervous System</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E	<b>Heart and Lungs</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Heart Murmur Grade __/VI   Murmur Comments: __ <b>P=</b> <b>R=</b> <input type="checkbox"/> Did not exam	<b>GI Tract/Abdomen</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E	<b>Urinary and Genitals</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> D N E
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10/30/2021 T        7  
10/30/2021 V        01

Image: previous record- ns  
Oct 30, 2021 08:40 AM Staff: 01  
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Weight                      : 62.20 pounds

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