



## Madison Veterinary Clinic

John C. Lewis, D.V.M.

Darren Baxley, D.V.M.

119 SW Captain Brown Road

Madison, FL 32340

(850) 973-6936 office

(850) 973-3434 fax

### FAX COVER SHEET

To: \_\_\_\_\_

From: Amber

Date: \_\_\_\_\_

Subject: \_\_\_\_\_

48 number of pages sent (including cover sheet)

Please call 850-973-6936  
when you receive this  
page

Owner's Name

Craig Grant

Client #

4532

Address

Home Phone

971-4417

Animal Name

Work Phone

Species

Breed

Emerg. Phone

Sex

Age

Color/Markings

VAX DUE

7/23/09

Wigo

Core at

Purkin

body 45 (E)

35cc/cat

07/23/09

ID#: 014574

Refills: 0

Vet #: FL 2491

Madison Veterinary Clinic, L.L.C.

119 SW CAPTAIN BROWN RD

Madison, FL 32341

(850) 973-6936

John C. Lewis DVM(FL 2491)

Feline

CRAIG GRANT

CAT HERD

NUFLOR 100 ML- 1 ML

Exp: 07/23/10

Qty: 9.00

Strength: 300MG/ML

GIVE CAT .1CC (1/10 ML) FOR 3 LBS OF BODY WT BY MOUTH ONCE A DAY FOR 10 DAYS.

8/11/09

Dante Miller The

Dante Miller

08/11/09

ID#: 014760

Refills: 0

Vet #: FL 2491

Madison Veterinary Clinic, L.L.C.

119 SW CAPTAIN BROWN RD

Madison, FL 32341

(850) 973-6936

John C. Lewis DVM(FL 2491)

Feline

CRAIG GRANT

CAT HERD

NUFLOR 100 ML- 1 ML

Exp: 08/11/10

Qty: 9.00

Strength: ---

GIVE CAT 0.1 CC (1/10 ML) FOR 3 LBS OF BODY WEIGHT BY MOUTH ONCE A DAY FOR 10 DAYS.

8/24/09

Farm V for Powder post

P. pulchellus

1.30-2.30

W. John R. Caboodle Ranch

11/18/09

Farm V to report

hard a visit

T. japonica

~ 90% of cats healthy

see see

it recs to 1/20/10

1/5/10

Dr. Levy called

from cat - here goth

cats Not cared

to return their cats

Cinnamon

Mawson

P. pulchellus

dog

09/15/09

ID#: 015021

Refills: 0

DIN #:

Madison Veterinary Clinic, L.L.C.

119 SW CAPTAIN BROWN RD

Madison, FL 32341

(850) 973-6936

Darren Baxley, D.V.M.

Vet #FL9899

Feline

CRAIG GRANT

CAT HERD

NUFLOR 100 ML- 1 ML

Exp: 09/15/10

Qty: 9.00

Strength: ---

GIVE CAT 0.1cc ( 1/10 ml ) FOR 3 lbs OF BODY WEIGHT BY MOUTH ONCE A DAY FOR 10 DAYS.

Owner's Name

Craig Grant

Client #

4552

Address

Home Phone

971-4417

Animal Name

Farm issue

Work Phone

904-377-1715

Species

Breed

Emerg. Phone

Sex

Age

Color/Markings

VAX DUE

9/28/10 (cont)

- Rec 1) Service up entryway  
 2) Go ahead w/ plans to remove old trailers & replace w/ New metal bldg w/ inspection certification. - Suggest establish bldg. And  
 3) Require all incoming cats to come w/ FVRCP Vacc & immun boost w/ MLV <sup>on web site</sup>  
 FVRCP Vaccine on arrival.  
 4) Req. incoming cats to be neg Feline Herpesvirus  
 5) Continue the aggressive treatment of sick cats w/ resp probs.  
 6) Minimize incoming cats until facilities can be upgraded.  
 7) Consider disposable litter boxes made from cardboard or paper to minimize clean up time.  
 8) Pursue dark clean up help to free up Craig's time.

Phoned Jamie & Carol child - 30 min discussion on issues & potential solutions

- 9) Jamie can make multiple gtrly periodic visits to assist w/ problems.

9/29/10

write letter to Craig outlining suggestions & final cc: to Jamie

10/1/10

Phoned Pfizer Technical Vet - discussed Vaccine Program

Re use of Fubcell 4 (MLV FVRCP & Chlamydia) -

She says 1 risk w/ 1st vac probs 7-10

days post vacc. looking - 2 wks regularly for

she res - new cats - Isolate, get the strain

probed get prob early & Vacc w/ Fubcell 3

- keep under control -

Suggests Muscimol as cause of most probs.

Owner's Name CRAIG GRANT Client # 4552  
 Address \_\_\_\_\_ Home Phone 971-4417  
 Animal Name FARM ISSUE Work Phone 904-377-1215  
 Species \_\_\_\_\_ Breed \_\_\_\_\_ Emerg. Phone \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Color/Markings \_\_\_\_\_ VAX DUE \_\_\_\_\_

10-8-10 DSP 100 DOSES ECLIPSE 3 VALINE

10-20-10 VACCES on herd at farm

Farm V w/ Amber -

Vacc Eclips 3 - 100 cats - applied  
 Blue Neck bands w/ X on them  
 2:00 - 4:00

11/10/10 vaccines on herd at farm - V Vacc 80

cats w/ Eclipse 4

used 1 Viral Canine on cats w/  
 Vary degree of Resp. Dist. 2:30 - 4:30

11/12/10 @ Farm Debris stopped by chumley  
 Complaints - wants care at (at) (at)

12/8/10 VACCES @ Farm Cancelled

Dear Dr. Lewis,

Please put this small  
 donation on the Caboodle  
 Ranch account. Perhaps  
 it might can be used  
 in some way.

Thank you,

Karen Thornton

2926 Biven Rd

St. Cloud, FL

02/15/11  
 ID# 019209  
 Refills 0  
 DIN #

John C. Lewis, DVM

CRAIG GRANT

DOXYCYCLINE 50 MG- 50 CAPSULES

Qty 1.00

USE AS DIRECTED.

Madison Veterinary Clinic, L.L.C.  
 119 SW CAPTAIN BROWN RD  
 Madison, FL 32341  
 (850) 973-6936

Vet #FL 2491

SUPPLIES

Exp 02/15/12

Strength: 50 MG

Keep out of Children's Reach For Veterinary Use Only

Owner's Name Craig Grant Client # 4552  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Animal Name Hood isner Work Phone \_\_\_\_\_  
 Species \_\_\_\_\_ Breed \_\_\_\_\_ Emerg. Phone \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Color/Markings \_\_\_\_\_ VAX DUE \_\_\_\_\_

- 3/2/11 cont. Recommendations - ① concrete Bulky on plan  
 pay attention to inspection surfaces ease  
 of clean up & enhanced Ventilation (exhaust fans)  
 ② Complete FIV & Feline pus. isolation areas  
 ③ Complete plan concrete in walling  
 ④ complete Solid & consider phasing out  
 some trees to increase sunlight without  
 destroying shady areas  
 ⑤ Consider using A/C in food storage box instead  
 of dehumidifiers. Both will dehumidify but the  
 A/C will ~~not~~ eliminate heat buildup that will  
 occur with the dehumidifiers.  
 ⑥ Consider using Mini-Split (mike buck) ~~split~~ HVAC  
 for the new large buildings as they are  
 effective & efficient - however they will not  
 do well for wetting & down stairs since they  
 are ductless  
 ⑦ Consider installing high volume exhaust fans in buildings  
 as adequate ventilation is extremely helpful in  
 preventing respiratory diseases  
 ⑧ Consider placing hand sanitizer stations  
 (maybe a wire or plastic basket) on trees along  
 walkways with a pump bottle of hand sanitizer  
 in it. This will enhance visitors  
 ability to sanitize hands after handling cats &  
 decrease the potential of giving to disease  
 control.

3/4/11 Letter written to Craig summarizing visit  
 & recommendations Copy to Jeff Buckner & Jenni Williams

Owner's Name Craig Grant Client # 4552  
 Address \_\_\_\_\_ Home Phone 971-4417  
 Animal Name Caboodle Ranch Work Phone 904-377-1715  
 Species \_\_\_\_\_ Breed \_\_\_\_\_ Emerg. Phone \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Color/Markings \_\_\_\_\_ VAX DUE \_\_\_\_\_

3/2/11 Form V w/ Cary Harlee 5:30-6:30pm  
 Tour from a newly purchased building's bright  
 in to replace the old (old) trailers. Trailers still  
 present but being phased out as new buildings  
 are completed.  
 Lower old side used now as inside shelter  
 for cats to come & go.  
 Grounds are freshly raked w/ fresh fiber ~~litter~~  
 in big sand boxes - Craig has new  
 grounds keeper - it's excellent  
 Met Debbie - new cleaning lady - with  
 improved cleanliness - 1. bathroom, pool table, etc.  
 much water even in sev. areas  
 Dry pool even in sev. areas  
 Town - new FIV (F) area under car -  
 structure - not completed  
 Visited side pen - sev. side cats - now have  
 dislinox wipes available  
 observe new metal box pool storage area  
 Craig plans to seed areas to attract some  
 birds. Craig plans to concrete (w/ decorative areas)  
 the walkway  
 estimate 85% of cats healthy ~ 10% w/ varying  
 degree of resp. probs & 5% w/ asst other  
 conditions - ears skin etc.  
 Most cats extremely social and outgoing.  
 own

Owner's Name Craig Grant Client # 4552

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

Animal Name Speedster Work Phone \_\_\_\_\_Species feline Breed DMH Emerg. Phone \_\_\_\_\_Sex M/C Age \_\_\_\_\_ Color/Markings org/wht VAX DUE \_\_\_\_\_

11/23/10 Polyp in ear (2)  
 Foul Temporal - unable to exam  
 2cc DOT on Q - Did not get sleep  
 ISO Box

13cc CONVENIA (2)  
 10cc FURACE SQ (2)

Eclipse 3 SQ (2)

Clear ears - Remove lg polyp from (2)  
 ear canal by twisting w/ forceps  
 minimal bleed

11/24/10 Push ears if otomax  
 Clear (2) ear otomax - After some -  
 Acts better this Am

1-26-10 Messy - may need antibiotics? ISO Box (2)  
 4cc RLK + 12cc RLK PM + 2cc RLK

Conjunctivitis  
 0.4ml RLK IM  
 0.25ml Furace SQ

100 ml SQ LRS (2)  
 Grooming and Bath by Clinic Staff

Owner's Name Craig Grant Client # 4552  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Animal Name EVINRUDE Work Phone 904-372-1715  
 Species Feline Breed DSD Emerg. Phone Office 971-4417  
 Sex M Age 3 yrs Color/Markings Orange tabby VAX DUE \_\_\_\_\_

6/8/09

Castr

3# 502

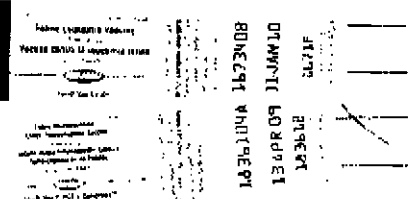
6/8/09

FELV Neg / FIV Neg

MAF

FURCP

FELV

1/2 INUFLOR  
104cc INUFLOR  
5g

8-26-09 ✓ wound on (R) rear leg -  
 BQ overnight T 103.0  
 35cc Rth pr. 4# 502  
 abscessed (R) hock -  
 Xy PPA Lat (R) - clinical hock it -  
 Shell dorsal bones - osteolyzed by infection -  
 Pcc. apparatus -  
 P wants to try conservative tx. w/ AB Pen-30-45  
 Day  
 Digo Nulzar 10ml  
 1. (1/10cc) / 3  
 orally once a day

CRAIG GRANT

EVINRUDE

NUFLOR 100 ML - 1 ML

Qty 10.00

Exp 08/27/11

Strength 300mg ml

GIVE CAT .1cc(1/10 ml) PER 3# BY MOUTH  
 ONCE A DAY FOR JOINT INFECTION

Keep out of Children's Reach For Veterinary Use Only

(R) capum also swollen - purple & red - top -  
 yellowish pur - Sample on Cultures to Antech  
 for CAS

Pz - 50g Clindamycin 3g

Hoyz over the / Cray

8/27/09

B.L. - 15ml Nulzar PCC

8/27/09

Lds Negit - No growth - Dr. Nichols  
 @ Antech suspects Mycoplasma  
 He suggests Dext, or Nulzar or Azithromycin



Owner's Name Craig Grant Client # \_\_\_\_\_

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

Animal Name Billy Work Phone \_\_\_\_\_Species Feline Breed DMH Emerg. Phone \_\_\_\_\_Sex M Age 9wk Color/Markings Bl/wh VAX DUE \_\_\_\_\_5/19/09 Dropped cat taken - no pabs - 2<sup>nd</sup> 302ANP Recu Keyno 6<sup>th</sup> 1/2 Double DFVRCP 8FeLV 8Rec 302 Book done6-29-09 VACC 904-377-1715PLZ NAT Grant 6monthFVRCP FeLV (2nd) Book 802<sup>nd</sup> 14021/2 Double D04 a IVens

Owner's Name Craig Grant Client # \_\_\_\_\_

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

Animal Name Yamaha Work Phone \_\_\_\_\_Species Feline Breed DSH Emerg. Phone \_\_\_\_\_Sex M Age 3mo Color/Markings Gray Tabby WAX DUE

6/3/09

Capstar

2\*700

6/4/09

Feline Neg

/ FIV Neg

MTF

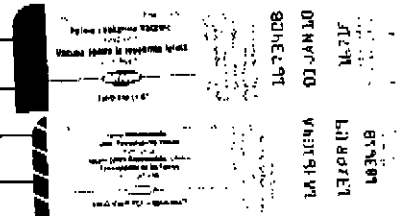
FVRCP

1/2 Insect @

LVH (1")

10300 7/10/09

32



Owner's Name Craig Grant Client # \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Animal Name ~~4-11-11~~ Johnson Work Phone \_\_\_\_\_  
Species \_\_\_\_\_ Breed DSH Emerg. Phone \_\_\_\_\_  
Sex M Age 3yrs Color/Markings ORANGE VAX DUE \_\_\_\_\_

6/3/09  
6/4/09

Capstar 2-25 #  
FeLV Neg / FeLV Neg  
MAP  
FVRCP  
FeLV (1<sup>st</sup>)  
1/2 DmH @  
030 p.m.



Owner's Name Craig Grant Client # 904-377-1715  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Animal Name Nubias Work Phone \_\_\_\_\_  
 Species Feline Breed Munch X Emerg. Phone \_\_\_\_\_  
 Sex MLC Age 6 mos Color/Markings Gray tabby VAX DUE \_\_\_\_\_

## FELINE ANNUAL VACCINATIONS

TEMP	_____	WEIGHT	<u>6.5</u>
FELV TEST	<u>neg</u>	FIV TEST	_____
FECAL	_____	IMRAB	_____
FVR-CP	<u>X</u>	LEUK	<u>X</u>
DEWORM	_____	CNS	_____
CHECK EARS	<u>Blocked</u>	E/m	<u>Marked</u>
CHECK TEETH	<u>OK</u>	At	_____
OTHER	_____		

3/6/09 12 days post op  
35 cc PR m/1.5 cc PR  
Curbitate - routine  
for cold on cold  
Diaper  
1.5 cc Naxel

12 Nucleotide 12 days - close 2nd view skin  
3-2 PR m/1.5 cc PR  
2nd 2nd  
COO

COO & No Answer

3/7/09 Scratch well  
Curbitate 0.3ml SQ  
Baytril 6mg SQ

good prognosis  
remove bandage in 3 days

Owner's Name Wayne Conger Craig Grant Client # 4504  
 Address ~~Smoky~~ Home Phone 850-562-7359  
 Animal Name Smoky Work Phone 904-377-1715  
 Species Feline Breed DLH Emerg. Phone 971-4417  
 Sex m/c Age 2 Color/Markings Sable - GRAY

11/28/07 Neuter / vaccs / FeLV-FIV  
 Bd for a couple days (Fri) owner will call  
 Do Lab tests 1st - if neg - Proceed.  
 10 1502 SURRIL + 152 ALB  
 CC PDC. ~~A~~

## FELINE ANNUAL VACCINATIONS

TEMP \_\_\_\_\_ WEIGHT 10<sup>lb</sup> 152  
 FELV TEST Neg FIV TEST Neg  
 FECAL \_\_\_\_\_ IMRAB X  
 FVR-CP X LEUK X  
 DEWORM \_\_\_\_\_ C/NS \_\_\_\_\_  
 CHECK EARS ok  
 CHECK TEETH ok

OTHER \_\_\_\_\_

002646  
 Craig Grant will  
 Plu on Friday  
 11/29/07 Surg site ~~ok~~  
 SD or Am ~~ok~~  
 clo ~~ok~~

11/30/07 Surg site good.  
 RTG - BAR

Cat to be adopted  
 to Mr Grant (Cubicle  
 old to Mr Grant  
 to see with Alva

2-8-08 coughing up mucus TC CO20 -  
 sneeze ~~phlegm~~ phlegm & gurgles - gap &  
 8/4/07 wheezes when throat irritated  
 O her tried to give Chloram.  
 Rx - 75g Chloram &  
 - 3g for 5g

2/9/08 Swab Per GAS @ lab (10)  
 T<sup>o</sup> 101.4 - yellow pur in throat -  
 Rx 75g Chloram 5g  
 200 g of Bactel 5g

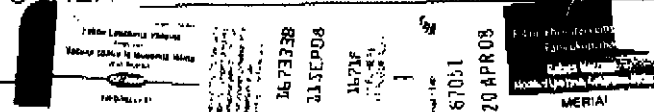
2/19/08 Lab Ant - 7 Pos Strip. Devereau -

Owner's Name Board of Co. Comm Client # 450 4552  
 Address Craig Grant Home Phone 973-256  
 Animal Name P.T. Work Phone \_\_\_\_\_  
 Species feline Breed DSH Emerg. Phone 7ish Freeman 973-9445  
 Sex M Age at 1 yr. Color/Markings BLACK  
 1-23-08 Neuter & Ann Vaccs - 5-10-08 w/ PPK

## FELINE ANNUAL VACCINATIONS

TEMP N WEIGHT 9.13.2  
 FELV TEST Neg FIV TEST \_\_\_\_\_  
 FECAL \_\_\_\_\_ IMRAB X  
 FVR-CP X LEUK X  
 DEWORM see Ann S/O/S \_\_\_\_\_  
 CHECK EARS \_\_\_\_\_  
 CHECK TEETH 12m - Acarex X  
 Am &

## OTHER



~~Bill to AFCE~~

Owner's Name

Craig Grant

Client #

4552

Address

Home Phone

Animal Name

Grey

Work Phone

Species

Deline

Breed

Emerg. Phone

RATCA

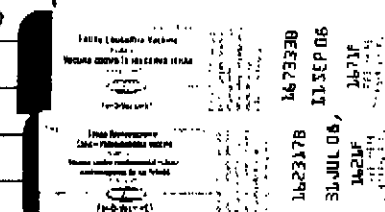
Sex

m/C

Age

Color/Markings

1-11-08

FVRCP - Craig Grant will adopt  
Leuk test Neg on 1-10-08 -  
Leuk vaccine?FVRCP Vaccine ☒  
Leukemia Vaccine ☒

Boost leukemia vaccine in 3 mths.

062608  
ID# 110980  
Refills 0  
Vet # FL 2491Madison Veterinary Clinic, L.L.C.  
119 SW CAPTAIN BROWN RD  
Madison, FL 32341  
850-973-6936

John C. Lewis DVM-FL 2491

CRAIG GRANT

Equine  
SUPPLIES

Neo/Poly/Dex Eye Drops - 5cc

Exp 08/2009

Qty 2.00

Strength ---

USE AS DIRECTED

Keep out of Children's Reach For Veterinary Use Only

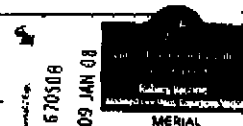
Owner's Name Craig Grant Client # 4552  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Animal Name Snoopy Dog Work Phone \_\_\_\_\_  
Species Feline Breed DSH Emerg. Phone \_\_\_\_\_  
Sex M Age 5yrs Color/Markings Blk/white

8-13-07 Vaccs  
10 lbs 8oz

## FELINE ANNUAL VACCINATIONS

TEMP \_\_\_\_\_ WEIGHT 10 lbs 8oz  
FELV TEST Declined FIV TEST Declined  
FECAL \_\_\_\_\_ IMRAB ✓  
FVR-CP ✓ LEUK Declined  
DEWORM 1.5 months C/NS \_\_\_\_\_  
CHECK EARS Mites  
CHECK TEETH WNL

OTHER \_\_\_\_\_





Owner's Name Craig Grant Client # 4552  
 Address 613 N Forest Creek Dr. Home Phone 904-377-1715  
 Animal Name Red Work Phone 971-4417  
 Species Feline Breed DH Emerg. Phone \_\_\_\_\_  
 Sex M/C Age \_\_\_\_\_ Color/Markings Red 10/12-03

10/12-05 Exam - Sick - Coughing - V checks  
10/18

1 lower leg broken a punctured  
 from external claw teeth set 130-180  
Amputated For ball in ear

Abled other - 2° St/pt - No Am seen  
Clean

vet sth.

dry claw gum - see daily  
ice break a

Plan claw external  
tooth when run  
is deadly

Diamond saddle shoes

10/12/05  
 R# 300991  
 Refills  
 Vet #

Madison Veterinary Clinic  
 1509 West Base Street  
 Madison, AL 37134  
 (850) 875-0991

John C. Lewis DVM MS (1991)

CRAIG GRANT

REC

Ear Cleanser - 8oz

Qty 1.00

APPLY IN EARS ONCE A DAY

Keep out of Children's Reach For Veterinary Use Only

# FELINE ANNUAL VACCINATIONS

TEMP 102.2 WEIGHT 9 lb  
 FELV TEST \_\_\_\_\_ FIV TEST \_\_\_\_\_  
 FECAL \_\_\_\_\_ IMR-B X  
 FVR-CP X LEUK \_\_\_\_\_  
 DEWORM LYAL TX CINS \_\_\_\_\_  
 CHECK EARS \_\_\_\_\_  
 CHECK TEETH \_\_\_\_\_  
 OTHER \_\_\_\_\_



Owner's Name Craig Grant Client # 4552  
Address \_\_\_\_\_ Home Phone 904-377-1715  
Animal Name Kitten "Danny" Work Phone \_\_\_\_\_  
Species feline Breed DSH Emerg. Phone \_\_\_\_\_  
Sex M Age 11 wks Color/Markings tabby

10-15-07 VACCs WT-2/5s 12oz  
FVRCP-~~OK~~ Ear mites +  
Deworm Plus 1/2 tab - declined Feline test  
milbemide tx ~~OK~~

~~10-15-07 VACCs - no 5/4 on~~

Owner's Name Craig Grant Client # 4552  
 Address 1013 North Forrest Creek Dr St. Augustine Home Phone (904) 377-1715  
 Animal Name Pepi La Pew Work Phone \_\_\_\_\_  
 Species Feline Breed Siamese mix Emerg. Phone \_\_\_\_\_  
 Sex M Age 4 YRS Color/Markings tan / blue eyes

8-16-05 Exam, problems eating, tooth? 10/14/02  
 17102.2 - Stomach - mal. siene.  
 CE - Dissect Feto, FIV, Barbell -  
 Pla - A/S trial

Dip Clindacure 25mg  
 2.5g bid po

Per a Abil Luts. JADA

08/16/05  
 ID# 000399  
 Refills 0  
 Vet # ---

Madison Veterinary Clinic  
 1309 West Base Street  
 Madison, FL 32341  
 (850) 973-6936

John C. Lewis DVM(FL) 2491

CRAIG GRANT

CAT HERD

Clindacure 25mg

Qty 1.00

GIVE CAT 25MG BY MOUTH 2 TIMES A DAY

Exp 12/31/11

Strength ---

8/17/05 OC spiked heads  
 ref. 11

08/18/05  
 ID# 000417  
 Refills 0  
 Vet # ---

Madison Veterinary Clinic  
 1309 West Base Street  
 Madison, FL 32341  
 (850) 973-6936

John C. Lewis DVM(FL) 2491

CRAIG GRANT

PEPI LA PEW

Clindacure 25mg

Qty 1.00

GIVE CAT 25 MG BY MOUTH TWICE A DAY

Exp ---

Strength ---

9.95

Keep out of Children's Reach For Veterinary Use Only

gumming - when molarly - they  
 No discolored teeth from iodine or  
 gingivitis

10/11/05  
 ID# 000796  
 Refills 0  
 Vet # ---

Madison Veterinary Clinic  
 1309 West Base Street  
 Madison, FL 32341  
 (850) 973-6936

John C. Lewis DVM(FL) 2491

CRAIG GRANT

PEPI LA PEW

Clindacure 25mg

Qty 1.00

GIVE CAT 25MG BY MOUTH TWICE A DAY

Exp 12/31/11

Strength ---

Keep out of Children's Reach For Veterinary Use Only

10/16/05 101 - 2 Clindacure 25mg  
 2.5g po bid

Owner's Name Craig Grant Client # 4552

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

Animal Name 030411 A Work Phone \_\_\_\_\_Species \_\_\_\_\_ Breed DSH Emerg. Phone \_\_\_\_\_Sex m/c Age \_\_\_\_\_ Color/Markings black VAX DUE \_\_\_\_\_3-10-11 122kg - feels better 81216mg Bybit SQ3-11-11 Eating 0.25cc Nuprin SQ 0.3.2 - eaty still has76mg Bybit SQ still has25cc Nuprin SQ eaty hacks3/12/11 16mg Bybit SQ still Eating! corn25cc Nuprin SQ3/13/11 16mg Bybit SQ Eating, Drinking0.25cc Nuprin SQ Normal stool3/14/11 16mg Bybit SQ0.25cc Nuprin SQ3/15/11 16mg Bybit SQ APPETITE POOR OVERNIGHT0.25cc Nuprin SQ0.4ml Compensate0.25cc Nuprin SQ0.25cc Nuprin SQ0.25cc Nuprin SQ0.25cc Nuprin SQ0.25cc Nuprin SQ0.25cc Nuprin SQ0.25cc Nuprin SQ0.25cc Nuprin SQ0.25cc Nuprin SQ0.25cc Nuprin SQ0.25cc Nuprin SQ

AVID\*066\*065\*329

Owner's Name Thelma Thompson-Craig Grant Client # 7269  
 Address \_\_\_\_\_ Home Phone 850-971-0011  
 Animal Name Smokey Work Phone \_\_\_\_\_  
 Species Feline Breed DLH Emerg. Phone \_\_\_\_\_  
 Sex M/C Age 3/06 Color/Markings Grey VAX DUE \_\_\_\_\_

3/16/11 Ann Vaccs

## FELINE ANNUAL VACCINATIONS

TEMP 101 WEIGHT 11#702  
 FELV TEST neg FIV TEST neg  
 FECAL \_\_\_\_\_ IMRAB X  
 FVR-CP X (Congo) LEUK X  
 DEWORM 1 tablet C/NS \_\_\_\_\_  
 CHECK EARS OK  
 CHECK TEETH OK  
 OTHER \_\_\_\_\_

PE 1) Intest Etm  
 Mibeate Aua

- 2) Hec chr
- 3) abd, sub anal
- 4) oral ean Naul

Meg Hw Ay



AVIO\*066\*065\*592

Owner's Name Craig Grant Client # 4552  
Address \_\_\_\_\_ Home Phone 904-377-1715  
Animal Name Romeo Work Phone \_\_\_\_\_  
Species Feline Breed DSH Emerg. Phone \_\_\_\_\_  
Sex M/C Age \_\_\_\_\_ Color/Markings Blue VAX DUE \_\_\_\_\_

3/26/11 Vaccs -  
Has Rd 3yr Rabies & Testing  
Feline  
FIV +

PE-NAP

~~FVRCP~~  
~~Moraxella~~



AVID\*066\*067\*305

Owner's Name Craig Grant Client # 4552

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

Animal Name Panda Bear Work Phone \_\_\_\_\_Species Feline Breed DH Emerg. Phone \_\_\_\_\_Sex M/C Age 4 yrs Color/Markings tux blk/white VAX DUE \_\_\_\_\_

6-7-11 ✓ growth in ear 10#502

polyp protruding from (R) ear canal

.5cc R/L IMQ

Remove polyp - (R)

clean ears (R)

.45cc Convenia SQ (R)

Microchip AVID

066\*067\*305

6/8/11 clean ears - apply Sunlow eclipse 4 vaccine

mild head lift

6/9/11 clean ears - Sunlow mild head lift





Owner's Name Craig Grant Client # 4552

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

Animal Name Fudge Work Phone \_\_\_\_\_Species \_\_\_\_\_ Breed DSH Emerg. Phone \_\_\_\_\_Sex M Age 7yrs Color/Markings Black Tabby VAX DUE \_\_\_\_\_

6/20/11 7/10/12 - 51. matted eyes

BAR - 1st/2nd

HAL 1st/2nd

Eclipse 3 Vacc 1/2 dental ⊕

Rec - 3rd Not Vacc 1cc Caverin 500 1cc Penicillin 1000

6/24/11 BL Recel-HOOKST

6/22/11 BL - looks good - eyes clear



AVID\*069\*362\*094

Owner's Name Craig Grant Client # 4552

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

Animal Name I+ Work Phone \_\_\_\_\_Species Feline Breed DSH Emerg. Phone \_\_\_\_\_Sex M/C? Age \_\_\_\_\_ Color/Markings black / white VAX DUE \_\_\_\_\_

7-11-11 ✓ Cyst under throat - has been on Bantrol and fluids a few days

0.4 ml R/K IM

wt. 9#1602

Access (R) Shoulder and neck

T 103.6

013886

Feline Rhinotracheitis-Calicivirus  
 Parvovirus Vaccine  
 Adjuvanted (1st dose)  
 For use in cats 12 weeks of age and older  
 0.5 ml (0.25 ml per cat)

&gt;⊗

Convenia 0.5 ml SQ

Roxvel 0.2 ml SQ

Microchip

bone screws (C) shoulder and neck, place

Pain relief

Radio off tomorrow.

7/12/11

Immunos

0.1 ml Ketoprofen SQ

7/19/11

Remove Drain

Pleasant

Clean wound

0.5 ml Convenia SQ

Cap stop

7/20/11

Clean wounds



Owner's Name Craig Grant (Kathy Simons) Client # 4552

Address \_\_\_\_\_ Home Phone 904-377-1715

Animal Name John Work Phone \_\_\_\_\_

Species \_\_\_\_\_ Breed DSH Emerg. Phone \_\_\_\_\_

Sex M / Age 1x Color/Markings ORANGE/WHITE VAX DUE \_\_\_\_\_

7-19-11 Leukemia test 1st - previous owner to wait on results - if OK we are to reenter - she will pay - Craig will pay when ready

USE CRAIG'S VAXES HERE

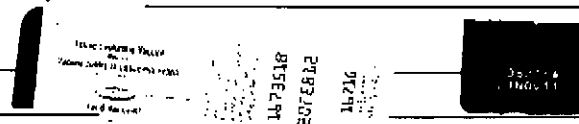
FELV - NEG 11#202  
FIV - NEG

### FELINE ANNUAL VACCINATIONS

TEMP \_\_\_\_\_  
FELV TEST - NEG  
FECAL \_\_\_\_\_  
FVR-CP Ecoline X  
DEWORM \_\_\_\_\_  
CHECK EARS OK  
CHECK TEETH OK

WEIGHT 11#202  
FIV TEST - NEG  
IMRAB X  
LEUK \_\_\_\_\_  
C/NS \_\_\_\_\_

### OTHER



Castrate - done -  
HE card on  
card -  
Diaper C.O. X

7/20/11 Amox 50mg &  
Scrutin - w/ur

# 321-303 3076

Owner's Name Craig Grant (Jan Sanders) Client # 4552  
 Address \_\_\_\_\_ Home Phone 904-377-1715  
 Animal Name Pom Pom Work Phone \_\_\_\_\_  
 Species Feline Breed DSH Emerg. Phone \_\_\_\_\_  
 Sex Female Age 3 years Color/Markings Gry VAX DUE \_\_\_\_\_

2/19/11 Ann Vaccs- (✓ to see if Neutered)  
 If not Spayed or Neutered - Call Jan she will pay  
 For SX-

012828  
 2/20/11 ALVAP  
 2/21/11 BJ  
 2/22/11 BJ Early 1.1/1.1  
 2/23/11 BJ  
 2/24/11 BJ Early Some  
Can go home.

## FELINE ANNUAL VACCINATIONS

TEMP <u>✓</u>	WEIGHT <u>11.1 lb</u>
FELV TEST _____	FIV TEST _____
FECAL _____	IMRAB <u>✓</u>
FVR-CP <u>✓</u>	LEUK <u>✓</u>
DEWORM <u>1.5 g Muzz</u>	C/NS _____
CHECK EARS <u>✓</u>	
CHECK TEETH <u>✓</u>	
OTHER _____	

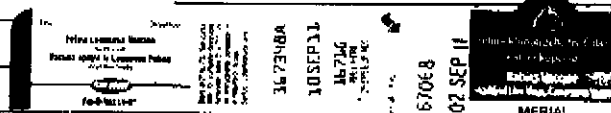
Owner's Name ~~Joe Hall~~ Craig Grant Client # ~~4039~~ 4552  
Address \_\_\_\_\_ Home Phone 232-4173  
Animal Name Big Yellow Work Phone \_\_\_\_\_  
Species Feline Breed DSH Emerg. Phone \_\_\_\_\_  
Sex M/C Age \_\_\_\_\_ Color/Markings Orange Strip VAX DUE \_\_\_\_\_

2-4-11 Ann Yaccos - will be adopted  
by Caboodle Ranch  
Owner's signature [Signature]

## FELINE ANNUAL VACCINATIONS

TEMP \_\_\_\_\_ WEIGHT 12<sup>th</sup> 100  
FELV TEST \_\_\_\_\_ FIV TEST \_\_\_\_\_  
FECAL \_\_\_\_\_ IMRAB X  
FVR-CP X LEUK X  
DEWORM Drontal C/NS \_\_\_\_\_  
CHECK EARS none  
CHECK TEETH none

OTHER \_\_\_\_\_



Owner's Name

~~De~~ Hall

Client #

4552  
~~9039~~

Address

Craig Grant

Home Phone

232-4173

Animal Name

Blackie

Work Phone

Species

Teline

Breed

Emerg. Phone

Sex

m/c

Age

Color/Markings

Blk

VAX DUE

11/12

2-4-11

~~Blackie~~ - will be adopted  
by Caboodle Ranch  
owner signature [Signature]

with ears  
No Ears seen

NATP - dirty ears

2/5/11

BD Se adopted by Craig Grant  
BD for Craig Grant

Feline Rhinotracheitis-Calici  
Panleukopenia Vaccine  
Merial (1-11-11)

- ~~3~~ Eclipse 3  
@ NLC

On 11/16/10 @  
Companion animal  
Hospital  
Johnson, Necker,  
Lehr,  
Drs Davenport Blackie  
386-362-1556

Owner's Name

Craig Grant (Megan Dijkhuis)

Client #

4552

Address

Home Phone

904-377-1715

Animal Name

Fluffy

Work Phone

Species

Feline

Breed

DMH

Emerg. Phone

DECLINED  
FRONT

Sex

M/C

Age

1/04

Color/Markings

BK/Wh

VAX DUE

1/28/11

Ann Vaccs - Leuk &amp; Feo

## FELINE ANNUAL VACCINATIONS

TEMP

FELV TEST

FECAL

FVR-CP

DEWORM

CHECK EARS

CHECK TEETH

OTHER

WEIGHT

FIV TEST

IMRAB

LEUK

C/NS

10# 10<sup>02</sup>

Megan donated  
carrier to Caboodle  
also along with  
cat.

Megan Dijkhuis is voluntarily giving  
ownership of Fluffy to Caboodle Ranch  
and is allowing MVC to board  
cat until Craig picks up @ MVC.

~~Megan Dijkhuis~~

3:35 Placed by Craig Grant

Owner's Name Craig Grant Client # 4582  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Animal Name "Annie" Torti Work Phone \_\_\_\_\_  
 Species feline Breed DSH Emerg. Phone \_\_\_\_\_  
 Sex FLS Age \_\_\_\_\_ Color/Markings Tortoise VAX DUE \_\_\_\_\_

12/15/10 Just flew in from Japan, Exam's Vaccs??  
 Called USDA in Gainesville to find out about  
 Quarantine requirements, USDA never called  
 back

12/16/10 30 Annie USDA call - Did not eat  
 12/17/10 102.0 8/1/10 130/102 - Chick

8/1/10 MAR H&L ch  
No meat  
Purple Spray chick Purple 4  
egg ch leather 5/10  
and exam MTH

12/18/10 Bcl Didn't eat, left 20 pellets & canned down  
 12/19/10 Bcl Ate all 20 pellets and some canned food;  
 left 20 pellets and rest of canned food

12/20/10 Bcl Ate well.

12/21/10 Bcl - Ate - Craig asked ATG

12/22/10 Bcl - Ate



4552

9039

Owner's Name De Hall Client # 9039  
 Address Craig Grant Home Phone 232-4173  
 Animal Name Garfield Work Phone \_\_\_\_\_  
 Species Feline Breed DH Emerg. Phone \_\_\_\_\_  
 Sex 7/5 Age \_\_\_\_\_ Color/Markings Orange VAX DUE \_\_\_\_\_

2-4-11 Spar if needed - Ann Vaccs  
Leuk test - will be adopted  
by Caboodle Ranch  
owner signature [Signature]

012691

\* has a tattoo on  
 abdomen / spay  
 scar visible

### FELINE ANNUAL VACCINATIONS

TEMP _____	WEIGHT <u>10<sup>1/2</sup> lbs</u>
FELV TEST <u>Neg</u>	FIV TEST _____
FECAL _____	IMRAB _____
FVR-CP _____	LEUK _____
DEWORM <u>Diaper</u>	C/NS _____
CHECK EARS <u>OK</u>	
CHECK TEETH <u>Good</u>	
OTHER _____	

Needs Dental  
To be adopted by  
Craig Grant

2/5/11 Ad by Craig Grant

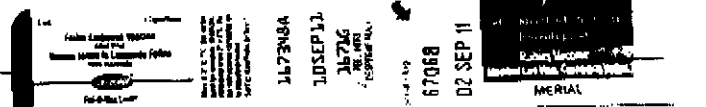
Owner's Name Joe Hall Client # 4553  
 Address Craig Grant Home Phone 232-4173  
 Animal Name Little One Work Phone \_\_\_\_\_  
 Species Feline Breed Siam X Emerg. Phone \_\_\_\_\_  
 Sex 7/5 Age \_\_\_\_\_ Color/Markings Calico VAX DUE \_\_\_\_\_

2-4-11 Ann Taccis - will be adopted  
 by Caboodle Ranch  
 owner signature Joe Hall

### FELINE ANNUAL VACCINATIONS

TEMP _____	WEIGHT <u>8#</u>
FELV TEST <u>-</u>	FIV TEST _____
FECAL _____	IMRAB <u>X</u>
FVR-CP <u>X</u>	LEUK <u>X</u>
DEWORM <u>Dental</u>	C/NS _____
CHECK EARS _____	
CHECK TEETH _____	

OTHER fleas!!



151112043071

Owner's Name

Craig Grant

Client #

4552

Address

Home Phone

Animal's Name

Celli

Work Phone

Species

Breed

DSH

Emergency Phone

Age

Color/Markings

Calico

VAX DUE

12/11/10

Just filed in Silver Spring Lx 5000 Series

12/14/10

Called USPA Gainesville to find out if  
and correct time requirements, Did not return  
call

12/17/10

Have not heard back from USPA  
Attempt to exam - cat freaked out a  
tried to escapeDid not  
eat treatsF30/10  
7# 302

c/mis

Kalyse 4 (sq)



Wax in ears &amp; clean - No EM

Hx ok

o/cu Nore

Abdominal palp Mtt

Read Microchip - correct

Pulse Spg, Ventr

12/18/10

Bd Didnt eat - counted out 2 pellets; cannot

12/19/10

Bd. Dnc 17 of the 20 pellets and some cannot  
eat 20 pellets and rest of canned food.

12/20/10

Bd Ate well

12/21/10

Bd - Ate Craig advice RTG

12/22/10

Bd - Ate

Owner's Name Craig Grant Client # 4552  
 Address \_\_\_\_\_ Home Phone 904-377-1715  
 Animal Name Toot Work Phone \_\_\_\_\_  
 Species Feline Breed DSH Emerg. Phone \_\_\_\_\_  
 Sex F Age \_\_\_\_\_ Color/Markings Brown / white  
1/30/09 good Appetite  
Reduction in joint swelling.  
20mg Baytril SQ 75mg Clindamycin SQ  
0.2ml Revuel SQ  
50mg Dory PO  
Rec: ① 50mg Dory SID  
② 50mg Clindamycin SID  
2/3/09 ATO - dog well

**FELINE ANNUAL VACCINATIONS**  
 TEMP \_\_\_\_\_ WEIGHT \_\_\_\_\_  
 FELV TEST \_\_\_\_\_ FIV TEST \_\_\_\_\_  
 FECAL \_\_\_\_\_ IMRAB ☒  
 FVR-CP ☒ LEUK ☒  
 DEWORM 1 Dose + C/NS \_\_\_\_\_  
 CHECK EARS WNL  
 CHECK TEETH WNL  
 OTHER \_\_\_\_\_

Name Craig Grant Client # 4552

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

Animal Name Cathy Work Phone \_\_\_\_\_Species Feline Breed \_\_\_\_\_ Emerg. Phone \_\_\_\_\_Sex 7/8 Age \_\_\_\_\_ Color/Markings \_\_\_\_\_

## FELINE ANNUAL VACCINATIONS

TEMP 103.0 WEIGHT 16 1/2 #  
 FELV TEST \_\_\_\_\_ FIV TEST \_\_\_\_\_  
 FECAL \_\_\_\_\_ IMRAB ✓  
 FVR-CP ✓ LEUK ✓  
 DEWORM ✓ C/NS ✓  
 CHECK EARS WNL  
 CHECK TEETH WNL

OTHER \_\_\_\_\_

3-28-07 Amracis00761milbemide

could not give  
 Orontal + gave  
 0.15 ml Ivermectin 80

4-30-07 BOOST TELLER NO SHOWN

6/18/10 diarrhea - Weight loss -

Fecal Neg

gave 0.2ml Bayhil

Temp 101.3

SFO for 7 days

Wt 14.3

diarrhea for 1 month

Direct Fecal Intoxica

has also had clavamox

Rx Metronidazole 250mg  
 for 14 days

42 PO SFO QID

Continue 200mls  
 stool f.r.m.s.

SQ LRS daily until

06/18/10  
 ID# 017599  
 Refills: 0  
 DIN #:

Madison Veterinary Clinic, L.L.C.  
 119 SW CAPTAIN BROWN RD  
 Madison, FL 32341  
 (850) 973-6936

Darren Baxley, D.V.M.

Vel #FL9899

Feline

CRAIG GRANT

CATHY

Metronidazole 250 mg tab- 1

Exp 06/18/11

Qty 7.00

Strength: 250mg

GIVE CAT 1/2 TABLET BY MOUTH ONCE A DAY.

Owner's Name Gwynn Blackman Client # 4552  
8858  
 Address Craig Grant Home Phone 904-644-6046  
 Animal Name Patches Work Phone 904-928-8657  
 Species Feline Breed DSH Emerg. Phone \_\_\_\_\_  
 Sex F/S Age 8y10 Color/Markings Calico VAX DUE \_\_\_\_\_

9/17/10 Spay - Ann Vaccs - (FIV Pos) - Craig Grant  
 Did not eat today to p/u

01/351  
 0.9ml RUC Im 1.2ml  
 1/2 ml Ferb Im  
 100mg SB  
 LRS  
**OVARIOHYSTERECTOMY**  
 SURGICAL CLIP/PREP. VENTRAL  
 MIDLINE INCISION LOCATED AND LIGATED  
 OVARIAN PEDS WITH 2-0 VICRYL GUT

DOUBLE LIGATED UTERINE BODY WITH 2-0 VICRYL GUT. REMOVED TWO  
 OVARIES AND UTERUS. PEROT AND M.M.  
 CLOSED WITH 2-0 VICRYL  
 S.Q. WITH 2-0 VICRYL  
 SKIN WITH 2-0 VICRYL  
 ROUTINE RECOVERY NOK'S

9/15/10 Amoxi 500mg  
 Surgery site ok  
 9/16/10 MD Surg site ok

### FELINE ANNUAL VACCINATIONS

TEMP 101  
 FELV TEST negative  
 FECAL \_\_\_\_\_  
 FVR-CP X  
 DEWORM Duracel  
 CHECK EARS \_\_\_\_\_  
 CHECK TEETH \_\_\_\_\_

WEIGHT \_\_\_\_\_  
 FIV TEST POS AK  
 IMRAB X  
 LEUK X  
 C/NS \_\_\_\_\_

OTHER \_\_\_\_\_

1) mild stomatitis -  
 reddened gingiva  
 along teeth (2° to  
 FIV)  
 2) Hal ok  
 3) rough scaly  
 area under neck -  
 a wound heal - 2° to Plan.

9/17/10 BAR - Surg site ok - mouth better - not eat  
 well - Face look & p/u

9/18/10 Ate - 22g Bright - same site has  
 r. eye / low but ok - Craig was to p/u -

9/19/10 M.L. - Ate  
 9/20/10 B.L. - Ate - Am / wane

9/21/10 B.L.

Owner's Name Craig Grant Client # 4552  
 Address \_\_\_\_\_ Home Phone 904-377-1715  
 Animal Name Starry ~~Star~~ ~~Star~~ eyed Work Phone \_\_\_\_\_  
 Species Feline Breed DSH Emerg. Phone \_\_\_\_\_  
 Sex F/S Age \_\_\_\_\_ Color/Markings brn tabby VAX DUE \_\_\_\_\_

11-1-10 FELV/FIV test? Probably not spayed  
 bd overnight FIV/FELV Neg

11/6/10 Vasc Mthm 4 5 6-7ab-old  
 billus of FVRCP (Echoc 3) (Craig) (Vacc)

11/2/10 0.4ml R/LK Im  
 After Sedation found out permission  
 to spay has not been obtained. Allow  
 cat to wake up

Craig come to clinic @ 2pm OK  
 ONE surgery

0.35ml R/LK Im 11/4 ml R/LK Im

11/3/10 Amox 50mg  
 Tricym 200mg  
 Bd overnight

11/4/10

Bd

#### OVARIOHYSTERECTOMY

SURGICAL CLIP/PREP. VENTRAL  
 MIDLINE INCISION LOCATED AND LIGATED  
 OVARIAN PEDS WITH 20 way GUT.

DOUBLE LIGATED UTERINE BODY WITH  
20 way GUT. REMOVED TWO

OVARIES AND UTERUS. PEROT AND M M  
 CLOSED WITH 20 VICRYL.

S.Q. WITH 20 VICRYL.

11/2/10

Johnnie  
 Doherty  
 AI

Craig Grant -  
 Does want Cat  
 Spayed -

Owner's Name Craig Grant Client # 4552  
Tian Samelers  
 Address \_\_\_\_\_ Home Phone 904-377-1715  
 Animal Name Mom cat & Kittens Work Phone 8321-303-3076  
 Species Feline Breed \_\_\_\_\_ Emerg. Phone \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Color/Markings \_\_\_\_\_ VAX DUE \_\_\_\_\_

6/4/11 Vaccs - Spay (mom cat) 3 kittens  
OHE Sm. test Newborn

Coreg Vaccine

Kittens Org/W 2lbs - Male  
Black/W 2lbs - Male  
Calico 2lbs - Female

Newborn Coreg vax 12  
Newborn  
OHE

6/5/11 3d

0.15ml R/K Imm x 2 (to both males for  
Newborn) ORC/WHIT - 10cc PDC  
Both Males Newborn 0.02cc 100mcL  
two x vaccine BLU/WHIT - 10cc PDC BOTH KITTENS  
0.02cc 100mcL Recharge 4

6/8/11

Mama cat - 0.5ml R/K with poll.

### OVARIOHYSTERECTOMY

SURGICAL CLIP/PREP. VENTRAL  
MIDLINE INCISION LOCATED AND LIGATED  
OVARIAN PEDS WITH GUT  
DOUBLE LIGATED UTERINE BODY WITH  
GUT. REMOVED TWO  
OVARIES AND UTERUS. PEROT AND M.M.  
CLOSED WITH 2nd VICRYL.  
S.Q. WITH 2nd VICRYL.  
SKIN WITH 2nd VICRYL.  
ROUTINE RECOVERY 5ml subcut. fluids

FelV - Neg

FIV - Neg

0.3cc PDC

1.2cc 100mcL

1ml

Miltbernite

Mutarlar

Calico kitten - 0.15cc R/K

0.10cc PDC

0.02cc 100mcL

0.02cc 100mcL

(Over)



Owner's Name Craig Grant - Gloria Collis Client # 4552  
 Address Collis Home Phone 904-377-1715  
 Animal Name Kittens Work Phone \_\_\_\_\_  
 Species Feline Breed \_\_\_\_\_ Emerg. Phone \_\_\_\_\_  
 Sex \_\_\_\_\_ Age \_\_\_\_\_ Color/Markings 2 3 VAX DUE \_\_\_\_\_

7/20/11 5 Kittens Spay - Neuter  
 M- Blk/Wh - 4# 8 1/2 - .25u Rik - IMRAB3 - ECLIPSE 3 X  
 M- Orange - 4# 3.2 - .25u Rik - II - 4 X  
 M- Blk/Wh - 4# 10oz - .27u Rik - II - 4 X  
 all 3 kittens - Castulation - remove 2 testicles  
 each kitten - tie cord on cord - Paper

SAW EAR MITES + TAPEWORMS

2 females  
 1 male  
 5 kittens  
 F - Blk/Wh - 4# - .3u Rik - IMRAB3 - ECLIPSE 3 X  
 F - Blk/Wh - 3# 14oz - .35u Rik - IMRAB3 - ECLIPSE 3 X  
 DSH PET 2u POC TO EACH FEMALE

7/21/11 all 5 kittens look  
 good -  
 each kitten  
 .2u Camera 54  
 1/4 inch (1)

7/22/11 All look ok  
 RTG  
 7/23/11 Bl RTG

### OVARIOHYSTERECTOMY X 2

SURGICAL CLIP/PREP. VENTRAL  
 MIDLINE INCISION LOCATED AND LIGATED  
 OVARIAN PEDS WITH 2-0 GUT.

DOUBLE LIGATED UTERINE BODY WITH  
2-0 GUT. REMOVED TWO

OVARIES AND UTERUS. PEROT AND M.M.  
 CLOSED WITH 2-0 VICRYL.

S.Q. WITH 2-0 VICRYL.

SKIN WITH 2-0 VICRYL.

ROUTINE RECOVERY 10 M/S

Owner's Name Craig Grant Client # 4552  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Animal Name Tiger Work Phone \_\_\_\_\_  
Species Feline Breed \_\_\_\_\_ Emerg. Phone \_\_\_\_\_  
Sex MS Age \_\_\_\_\_ Color/Markings \_\_\_\_\_

3-28-07 Am vaccines

**FELINE ANNUAL VACCINATIONS**

TEMP _____	WEIGHT _____
FELV TEST _____	FIV TEST _____
FECAL _____	IMRAB <input checked="" type="checkbox"/>
FVR-CP <u>1</u>	LEUK <input checked="" type="checkbox"/>
DEWORM <u>1</u>	C/NS _____
CHECK EARS <u>Mites</u>	
CHECK TEETH <u>WNL</u>	

OTHER \_\_\_\_\_

4-3-07 - BOOST LEUK BOOST

Owner's Name Craig Grant Client # 4552  
Address \_\_\_\_\_ Home Phone 904-377-1715  
Animal Name Mama Girl w/ 4 Kittens Work Phone \_\_\_\_\_  
Species feline Breed DH Emerg. Phone \_\_\_\_\_  
Sex F Age \_\_\_\_\_ Color/Markings Blk/Wht VAX DUE \_\_\_\_\_

4-22-11 VACS on Mom \_\_\_\_\_ Kittens born 3-29-11  
Dropped off by Carol Bowman 929-2897  
9# Craig OK'd OHE VIN Telephone w Dr B  
SURPIC

**OVARIOHYSTERECTOMY**

SURGICAL CLIP/PREP. VENTRAL  
MIDLINE INCISION LOCATED AND LIGATED  
OVARIAN PEDS WITH #3 GUT  
DOUBLE LIGATED UTERINE BODY WITH  
#3 GUT. REMOVED TWO  
OVARIES AND UTERUS. PEROT AND M.M.  
CLOSED WITH 2-0 VICRYL.  
S.Q. WITH 2-0 VICRYL.  
SKIN WITH 2-0 VICRYL  
ROUTINE RECOVERY NO K/S

Leak Test Neg

FLV Test Neg

Echyc 3 vox ⊗

Oil ml Immu sac ⊗

Imra 5 ⊗

Owner's Name Craig Grant Client # 4552  
 Address \_\_\_\_\_ Home Phone 904-377-1715  
 Animal Name Mercury Work Phone \_\_\_\_\_  
 Species \_\_\_\_\_ Breed D6H Emerg. Phone \_\_\_\_\_  
 Sex Fe Age 3mo Color/Markings Blauk

6/3/09

Capstr

2<sup>nd</sup> tier

6/4/09

FELV Neg

/ FELV Neg

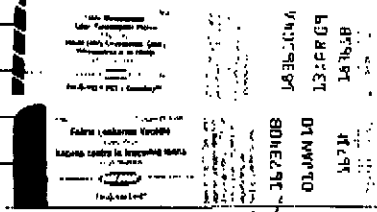
AMT-

FVRCP

1/2 Drunk

FELV (1A)

103a M



4-22-11

Exam - urinary problems?

Feed H H H

5-7-12

Weak

Ataxic -

Baz but wobbles when walks

Thru

Deworm

BUN 17.9

Urine early exam  
from bladder

Chucose - 80.4

UA - protein H+

Leukocytes - ++

blood ++

Feed H H H

0.3 ml Convenia

2c - 51 80.4

2ml Dexim 2mg/ml

Send home 2ml Strongid

O to also give Revolution

06.22.11 PM 03:57:34  
 3  
 BUN 17.9 mg/dl  
 06.22.11 PM 04:02:34  
 4  
 GLU 80.4 mg/dl

Owner's Name Craig Grant Client # 4552

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

Animal Name Squeek Work Phone \_\_\_\_\_Species feline Breed DSH Emerg. Phone \_\_\_\_\_Sex F/S Age 2 1/2 yr Color/Markings Wht

81707 ann vaccs

## FELINE ANNUAL VACCINATIONS

TEMP	_____	WEIGHT	<u>16# 3oz</u>
FELV TEST	<u>Primer AD</u>	FIV TEST	_____
FECAL	_____	IMRAB	<u>X</u>
FVR-CP	<u>X</u>	LEUK	<u>X</u>
DEWORM	<u>Dental @</u>	C/NS	_____
CHECK EARS	<u>2/m</u>		
CHECK TEETH	<u>good</u>		
OTHER	_____		

001979MAF erntE/m  
inhouse @

Owner's Name Craig Grant Client # 4552  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Animal Name Bones Work Phone \_\_\_\_\_  
Species feline Breed DSH Emerg. Phone \_\_\_\_\_  
Sex M/S Age \_\_\_\_\_ Color/Markings WHT

8-1707 ann vaccs

001978

MAF

Em - M. l. kate  
AMX

### FELINE ANNUAL VACCINATIONS

TEMP	<u>✓</u>	WEIGHT	<u>7.4</u>
FELV TEST	<u>Free van Ar</u>	FIV TEST	<u>✓</u>
FECAL		IMRAB	<u>✓</u>
FVR-CP	<u>✓</u>	LEUK	<u>✓</u>
DEWORM	<u>Done (6)</u>	C/NS	
CHECK EARS	<u>E/m</u>		
CHECK TEETH	<u>✓</u>		

OTHER \_\_\_\_\_

Owner's Name Craig Grant Client # 4552Address \_\_\_\_\_ Home Phone 971-4417Animal Name Smokey Work Phone \_\_\_\_\_Species feline Breed DLH Emerg. Phone \_\_\_\_\_Sex f/s Age 8 Color/Markings grey8-7-07 vaccs - sedate - groom  
Sec RIK &

## FELINE ANNUAL VACCINATIONS

TEMP <u>N</u>	WEIGHT <u>10<sup>lb</sup></u>
FELV TEST _____	FIV TEST _____
FECAL _____	IMRAB <u>X</u>
FVR-CP <u>X</u>	LEUK <u>X</u>
DEWORM <u>10 lb Banjo</u>	CNS _____
CHECK EARS _____	<u>Q</u>
CHECK TEETH _____	

OTHER \_\_\_\_\_

MILBEMITE X001870ETM - clear  
MAC ok - Jeff

Owner's Name Craig Grant Client # 4552  
 Address \_\_\_\_\_ Home Phone 971-4417  
 Animal Name Chestnut Work Phone 904-377-1715  
 Species Feline Breed DSB Emerg. Phone \_\_\_\_\_  
 Sex 7 Age \_\_\_\_\_ Color/Markings ORANGE BROWN TABBY

7-18-07 ✓ ear 9.4"  
Exam Mites - positive  
Left ear - Abscessed ear  
Sc Plt m 2u Novel Sy

① ear - drain abscessed pura - greatly  
swollen like hemorrhage but full at pur  
drain pur thru 2 holes  
@ ear canal.

incise medial pura d  
remove ly clump of hyperplasia

pur - subm fland thru at 3-0 stitch

clean ear candy - Dr. Santa A

7/19/07 7-10-16 - clean ears - lab  
good - 1 small - U 1 thru - medial  
pur - 2u Novel Sy

Amoxi-Drops 30ml  
Disp. 30ml  
1.0ml bid

07/19/07  
 ID# 007477  
 Refills: 0  
 Vet # FL 2491

Madison Veterinary Clinic  
 1309 West Base Street  
 Madison, FL 32341  
 (850) 973-6936

John C. Lewis DVM (FL 2491)

CRAIG GRANT

Exp. CHESTNUT

Amoxi-Drops- 30 ml

Exp 07/17/09

Qty 1.00

Strength ---

GIVE CAT 1.0 ML BY MOUTH TWO TIMES A DAY

KEEP REFRIGERATED AND SHAKE WELL BEFORE USE

Reu Reu in 10 days

7-30-07 Reu ear now

8-3-07 rev - xaces?  
ear healed well  
cracked -  
RS.

Keep out of Children's Reach For Veterinary Use Only

### FELINE ANNUAL VACCINATIONS

TEMP \_\_\_\_\_ WEIGHT 9.4 lb  
 FELV TEST \_\_\_\_\_ FIV TEST \_\_\_\_\_  
 FECAL \_\_\_\_\_ IMRAB \_\_\_\_\_  
 FVR-CP \_\_\_\_\_ LEUK \_\_\_\_\_  
 DEWORM Amoxi C/Ns \_\_\_\_\_  
 CHECK EARS \_\_\_\_\_  
 CHECK TEETH \_\_\_\_\_



Owner's Name Craig Grant Client # 4552

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

Animal Name Cali Work Phone \_\_\_\_\_

Species Tabby Breed \_\_\_\_\_ Emerg. Phone FIV Pos

Sex 7/5 Age \_\_\_\_\_ Color/Markings \_\_\_\_\_

1-11-08 FVRCP vaccine  
Leukemia Test at Animal AFD center  
was neg FIV - Pos  
Leukemia vaccine

3 wks Boost Leukemia

Medical report of Craig Grant Caboodle Ranch(Female #1)

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**Hospital information**

---

**SCOTT MILL ANIMAL HOSPITAL**

3101 Plummer Cove Rd  
Jacksonville, FL 32223  
268-8600  
scottmillah@bellsouth.net

---

**Client & patient information**

---

CLIENT : Craig Grant Caboodle Ranch  
ADDRESS : 711 Benchmark Rd

PHONE : - -

PATIENT : Female #1

SPECIES : Feline

SEX : Female Spayed

BIRTH DATE : 6/11/2006(5y2m11d)

MICROCHIP ID :

PET NOTES :

BREED : Domestic Short Hair

COLOR : TAB/WHT

TAG ID :

CLIENT IMAGE

PATIENT IMAGE

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**Problem list**

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Date	Description	Doctor	Status	Outcome	Period
12/12/2006	GOOD SURGICAL AND/OR ANESTHESIA	rs	Final diagnosis		0

---

**Recall history**

---

Client : Craig Grant Caboodle Ranch

Patient: Female #1

Due Date	DateCreated	Status	Call date	Completed By	Description
12/13/2006	12/12/2006	COMPLETE	12/20/2006		Spay Feline

## Medical report of Craig Grant Caboodle Ranch(Female #1)

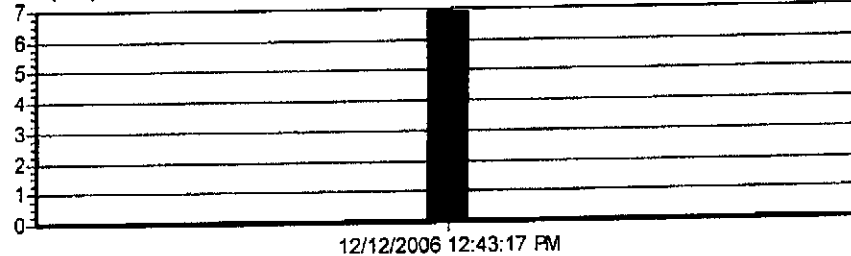
## Check list

Client :Craig Grant Caboodle Ranch Patient: Female #1

Date	WT(lbs)	TEMP(F)	HR(BPM)	RESP(BF)	GLU(mg/
12/12/2006	7	101.0	124	20	

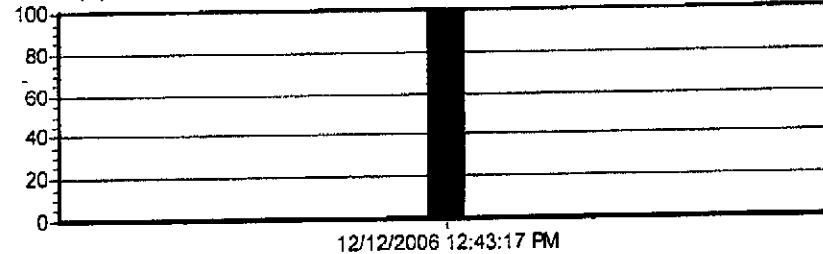
## Check-list chart

WT(lbs)



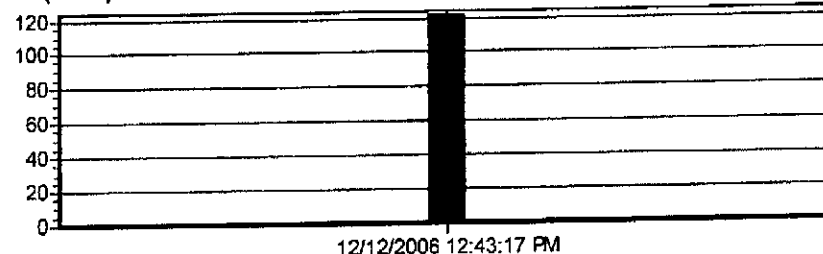
7 12/12/2006 12:43:17 PM

TEMP(F)



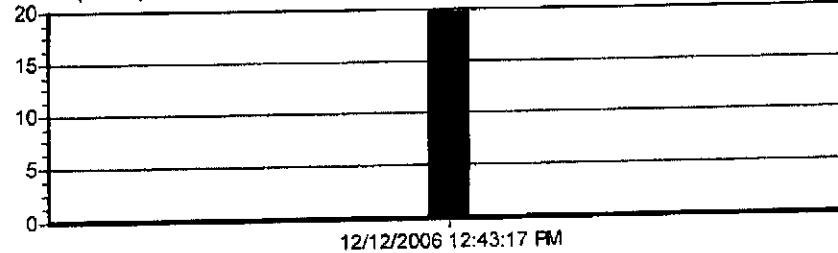
101 12/12/2006 12:43:17 PM

HR(BPM)



124 12/12/2006 12:43:17 PM

RESP(BPM)



20 12/12/2006 12:43:17 PM

## Medical report of Craig Grant Caboodle Ranch(Female #1)

**SOAP History**

Client : Craig Grant Caboodle Ranch

Patient: Female #1

Date : 12/12/2006

Purpose of visit : SPAY CAT

Record User : RS

Subjective evaluation Date Contents  
12/12/2006 SPAY

Objective evaluation Date Findings Contents

GENERAL 12/12/2006 Normal BRIGHT, ALERT AND RESPONSIVE

ORAL 12/12/2006 Normal MUCUS MEMBRANES PINK  
TEETH CLEAN  
LITTLE TO NO TARTAR

EYES 12/12/2006 Normal NO OCULAR DISCHARGE  
LENS CLEAR  
CORNEA CLEAR  
CONJUNCTIVA NORMAL  
FUNDUS VISUALIZED

EARS 12/12/2006 Normal EAR CANALS CLEAN  
EAR DRUM VISUALIZED  
NO FORIEGN BODIES

LYMPHATIC SYSTEM 12/12/2006 Normal LYMPH NODES PALPATE NORMALLY  
INTEGUMENT 12/12/2006 Normal HAIR COAT IN GOOD CONDITION / NORMAL AMOUNT OF SHEDDING  
SKIN LOOKS NORMAL

MUSCULOSKELETAL 12/12/2006 Normal NO GAIT ABNORMALITIES  
GOOD MUSCLE TONE  
JOINTS FLEX/EXTEND NORMALLY

UROGENITAL 12/12/2006 Normal BLADDER PALPATES NORMAL  
EXTERNAL GENITALIA NORMAL

G.I 12/12/2006 Normal PALPATES NORMALLY  
CARDIO 12/12/2006 Normal HEART AUSCULTATES NORMALLY  
HEART RATE NORMAL  
GOOD FEMORAL PULSES

RESPIRATORY 12/12/2006 Normal TRACHEA CLEAR  
LOWER AIRWAYS CLEAR

ENDOCRINE 12/12/2006 Normal NO APPARENT ABNORMALITIES  
NEUROLOGY 12/12/2006 Normal NO APPARENT ABNORMALITIES  
RADIOLOGY 12/12/2006 Normal NO RADIOGRAPHS TAKEN

Vaccine 1  
Vaccine 2  
Vaccine 3  
Vaccine 4  
REC'DS 12/12/2006 Normal

## Medical report of Craig Grant Caboodle Ranch(Female #1)

Assessment	Date	Description	Status	Doctor
	12/12/2006	GOOD SURGICAL AND/OR ANESTHESIA	Final	R.Sutliff
Plan	Date	Description	Qty. Unit	Doctor
	12/12/2006	Boarding- Feline	0	R.Sutliff
	12/12/2006	Physical Exam Pre-Anesthesia	1	R.Sutliff
	12/12/2006	Torbugesic 10 mg/ml	0.12 ml	R.Sutliff
	12/12/2006	Anesthesia, Induction 30 Min.	1	R.Sutliff
	12/12/2006	Spay Feline	1	R.Sutliff
	12/12/2006	EPA Biohazardous Disposal Fee	1	R.Sutliff
	12/12/2006	Clavamox Drops 62.5 mg	1 BOTT	R.Sutliff
<b>Date : 1/9/2007 Purpose of visit :</b>				<b>Record User :</b>
Plan	Date	Description	Qty. Unit	Doctor
	1/9/2007	Advantage Canine Over 55 Lbs.(6)	4	R.Sutliff
	1/9/2007	INV-Advantage Canine over 55 lbs.	6 1	R.Sutliff
<b>Date : 3/30/2007 Purpose of visit : MEDICATION REFILL</b>				<b>Record User :</b>
Plan	Date	Description	Qty. Unit	Doctor
	3/30/2007	Acarexx	1 sleeve	R.Sutliff
<b>Date : 7/27/2007 Purpose of visit : medication refill</b>				<b>Record User :</b>
Plan	Date	Description	Qty. Unit	Doctor
	7/27/2007	Fluid Therapy - Subcutaneous LRS	1	R.Sutliff
<b>Date : 10/12/2007 Purpose of visit :</b>				<b>Record User :</b>
Plan	Date	Description	Qty. Unit	Doctor
	10/12/2007	Fluid Therapy - Subcutaneous LRS	2	R.Sutliff

Medical report of Craig Grant Caboodle Ranch(Fuzzy)

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**Hospital information**

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**SCOTT MILL ANIMAL HOSPITAL**

3101 Plummer Cove Rd  
Jacksonville, FL 32223  
268-8600  
scottmillah@bellsouth.net

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**Client & patient information**

---

CLIENT : Craig Grant Caboodle Ranch  
ADDRESS : 711 Benchmark Rd

PHONE : - -

PATIENT : Fuzzy

SPECIES : Feline

SEX : Male Neutered

BIRTH DATE : Unknown

MICROCHIP ID :

PET NOTES :

CLIENT IMAGE

PATIENT IMAGE

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**Recall history**

Client : Craig Grant Caboodle Ranch

Patient: Fuzzy

Due Date	DateCreated	Status	Call date	Completed By	Description
4/13/2007	4/12/2007	COMPLETE	4/13/2007		Physical Exam
4/16/2007	4/15/2007	COMPLETE	4/16/2007		Physical Exam

## Medical report of Craig Grant Caboodle Ranch(Fuzzy)

## Check list

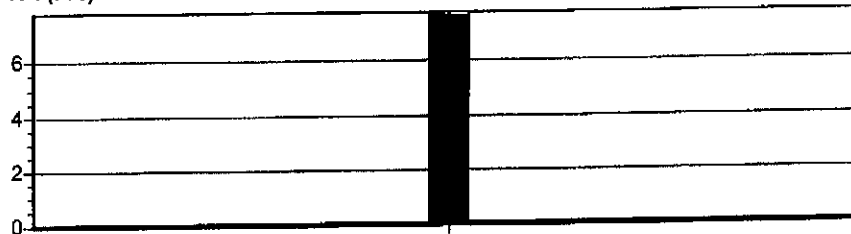
Client :Craig Grant Caboodle Ranch

Patient: Fuzzy

Date	WT(lbs)	TEMP(F)	HR(BPM)	RESP(BF)	GLU(mg/
4/15/2007	0	101.9			
4/12/2007	7.8	105.2	184	32	

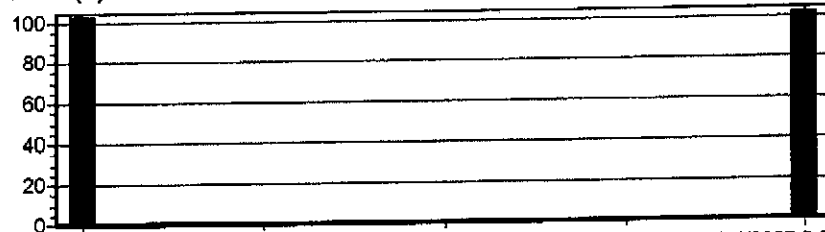
## Check-list chart

WT(lbs)



7.8 4/12/2007 4:19:31 PM

TEMP(F)

105.2 4/12/2007 4:19:31 PM  
101.9 4/15/2007 8:50:20 AM

4/12/2007 4:19:31 PM

4/15/2007 8:50:20 AM

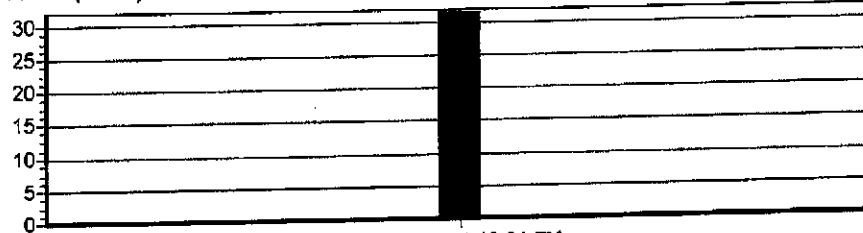
HR(BPM)



184 4/12/2007 4:19:31 PM

4/12/2007 4:19:31 PM

RESP(BPM)



32 4/12/2007 4:19:31 PM

4/12/2007 4:19:31 PM

## Medical report of Craig Grant Caboodle Ranch(Fuzzy)

**SOAP History**

Client : Craig Grant Caboodle Ranch

Patient: Fuzzy

Date : 4/12/2007 Purpose of visit : ADR not eating @ 2 weeks Record User : rs

<b>Subjective evaluation</b>	<b>Date</b>	<b>Contents</b>
	4/12/2007	DRY MOUTH AND A LEASION ON TOUNGE. ADR - NOT EATING IN ABOUT 2 WEEKS.

<b>Objective evaluation</b>	<b>Date</b>	<b>Findings</b>	<b>Contents</b>
ORAL	4/12/2007	Abnormal	MODERATE TARTAR DENTAL RECOMMENDED

LYMPHATIC SYSTEM	4/12/2007	Abnormal	SUBLINGUALS ENLARGED
EYES	4/12/2007	Normal	NO OCULAR DISCHARGE LENS CLEAR CORNEA CLEAR CONJUNTIVA NORMAL FUNDUS VISUALIZED

GENERAL	4/12/2007	Abnormal	
EARS	4/12/2007	Normal	EAR CANALS CLEAN EAR DRUM VISUALIZED NO FORIEGN BODIES

<b>Assessment</b>	<b>Date</b>	<b>Description</b>	<b>Status</b>	<b>Doctor</b>
	4/12/2007	CALICIVIRUS-CATS		R.Sutliff
	4/12/2007	ORAL CAVITY TUMORS, UNDIFFERENTIATED		R.Sutliff
	4/12/2007	FOREIGN BODY IN MOUTH		R.Sutliff
	4/12/2007	FOREIGN BODY		R.Sutliff
	4/12/2007	ABSCESSTION		R.Sutliff

<b>Plan</b>	<b>Date</b>	<b>Description</b>	<b>Qty.</b>	<b>Unit</b>	<b>Doctor</b>
	4/12/2007	Physical Exam	1		R.Sutliff
	4/12/2007	Chemistry 6 Panel	1		R.Sutliff
	4/12/2007	INV-Spotchem Panel-V	1	STRIP	R.Sutliff
	4/12/2007	CBC with Differential	1		R.Sutliff
	4/12/2007	Fluid Therapy - Subcutaneous LRS	1		R.Sutliff
	4/12/2007	Penicillin Injection 300,000 U/ml	1	ml	R.Sutliff

Date : 4/13/2007 Purpose of visit : ADR not eating @ 2 weeks Record User : rs

<b>Subjective evaluation</b>	<b>Date</b>	<b>Contents</b>
	4/13/2007	

<b>Plan</b>	<b>Date</b>	<b>Description</b>	<b>Qty.</b>	<b>Unit</b>	<b>Doctor</b>
	4/13/2007	FELV/FIV Combo Test Kit	1	TEST	R.Sutliff
	4/13/2007	EPA Biohazardous Disposal Fee	1		R.Sutliff

Date : 4/15/2007 Purpose of visit : ADR not eating @ 2 weeks Record User : rs

<b>Subjective evaluation</b>	<b>Date</b>	<b>Contents</b>
	4/15/2007	

<b>Plan</b>	<b>Date</b>	<b>Description</b>	<b>Qty.</b>	<b>Unit</b>	<b>Doctor</b>
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## Medical report of Craig Grant Caboodle Ranch(Fuzzy)

4/15/2007	Physical Exam	1	R.Sutliff
4/15/2007	PDH Canine/Feline a/d 5.5 oz. can	8 CAN	R.Sutliff
4/15/2007	Baytril Injection 22.7mg/ml	2 ml	R.Sutliff
4/15/2007	Baytril 22.7mg	7 PILL	R.Sutliff
<b>Directions :</b> GIVE 1/2 TABLET BY MOUTH EVERY 12 HOURS			
4/15/2007	Penicillin Injection 300,000 U/ml	2 ml	R.Sutliff
4/15/2007	Hospitalization 0-25 Lbs.	3	R.Sutliff

**Date :** 4/16/2007 **Purpose of visit :** ADR not eating @ 2 weeks **Record User :** rs

**Subjective evaluation** **Date** **Contents**  
4/16/2007

**Date :** 5/24/2007 **Purpose of visit :** MEDICATION REFILL **Record User :**

Plan	Date	Description	Qty. Unit	Doctor
	5/24/2007	Advantage Canine Over 55 Lbs.(6)	1	R.Sutliff
	5/24/2007	INV-Advantage Canine over 55 lbs.	6 DOSE	R.Sutliff
	5/24/2007	Fluid Therapy - IV LRS 1st Liter	1	R.Sutliff

**Date :** 5/14/2008 **Purpose of visit :** **Record User :**

Plan	Date	Description	Qty. Unit	Doctor
	5/14/2008	Clavamox Drops 62.5 mg	2 EACH	R.Sutliff
	5/14/2008	BNP Ophthalmic Ointment	2 TUBE	R.Sutliff
	5/14/2008	INV-Advantage Canine 21-55 lbs.	6 DOSE	R.Sutliff
	5/14/2008	Advantage Canine 21-55 Lbs.(6)	1	R.Sutliff

**Date :** 5/14/2008 **Purpose of visit :** **Record User :**

Plan	Date	Description	Qty. Unit	Doctor
	5/14/2008	Advantage Canine Over 55 Lbs.(6)	1	R.Sutliff
	5/14/2008	INV-Advantage Canine over 55 lbs.	6 DOSE	R.Sutliff

**Date :** 5/19/2008 **Purpose of visit :** medication refill **Record User :** gk

Plan	Date	Description	Qty. Unit	Doctor
	5/19/2008	Clavamox Drops 62.5 mg	4 EACH	R.Sutliff
	5/19/2008	Advantage Canine Over 55 Lbs.(6)	1	R.Sutliff
<b>Directions :</b>				
	5/19/2008	INV-Advantage Canine over 55 lbs.	1 DOSE	R.Sutliff

**Date :** 6/6/2008 **Purpose of visit :** **Record User :**

Plan	Date	Description	Qty. Unit	Doctor
	6/6/2008	Clavamox Drops 62.5 mg	2 EACH	R.Sutliff
	6/6/2008	BNP Ophthalmic Ointment	2 TUBE	R.Sutliff

**Date :** 6/11/2008 **Purpose of visit :** **Record User :**

Plan	Date	Description	Qty. Unit	Doctor
	6/11/2008	Clavamox Drops 62.5 mg	2 EACH	R.Sutliff
	6/11/2008	Fluid Therapy - Subcutaneous LRS	1	R.Sutliff

Medical report of Craig Grant Caboodle Ranch(Fuzzy)

**Laboratory result**

Client : Craig Grant Caboodle Ranch

Patient: Fuzzy

Date : 4/12/2007

Purpose of visit : ADR not eating @ 2 weeks

Record User rs

Laboratory date : 4/12/2007

**Chemistry 6 Panel**

Name	Reference	Result	Name	Reference	Result
H-BUN	15 - 32	21	H-GLUCOSE	70 - 130	190
H-ALK PHOS (ALP)	0 - 90	UNDER 2	H-TOTAL PROTEIN	6.0 - 8.0	8.9
H-ALT	0 - 100	85	H-CREATININE	0.8 - 1.8	1.8

**CBC with Differential**

Name	Reference	Result	Name	Reference	Result
H-WBC	5.5 - 19.5	17.2	H-LYMPHOCYTES(ABS)	1.8 - 7.0	0.6
H-MONOCYTES(ABS)	0.2 - 1.0	1.2	H-GRANULOCYTES(ABS)	2.8 - 13.0	15.4
H-%LYM	0.0 - 99.9	3.6	H-%MONOS	0 - 99.9	7.2
H-%GRANS	0 - 99.9	89.2	H-HEMATOCRIT	25 - 45	31.8
H-MCV	39.0 - 50.0	44.3	H-RDW%	14.0 - 20.0	22.9
H-RBC	5.0 - 11.0	7.17	H-HEMOGLOBIN	8.0 - 15.0	11.5
H-MCHC	30.0 - 36.0	36.1	H-MCH	12.5 - 17.5	16
H-PLATLETS	200 - 500	71	H-MPV	12 - 18	8.6

Laboratory date : 4/13/2007

**FELV/FIV Combo Test Kit**

Name	Reference	Result	Name	Reference	Result
FELV RESULT	NEG - NEG	NEG	FIV RESULT	NEG - NEG	NEG

**Prescription Label**

Client : Craig Grant Caboodle Ranch

Patient: Fuzzy

Date	Rx#	Description	Refills	Qty.	Provider	Staff
4/15/2007	1659	Baytril 22.7mg	0	7	Richard	Lisa Fritts
5/19/2008	4615	Advantage Canine Over 55 Lbs.(6)	0	1	Richard	Gene

Medical report of Craig Grant Caboodle Ranch(Gracie)

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**Hospital information**

---

**SCOTT MILL ANIMAL HOSPITAL**

3101 Plummer Cove Rd  
Jacksonville, FL 32223  
268-8600  
scottmillah@bellsouth.net

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**Client & patient information**

---

CLIENT : **Craig Grant Caboodle Ranch**ADDRESS : **711 Benchmark Rd**

PHONE : - -

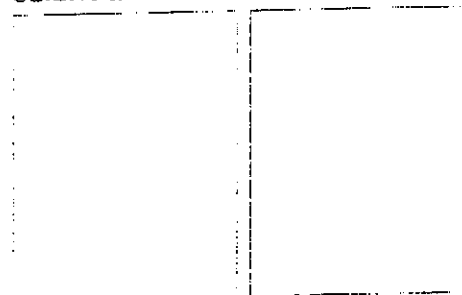
PATIENT : **Gracie**SPECIES : **Feline**SEX : **Female Spayed**BIRTH DATE : **5/4/2007(4y3m18d)**

MICROCHIP ID :

PET NOTES :

CLIENT IMAGE

PATIENT IMAGE



## Medical report of Craig Grant Caboodle Ranch(Gracie)

**Reminder history**

Client :Craig Grant Caboodle Ranch

Patient: Gracie

Due date	DateCreated	DateGiven	Served	Sent date	Provider	Description
7/5/2008		7/6/2007	No		R.Sutliff	Fecal Exam - Floatation (Feline Annual)
8/19/2008		8/20/2007	No		R.Sutliff	FVRCP Adult
9/25/2008		9/26/2007	No		R.Sutliff	Feline Leukemia Vaccine
9/25/2008		9/26/2007	No		R.Sutliff	Rabies/FVRCP Vaccination - Feline 1 Year

**Recall history**

Client :Craig Grant Caboodle Ranch

Patient: Gracie

Due Date	DateCreated	Status	Call date	Completed By	Description
6/30/2007	6/29/2007	COMPLETE	6/30/2007		Physical Exam
7/16/2007	7/6/2007	COMPLETE	7/9/2007		Fecal Exam - Centrifugation ANTECH (Feline
7/20/2007	6/29/2007	COMPLETE	7/20/2007		FVRCP #2
7/26/2007	7/25/2007	COMPLETE	7/26/2007		Physical Exam
8/15/2007	7/25/2007	COMPLETE	8/21/2007		FVRCP Adult
9/27/2007	9/26/2007	COMPLETE	9/27/2007		Spay Feline
9/27/2007	9/26/2007	COMPLETE	9/27/2007		Physical Exam

**Form List**

Client :Craig Grant Caboodle Ranch

Patient: Gracie

Date	Description	Form type
6/28/2007	BOARDING RELEASE FORM	Printed form
9/19/2007	SURGICAL CONSENT FORM	Printed form

Medical report of Craig Grant Caboodle Ranch(Gracie)

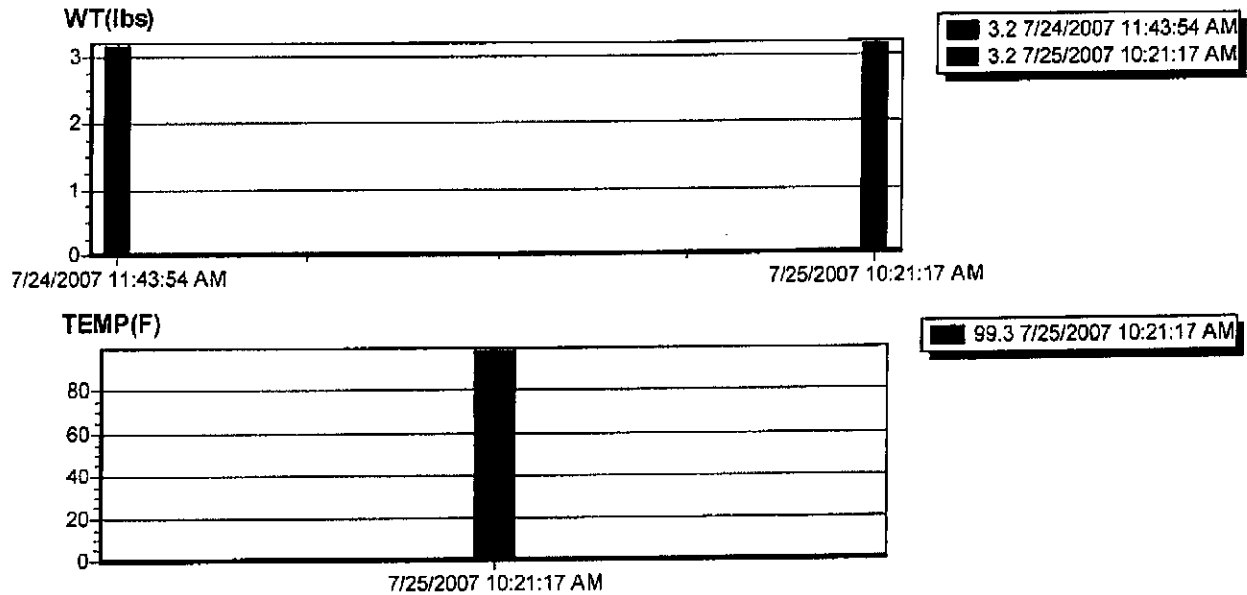
Check list

Client :Craig Grant Caboodle Ranch

Patient: Gracie

Date	WT(lbs)	TEMP(F)	HR(BPM)	RESP(BF)	GLU(mg/
7/25/2007	3.2	99.3			
7/24/2007	3.2				

Check-list chart



## Medical report of Craig Grant Caboodle Ranch(Gracie)

**SOAP History**

Client : Craig Grant Caboodle Ranch

Patient: Gracie

Date : 6/18/2007

Purpose of visit :

Record User :

Plan	Date	Description	Qty. Unit	Doctor
	6/18/2007	INV-Advantage Feline < 9 lbs	1 DOSE	R.Sutliff
	6/18/2007	Advantage Feline < 9 Lbs. (1)	1	R.Sutliff

Date : 6/29/2007

Purpose of visit : BOARDING

Record User : nh

Subjective evaluation Date Contents

6/29/2007

Plan	Date	Description	Qty. Unit	Doctor
	6/29/2007	Physical Exam	1	R.Sutliff
	6/29/2007	FVRCP #1	1	R.Sutliff
	6/29/2007	Fecal Exam - Floatation in Clinic	1	R.Sutliff
	6/29/2007	Strongid T	1 ML	R.Sutliff
	6/29/2007	Heartgard Red Feline 1st Dose 0-5 Lbs	1	R.Sutliff
	6/29/2007	Advantage Feline < 9 Lbs. (1)	1	R.Sutliff
	6/29/2007	INV-Advantage Feline < 9 lbs	1 DOSE	R.Sutliff
	6/29/2007	Frontline+ Feline (1)	1	R.Sutliff
	6/29/2007	INV-Frontline Feline	1 EACH	R.Sutliff
	6/29/2007	EPA Biohazardous Disposal Fee	1	R.Sutliff

Date : 7/6/2007

Purpose of visit : BOARDING

Record User : nh

Subjective evaluation Date Contents

7/6/2007

Plan	Date	Description	Qty. Unit	Doctor
	7/6/2007	Fecal Exam - Floatation in Clinic	1	N.Hashey
	7/6/2007	Fecal Exam - Direct	1	N.Hashey
	7/6/2007	Fecal Exam - Centrifugation ANTECH	1 test	N.Hashey
	7/6/2007	EPA Biohazardous Disposal Fee	1	N.Hashey
	7/6/2007	Strongid T	1 ML	N.Hashey

Date : 7/7/2007

Purpose of visit : BOARDING

Record User : nh

Plan	Date	Description	Qty. Unit	Doctor
	7/7/2007	Boarding- Feline	9	N.Hashey

Date : 7/13/2007

Purpose of visit : MEDICATION REFILL

Record User :

Plan	Date	Description	Qty. Unit	Doctor
	7/13/2007	Capstar-2-25 lbs.	1	R.Sutliff
	7/13/2007	INV-Capstar 0-25	1 pill	R.Sutliff
	7/13/2007	Advantage Feline < 9 Lbs. (1)	1	R.Sutliff
	7/13/2007	INV-Advantage Feline < 9 lbs	1 DOSE	R.Sutliff

Date : 7/23/2007

Purpose of visit : BOARDING

Record User : rs

Subjective evaluation Date Contents

7/23/2007

Date : 7/24/2007

Purpose of visit : BOARDING

Record User : rs

Subjective evaluation Date Contents

## Medical report of Craig Grant Caboodle Ranch(Gracie)

Plan	7/24/2007	seeing tapeworms		
	Date	Description	Qty. Unit	Doctor
	7/24/2007	Drontal-Feline	1 PILL	R.Sutliff
Date : 7/25/2007	Purpose of visit :	BOARDING		Record User : rs
Subjective evaluation	Date	Contents		
	7/25/2007			
Plan	Date	Description	Qty. Unit	Doctor
	7/25/2007	Boarding- Feline	5	R.Sutliff
	7/25/2007	Physical Exam	1	R.Sutliff
	7/25/2007	FVRCP #2	1	R.Sutliff
	7/25/2007	EPA Biohazardous Disposal Fee	1	R.Sutliff
Date : 8/6/2007	Purpose of visit :	BOARDING		Record User : rs
Plan	Date	Description	Qty. Unit	Doctor
	8/6/2007	Boarding- Feline	5	R.Sutliff
Date : 8/13/2007	Purpose of visit :	flea prevention		Record User : rs
Plan	Date	Description	Qty. Unit	Doctor
	8/13/2007	INV-Advantage Feline < 9 lbs	6 DOSE	R.Sutliff
	8/13/2007	Advantage Feline < 9 lbs. (6)	1	R.Sutliff
	8/13/2007	Advantage Feline < 9 Lbs. (1)	1	R.Sutliff
	8/13/2007	INV-Advantage Feline < 9 lbs	1 DOSE	R.Sutliff
	8/13/2007	Flea Busters Powder	1	R.Sutliff
Date : 8/20/2007	Purpose of visit :	BOARDING		Record User : rs
Subjective evaluation	Date	Contents		
	8/20/2007			
Plan	Date	Description	Qty. Unit	Doctor
	8/20/2007	Boarding- Feline	3	R.Sutliff
	8/20/2007	FELV/FIV Combo Test Kit	1 TEST	R.Sutliff
	8/20/2007	EPA Biohazardous Disposal Fee	1	R.Sutliff
	8/20/2007	FVRCP #3	1	R.Sutliff
Date : 9/4/2007	Purpose of visit :	BOARDING		Record User : rs
Plan	Date	Description	Qty. Unit	Doctor
	9/4/2007	Boarding- Feline	4	R.Sutliff
Date : 9/17/2007	Purpose of visit :	BOARDING		Record User : rs
Subjective evaluation	Date	Contents		
	9/17/2007			
Date : 9/18/2007	Purpose of visit :	BOARDING		Record User : rs
Plan	Date	Description	Qty. Unit	Doctor
	9/18/2007	Boarding- Feline	4	R.Sutliff
Date : 9/25/2007	Purpose of visit :			Record User : rs
Plan	Date	Description	Qty. Unit	Doctor
	9/25/2007	Capstar-2-25 lbs.	1	R.Sutliff

## Medical report of Craig Grant Caboodle Ranch(Gracie)

9/25/2007 INV-Capstar 0-25

1 pill

R.Sutliff

Date : 9/26/2007

Purpose of visit : SPAY CAT

Record User : RS

## Subjective evaluation Date Contents

9/26/2007

## Plan

Date

Description

Qty. Unit

Doctor

9/26/2007

Anesthesia, Induction 30 Min.

1

R.Sutliff

9/26/2007

Spay Feline

1

R.Sutliff

9/26/2007

EPA Biohazardous Disposal Fee

1

R.Sutliff

9/26/2007

Torbutrol 10mg

0.15

R.Sutliff

9/26/2007

Physical Exam

1

R.Sutliff

9/26/2007

Feline Leukemia Vaccine

1

R.Sutliff

9/26/2007

INV-Feline Leukemia Vaccine

1 dose

R.Sutliff

9/26/2007

Rabies/FVRCP Vaccination - Feline 1 Year

1

R.Sutliff

9/26/2007

INV-Rabies/FVRCP-Feline

1 DOSE

R.Sutliff



Medical report of Craig Grant Caboodle Ranch(Gracie)

**Laboratory result**

Client : Craig Grant Caboodle Ranch

Patient: Gracie

Date : 6/28/2007 Purpose of visit : BOARDING

Record User: nh

Laboratory date : 6/29/2007

**Fecal Exam - Floatation in Clinic**

Name	Reference	Result	Name	Reference	Result
HOOK WORM	NES - NES	NES	ROUND WORM	NES - NES	NES
WHIP WORM	NES - NES	NES	TAPE WORM	NES - NES	NES
COCCIDIA	NEG - NEG	NES	GIARDIA	NEG - NEG	NES

Laboratory date : 7/6/2007

**Fecal Exam - Floatation in Clinic**

Name	Reference	Result	Name	Reference	Result
HOOK WORM	NES - NES	NES	ROUND WORM	NES - NES	NES
WHIP WORM	NES - NES	NES	TAPE WORM	NES - NES	NES
COCCIDIA	NEG - NEG	NEG	GIARDIA	NEG - NEG	NEG

**Fecal Exam - Direct**

Name	Reference	Result	Name	Reference	Result
FECAL EXAM		NEG			

**Fecal Exam - Centrifugation ANTECH (Feline Annual)**

Name	Reference	Result	Name	Reference	Result
FECAL EXAM		NEG			

Date : 8/17/2007 Purpose of visit : BOARDING

Record User: rs

Laboratory date : 8/20/2007

**FELV/FIV Combo Test Kit**

Name	Reference	Result	Name	Reference	Result
FELV RESULT	NEG - NEG	NEG	FIV RESULT	NEG - NEG	NEG



**SCOTT MILL ANIMAL HOSPITAL  
FAX TRANSMISSION**

PHONE: (904)268-8600

FAX: (904)268-9047

DATE: 8-22-11

TO: ROBERT BAUER

FAX NUMBER: 352-337-2518

FROM: SCOTT MILL ANIMAL HOSPITAL

Number of pages including this cover sheet: ~~13~~ 14

\*If you do not receive all pages, please contact us\*

SUBJECT: Caboodle Ranch

SPECIAL INSTRUCTIONS: (more to follow under  
separate cover)

Medical report of Craig Grant Caboodle Ranch(Kittens)

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**Hospital information**

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**SCOTT MILL ANIMAL HOSPITAL**

3101 Plummer Cove Rd  
Jacksonville, FL 32223  
268-8600  
scottmillah@bellsouth.net

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**Client & patient information**

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CLIENT : Craig Grant Caboodle Ranch

ADDRESS : 711 Benchmark Rd

PHONE : - -

PATIENT : Kittens

SPECIES : Feline

SEX : Male

BIRTH DATE : 9/29/2006(4y10m23d)

MICROCHIP ID :

PET NOTES :

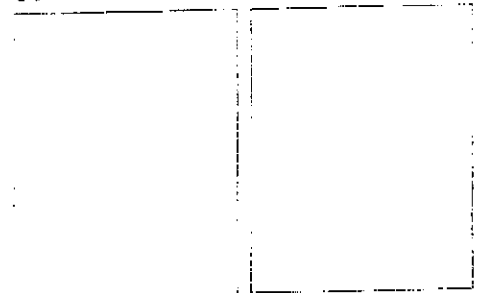
BREED : Domestic Short Hair

COLOR :

TAG ID :

CLIENT IMAGE

PATIENT IMAGE



## Medical report of Craig Grant Caboodle Ranch(Kittens)

**Reminder history**

Client :Craig Grant Caboodle Ranch

Patient: Kittens

Due date	DateCreated	DateGiven	Served	Sent date	Provider	Description
12/19/2006		11/28/2006	No		R.Sutliff	Rabies/FVRCP Vaccination - Feline
7/10/2009		6/19/2009	No		R.Sutliff	FVRCP #2

**Recall history**

Client :Craig Grant Caboodle Ranch

Patient: Kittens

Due Date	DateCreated	Status	Call date	Completed By	Description
11/27/2006	11/6/2006	COMPLETE	11/27/2006		FVRCP #2
12/19/2006	11/28/2006	COMPLETE	12/19/2006		FVRCP #2
12/19/2006	11/28/2006	COMPLETE	12/19/2006		Rabies/FVRCP Vaccination - Feline
7/10/2009	6/19/2009	COMPLETE	7/10/2009		FVRCP #2

Date

## Medical report of Craig Grant Caboodle Ranch(Kittens)

**SOAP History**

Client : Craig Grant Caboodle Ranch

Patient: Kittens

Date : 11/6/2006

Purpose of visit : NEW KITTEN EXAM -5 kittens

Record User : rs

Subjective evaluation	Date	Contents	
	11/6/2006	5 KITTENS VARIOUS AGES CHECK HEALTH	
Objective evaluation	Date	Findings	Contents
REC'DS	11/6/2006	Normal	DEWORM ALL EVERY 2 WEEKS TREAT URI WITH CLAVIMOX AT 1/2 CC PO FOR THE SMALL ONE (~6WEEKS) AND 1 CC FOR THE OLDER ONE
RADIOLOGY	11/6/2006	Normal	NO RADIOGRAPHS TAKEN
	Vaccine 1		
	Vaccine 2		
	Vaccine 3		
	Vaccine 4		
ENDOCRINE	11/6/2006	Normal	NO APPARENT ABNORMALITIES
CARDIO	11/6/2006	Normal	HEART AUSCULTATES NORMALLY HEART RATE NORMAL GOOD FEMORAL PULSES
UROGENITAL	11/6/2006	Normal	BLADDER PALPATES NORMAL EXTERNAL GENITALIA NORMAL
INTEGUMENT	11/6/2006	Normal	HAIR COAT IN GOOD CONDITION / NORMAL AMOUNT OF SHEDDING SKIN LOOKS NORMAL
EARS	11/6/2006	Abnormal	MILD WAX AND PURITIS BUT NO EAR MITES NOTED
ORAL	11/6/2006	Normal	MUCUS MEMBRANES PINK TEETH CLEAN LITTLE TO NO TARTAR
GI	11/6/2006	Normal	PALPATES NORMALLY
MUSCULOSKELETAL	11/6/2006	Normal	NO GAIT ABNORMALITIES GOOD MUSCLE TONE JOINTS FLEX/EXTEND NORMALLY
LYMPHATIC SYSTEM	11/6/2006	Normal	LYMPH NODES PALPATE NORMALLY
NEUROLOGY	11/6/2006	Abnormal	ON KITTEN HAS SEVER NEUROLOGIC DEFECITS. DIFFICULTY IN FINE MOTOR CONTROL AND INTENTION DEFESITS. R/O CEREBELLAR HYPOPLASIA
EYES	11/6/2006	Abnormal	MILD EPIPHORA PRESENT WITH A MUCOID DISCHARGE
GENERAL	11/6/2006	Abnormal	THIN
RESPIRATORY	11/6/2006	Abnormal	ALL KITTENS: NASAL DISCHARGE PRESENT UPPER RESPIRTORY CONGESTION SNEEZING

## Medical report of Craig Grant Caboodle Ranch(Kittens)

Assessment	Date	Description	Status	Doctor
	11/6/2006	CEREBELLAR HYPOPLASIA	Problem	R.Sutliff
	11/6/2006	CEREBELLAR DEGENERATION	Problem	R.Sutliff
	11/6/2006	UPPER RESPIRATORY TRACT INFECTION--	Problem	R.Sutliff
	11/6/2006	HERPESVIRUS--CATS	Rule-out	R.Sutliff

Plan	Date	Description	Qty. Unit	Doctor
	11/6/2006	Physical Exam	1	R.Sutliff
	11/6/2006	Strongid T	473 ML	R.Sutliff
	11/6/2006	FVRCP #1	3	R.Sutliff
	11/6/2006	Clavamox Drops 62.5 mg	4 BOTT	R.Sutliff
	11/6/2006	INV-FVRCP Vaccine	3	R.Sutliff

Date : 11/28/2006 Purpose of visit : KITTEN VX #2 -5 kittens PLUS SICK KITTENS Record User : rs

Subjective evaluation Date Contents  
 11/28/2006 MULTIPLE KITTENS IN VARIOUS STATES OF HEALTH  
 ONE YOUNG ONE DIED EN ROUTE TO CLINIC

Objective evaluation	Date	Findings	Contents
RADIOLOGY	11/28/2006	Normal	NO RADIOGRAPHS TAKEN
		Vaccine 1	
		Vaccine 2	
		Vaccine 3	
		Vaccine 4	
ENDOCRINE	11/28/2006	Normal	NO APPARENT ABNORMALITIES
CARDIO	11/28/2006	Normal	HEART AUSCULTATES NORMALLY HEART RATE NORMAL GOOD FEMORAL PULSES
UROGENITAL	11/28/2006	Normal	BLADDER PALPATES NORMAL EXTERNAL GENITALIA NORMAL
INTEGUMENT	11/28/2006	Normal	HAIR COAT IN GOOD CONDITION / NORMAL AMOUNT OF SHEDDING SKIN LOOKS NORMAL
EARS	11/28/2006	Normal	EAR CANALS CLEAN EAR DRUM VISUALIZED NO FORIEGN BODIES
ORAL	11/28/2006	Normal	MUCUS MEMBRANES PINK TEETH CLEAN LITTLE TO NO TARTAR
GENERAL	11/28/2006	Abnormal	
NEUROLOGY	11/28/2006	Normal	ONE KITTEN SUFFERS FROM WHAT APPEARS TO BE CEREBELLA HYPOPLASIA FROM BIRTH WITH INTENTION TREMORS PRESENT
EYES	11/28/2006	Abnormal	CONJUNCTIVITIS SWOLLEN, REDDENED CONJUNCTIVA OU
LYMPHATIC SYSTEM	11/28/2006	Normal	LYMPH NODES PALPATE NORMALLY

## Medical report of Craig Grant Caboodle Ranch(Kittens)

MUSCULOSKELETAL 11/28/2006 Normal NO GAIT ABNORMALITIES  
GOOD MUSCLE TONE  
JOINTS FLEX/EXTEND NORMALLY

RESPIRATORY 11/28/2006 Abnormal SNEEZING  
NASAL DISCHARGE PRESENT

Plan	Date	Description	Qty. Unit	Doctor
	11/28/2006	Physical Exam	1	R.Sutliff
	11/28/2006	FVRCP #1	5	R.Sutliff
	11/28/2006	FVRCP #2	3	R.Sutliff
	11/28/2006	INV-FVRCP Vaccine	8	R.Sutliff
	11/28/2006	Fluid Therapy - Subcutaneous LRS	1	R.Sutliff
	11/28/2006	Penicillin Injection 300,000 U/ml	3 ml	R.Sutliff
	11/28/2006	EPA Biohazardous Disposal Fee	1	R.Sutliff
	11/28/2006	Clavamox Drops 62.5 mg	2 BOTT	R.Sutliff
Directions : GIVE .5ML BY MOUTH EVERY 12 HOURS. KEEP REFRIGERATED. SHAKE WELL BEFORE EACH USE.				

Date : 12/4/2006 Purpose of visit : Record User : rs

Subjective evaluation Date Contents  
12/4/2006

Plan	Date	Description	Qty. Unit	Doctor
	12/4/2006	Clavamox Drops 62.5 mg	2 BOTT	R.Sutliff
Directions : USE AS PREVIOUSLY DIRECTED. KEEP REFRIGERATED. MEDICATE AS NEEDED.				

Date : 6/19/2009 Purpose of visit : FVRCP vaccines Record User : rs

Subjective evaluation Date Contents  
6/19/2009 Five kittens in poor condition  
two with severe eye infections (possible loss of eyes)  
Very febrile on arrival (no air conditioning in truck)  
Possible skin issues - ring worm  
Dewormed yesterday with strongid.

Objective evaluation	Date	Findings	Contents
Vaccinations	6/19/2009	Normal	
		Vaccine 1	FVRCP-right front limb
		Vaccine 2	
		Vaccine 3	
		Vaccine 4	
Endocrine	6/19/2009	Normal	No apparent abnormalities
Cardio	6/19/2009	Normal	Heart auscultates normally Heart rate and rhythm normal Good femoral pulses
Urogenital	6/19/2009	Normal	Bladder palpates normally External genitalia normal
Integument	6/19/2009	Normal	Hair coat in good condition/normal amount of shedding

## Medical report of Craig Grant Caboodle Ranch(Kittens)

Ears	6/19/2009	Normal	Skin looks normal Ear canals clear Ear drums visualized No foreign bodies noted
Oral	6/19/2009	Normal	Mucous membrane pink CRT <2 sec Teeth clean Little or no tarter
Neurology	6/19/2009	Normal	No apparent abnormalities
Respiratory	6/19/2009	Normal	Trachea clear Lower airways auscultate clear
G I	6/19/2009	Abnormal	Soft stools - yellow
Musculoskeletal	6/19/2009	Normal	No gait abnormalities Good muscle tone Joints flex and extend normally No discomfort noted on palpation of long bones

Lymphatic system	6/19/2009	Normal	Lymph nodes palpate normally
Eyes	6/19/2009	Abnormal	Two kitten swith severe conjunctival infections
General	6/19/2009	Abnormal	

Assessment	Date	Description	Status	Doctor
	6/19/2009	RINGWORM		R.Sutliff
	6/19/2009	DIARRHEA, CHRONIC-CATS		R.Sutliff
	6/19/2009	CONJUNCTIVITIS		R.Sutliff
	6/19/2009	GIARDIASIS		R.Sutliff

Plan	Date	Description	Qty.	Unit	Doctor
	6/19/2009	FVRCP #1	5		R.Sutliff
	6/19/2009	INV-FVRCP Vaccine	5	DOSE	R.Sutliff
	6/19/2009	EPA Biohazardous Disposal Fee	1		R.Sutliff
	6/19/2009	Physical Exam - Rescue	1		R.Sutliff

## Prescription Label

Client : Craig Grant Caboodle Ranch

Patient: Kittens

Date	Rx#	Description	Refills	Qty.	Provider	Staff
11/28/2006	658	Clavamox Drops 62.5 mg	0	2	Richard	Lisa Fritts
12/4/2006	686	Clavamox Drops 62.5 mg	0	2	Richard	Richard



## Medical report of Craig Grant Caboodle Ranch(KITTENS - BLACK AND WHITE LITTER #4)

**Hospital information****SCOTT MILL ANIMAL HOSPITAL**

3101 Plummer Cove Rd  
Jacksonville, FL 32223  
268-8600  
scottmillah@bellsouth.net

**Client & patient information**

CLIENT : **Craig Grant Caboodle Ranch**  
ADDRESS : **711 Benchmark Rd**

PHONE : - -

PATIENT : **KITTENS - BLACK AND WHITE LITTER #4**

SPECIES : **Feline**

BREED : **Domestic Short Hair**

SEX :

COLOR : **BLACK/WH**

BIRTH DATE : **10/16/2006(4y10m6d)**

TAG ID :

MICROCHIP ID :

PET NOTES :

CLIENT IMAGE

PATIENT IMAGE

**Problem list**

Date	Description	Doctor	Status	Outcome	Period
12/16/2006	NORMAL EXAM FINDINGS EXCEPT	rs	Final diagnosis		0

Medical report of Craig Grant Caboodle Ranch(KITTENS - BLACK AND WHITE LITTER #4)

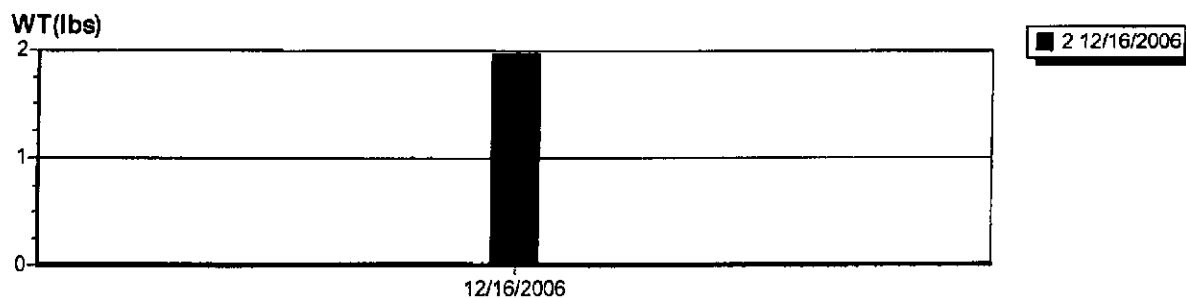
**Check list**

Client :Craig Grant Caboodle Ranch

Patient: KITTENS -

Date WT(lbs)  
12/16/2006 2

**Check-list chart**



## Medical report of Craig Grant Caboodle Ranch(KITTENS - BLACK AND WHITE LITTER #4)

**SOAP History**

Client :Craig Grant Caboodle Ranch

Patient: KITTENS -

Date : 12/16/2006

Purpose of visit : KITTEN VX #1

Record User rs

**Subjective evaluation**

Date

**Contents**

12/16/2006 TWO OTHER KITTENS FROM SAME LITTER SEEN THIS AM. BOTH WERE NEGATIVE FOR FeLV/FIV. NEGATIVE FOR HOOKS AND ROUNDS BUT POSITIVE FOR COCCIDIA. WE WILL TREAT THESE FOR THE SAME ISSUES.

**Objective evaluation**

Date

**Findings****Contents**

REC'DS

12/16/2006

Normal

FVRCP SQ RIGHT REAR  
BOOSTER VACCINES IN 3 WEEKS

RADIOLOGY

12/16/2006

Normal

NO RADIOGRAPHS TAKEN

Vaccine 1

Vaccine 2

Vaccine 3

Vaccine 4

ENDOCRINE

12/16/2006

Normal

NO APPARENT ABNORMALITIES

CARDIO

12/16/2006

Normal

HEART AUSCULTATES NORMALLY  
HEART RATE NORMAL  
GOOD FEMORAL PULSES

UROGENITAL

12/16/2006

Normal

BLADDER PALPATES NORMAL  
EXTERNAL GENITALIA NORMAL

INTEGUMENT

12/16/2006

Normal

HAIR COAT IN GOOD CONDITION / NORMAL AMOUNT OF SHEDDING  
SKIN LOOKS NORMAL

EARS

12/16/2006

Normal

EAR CANALS CLEAN  
EAR DRUM VISUALIZED  
NO FOREIGN BODIES

ORAL

12/16/2006

Normal

MUCUS MEMBRANES PINK  
TEETH CLEAN  
LITTLE TO NO TARTAR

NEUROLOGY

12/16/2006

Normal

NO APPARENT ABNORMALITIES

RESPIRATORY

12/16/2006

Normal

TRACHEA CLEAR  
LOWER AIRWAYS CLEAR

GI

12/16/2006

Normal

PALPATES NORMALLY

MUSCULOSKELETAL

12/16/2006

Normal

NO GAIT ABNORMALITIES  
GOOD MUSCLE TONE  
JOINTS FLEX/EXTEND NORMALLY

LYMPHATIC SYSTEM

12/16/2006

Normal

LYMPH NODES PALPATE NORMALLY

EYES

12/16/2006

Normal

NO OCULAR DISCHARGE  
LENS CLEAR  
CORNEA CLEAR

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 Medical report of Craig Grant Caboodle Ranch(KITTENS - BLACK AND WHITE LITTER #4)
 

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 CONJUNTIVA NORMAL  
 FUNDUS VISUALIZED

GENERAL	12/16/2006	Normal	BRIGHT, ALERT AND RESPONSIVE		
<b>Assessment</b>	<b>Date</b>	<b>Description</b>	<b>Status</b>	<b>Doctor</b>	
	12/16/2006	NORMAL EXAM FINDINGS EXCEPT PROBLEMS	Final	R.Sutliff	
	12/16/2006	COCCIDIOSIS	Problem	R.Sutliff	
<b>Plan</b>	<b>Date</b>	<b>Description</b>	<b>Qty.</b>	<b>Unit</b>	<b>Doctor</b>
	12/16/2006	Physical Exam	1		R.Sutliff
	12/16/2006	FVRCP Merial Donation	4	dose	R.Sutliff
	12/16/2006	EPA Biohazardous Disposal Fee	1		R.Sutliff
	12/16/2006	Strongid T	2	ML	R.Sutliff
	12/16/2006	Albon 5% Suspension Per ml	20	ML	R.Sutliff
	<b>Directions :</b> GIVE 0.6 ML BY MOUTH ONE TIME A DAY FOR 6 DAYS TO TREAT FOR COCCIDIA.				

**Prescription Label**

Client : Craig Grant Caboodle Ranch

Patient: KITTENS -

Date	Rx#	Description	Refills	Qty.	Provider	Staff
12/16/2006	769	Albon 5% Suspension Per ml	0	20	Richard	Richard

Medical report of Craig Grant Caboodle Ranch(Rusty)

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**Hospital information**

---

**SCOTT MILL ANIMAL HOSPITAL**

3101 Plummer Cove Rd  
Jacksonville, FL 32223  
268-8600  
scottmillah@bellsouth.net

---

**Client & patient information**

---

CLIENT : Craig Grant Caboodle Ranch

ADDRESS : 711 Benchmark Rd

PHONE : - -

PATIENT : Rusty

SPECIES : Feline

SEX : Female

BIRTH DATE : Unknown

MICROCHIP ID :

PET NOTES :

BREED : Domestic Short Hair

COLOR : TRI MERL

TAG ID :

CLIENT IMAGE

PATIENT IMAGE

**Form List**

Client : Craig Grant Caboodle Ranch

Patient: Rusty

Date	Description	Form type
4/19/2007	SURGICAL CONSENT FORM	Printed form

## Medical report of Craig Grant Caboodle Ranch(Rusty)

**SOAP History**

Client : Craig Grant Caboodle Ranch

Patient: Rusty

Date : 4/19/2007 Purpose of visit : SPAY CAT Record User rs

Subjective evaluation	Date	Contents
	4/19/2007	BRIGHT, ALERT, AND RESPONSIVE OWNER THINKS MAY BE IN HEAT

Objective evaluation	Date	Findings	Contents
CARDIO	4/19/2007	Normal	HEART AUSCULTATES NORMALLY HEART RATE NORMAL GOOD FEMORAL PULSES

RESPIRATORY	4/19/2007	Normal	TRACHEA CLEAR LOWER AIRWAYS CLEAR
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Plan	Date	Description	Qty. Unit	Doctor
	4/19/2007	Physical Exam Pre-Anesthesia	1	R.Sutliff
	4/19/2007	Anesthesia, Induction 30 Min.	1	R.Sutliff
	4/19/2007	EPA Biohazardous Disposal Fee	1	R.Sutliff
	4/19/2007	Buprenorphine 0.3 mg/ml	0.1 ml	R.Sutliff

## Medical report of Craig Grant Caboodle Ranch(Rusty)

**Operative Record**

Client : Craig Grant Caboodle Ranch

Patient: Rusty

**Surgery Information**

Date : 4/19/2007

Surgeon : rs

Pre-Anesthetic Profile : No

Assistant : lf

Procedure : SPAY

**Pre-Anesthetics**

Description	Value
Atropine 0.54 mg/ml (ml)	0.05
Buprenorphine 0.3 mg/ml	0.1
Anesthesia Risk	1
Time	10:00A.M.

**Anesthetics**

Description	Value
E.T.Tube Size	3.5
Induction	Box-ISO
Isoflurane	Maint.

**Preparation of Surgical Field**

ROUTINE SURGICAL SHAVE  
THREE SCRUBS ROTATING POVIDINE AND ALCOHOL  
POVIDINE LIQUID SPRAYED ON SITE  
POVIDINE SPRAY

**Comments****Miscellaneous****Surgical Material**

3-0 PDS

**Surgical procedure**

INCISED SKIN AND SQ TISSUE  
LINEA HAS PRE EXISTING SUTURES PRESENT  
CLOSED SQ WITH 3-0 PDS CONTINUOUS PATTERN  
TISSUE GLUE ON SKIN

**Post Operative Meds.****Recovery**

SMOOTH

**Check list**

BP(MAP)(mm\Hg	HR(bpm)	RR(rpm)	Temp(f)	ISO(%)
4/19/2007 10:18:13 AM 80	135	24	98.5	2



**SCOTT MILL ANIMAL HOSPITAL  
FAX TRANSMISSION**

PHONE: (904)268-8600

FAX: (904)268-9047

DATE: 8-22-11

TO: ROBERT BAUER

FAX NUMBER: 352-337-2518

FROM: SCOTT MILL ANIMAL HOSPITAL

Number of pages including this cover sheet:

\*If you do not receive all pages, please contact us\*

12

SUBJECT: CABOODLE RANCH

SPECIAL INSTRUCTIONS: LAST BATCH!



## Medical report of Craig Grant Caboodle Ranch(TWO-TOES)

**Hospital information****SCOTT MILL ANIMAL HOSPITAL**

3101 Plummer Cove Rd  
Jacksonville, FL 32223  
268-8600  
scottmillah@bellsouth.net

**Client & patient information**

CLIENT : **Craig Grant Caboodle Ranch**  
ADDRESS : **711 Benchmark Rd**

PHONE : - -

PATIENT : **TWO-TOES**

SPECIES : **Feline**

SEX : **Female Spayed**

BIRTH DATE : **Unknown**

MICROCHIP ID :

PET NOTES :

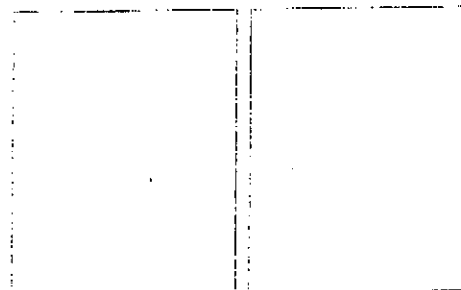
BREED : **Domestic Short Hair**

COLOR : **BLK/WHT**

TAG ID :

CLIENT IMAGE

PATIENT IMAGE

**Recall history**

Client : Craig Grant Caboodle Ranch

Patient: TWO-TOES

Due Date	DateCreated	Status	Call date	Completed By	Description
12/23/2006	12/22/2006	COMPLETE	12/27/2006		Wound Care
12/28/2006	12/27/2006	COMPLETE	1/8/2007		Laceration Repair

**Form List**

Client : Craig Grant Caboodle Ranch

Patient: TWO-TOES

Date	Description	Form type
12/26/2006	SURGICAL CONSENT FORM	Printed form

## Medical report of Craig Grant Caboodle Ranch(TWO-TOES)

## Check list

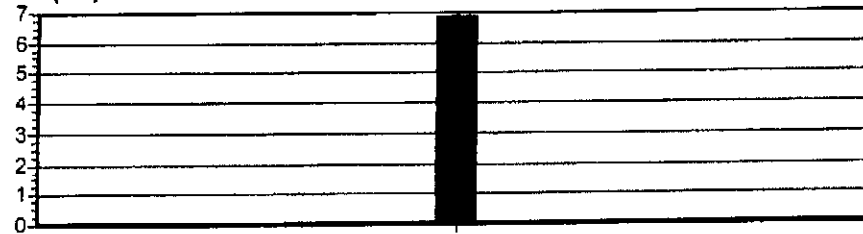
Client :Craig Grant Caboodle Ranch

Patient: TWO-TOES

Date	WT(lbs)	TEMP(F)	HR(BPM)	RESP(BF)	GLU(mg/
12/27/2006	7	100.9	132	24	

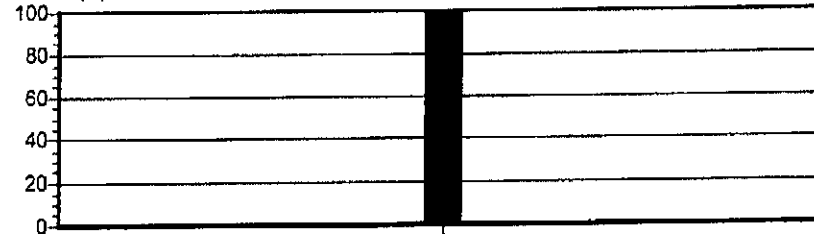
## Check-list chart

WT(lbs)



7 12/27/2006 3:21:37 PM

TEMP(F)



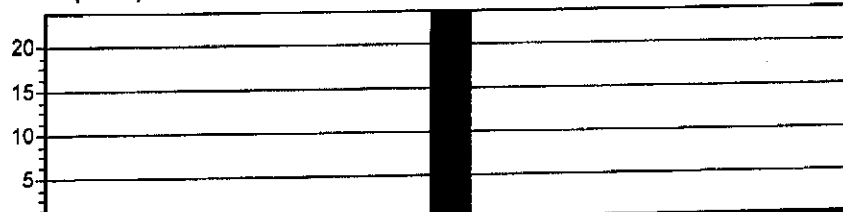
100.9 12/27/2006 3:21:37 PM

HR(BPM)



132 12/27/2006 3:21:37 PM

RESP(BPM)



24 12/27/2006 3:21:37 PM

## Medical report of Craig Grant Caboodle Ranch(TWO-TOES)

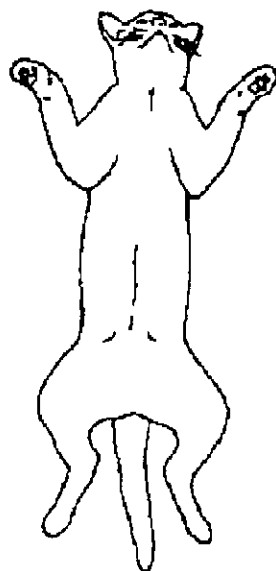
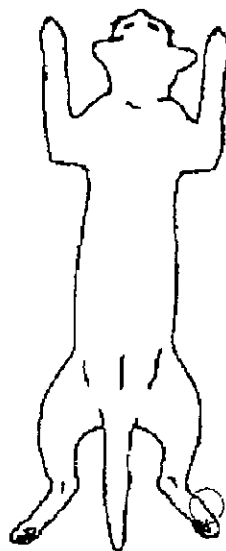
**SOAP History**

Client : Craig Grant Caboodle Ranch

Patient: TWO-TOES

Date : 12/22/2006 Purpose of visit : INJURED FOOT Record User : rs

<b>Subjective evaluation</b>	<b>Date</b>	<b>Contents</b>
	12/22/2006	CHECK PAW
<b>Objective evaluation</b>	<b>Date</b>	<b>Findings</b>
<b>RADIOLOGY</b>	12/22/2006	Normal
		NO RADIOGRAPHS TAKEN
		Vaccine 1
		Vaccine 2
		Vaccine 3
		Vaccine 4
<b>ENDOCRINE</b>	12/22/2006	Normal
<b>CARDIO</b>	12/22/2006	Normal
		NO APPARENT ABNORMALITIES
		HEART AUSCULTATES NORMALLY
		HEART RATE NORMAL
		GOOD FEMORAL PULSES
<b>UROGENITAL</b>	12/22/2006	Normal
		BLADDER PALPATES NORMAL
		EXTERNAL GENITALIA NORMAL
<b>INTEGUMENT</b>	12/22/2006	Abnormal
		LARGE LACERATION

**FELINE****Ventral****Dorsal**

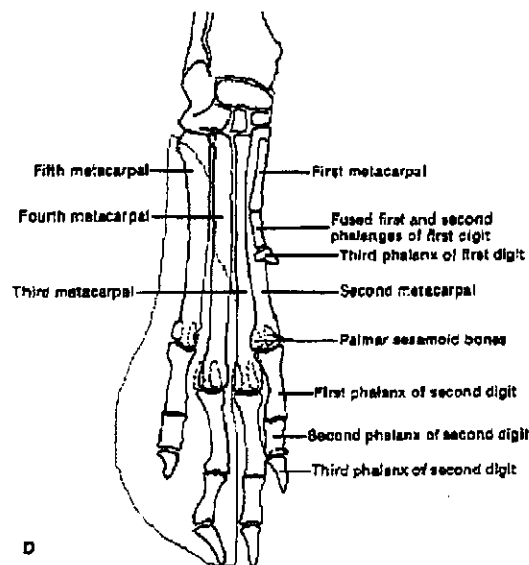
<b>EARS</b>	12/22/2006	Normal	EAR CANALS CLEAN
			EAR DRUM VISUALIZED
			NO FORIEGN BODIES
<b>ORAL</b>	12/22/2006	Normal	MUCUS MEMBRANES PINK

## Medical report of Craig Grant Caboodle Ranch(TWO-TOES)

TEETH CLEAN  
LITTLE TO NO TARTAR

REC'DS	12/22/2006	Normal	
NEUROLOGY	12/22/2006	Normal	NO APPARENT ABNORMALITIES
RESPIRATORY	12/22/2006	Normal	TRACHEA CLEAR LOWER AIRWAYS CLEAR

GI	12/22/2006	Normal	PALPATES NORMALLY
MUSCULOSKELETAL	12/22/2006	Abnormal	LATERAL DIGIT AND METATARSAL BONES TRAUMATICALLY REMOVED. GRANULATION TISSUE PRESENT BUT A SEGMENT OF METATARSAL BONE #3 IS PRESENT AND PROTRUDING.



LYMPHATIC SYSTEM	12/22/2006	Normal	LYMPH NODES PALPATE NORMALLY
EYES	12/22/2006	Normal	NO OCULAR DISCHARGE LENS CLEAR CORNEA CLEAR CONJUNCTIVA NORMAL FUNDUS VISUALIZED

GENERAL	12/22/2006	Normal	BRIGHT, ALERT AND RESPONSIVE
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Assessment	Date	Description	Status	Doctor
	12/22/2006	TRAUMA		R.Sutliff
	12/22/2006	LACERATION		R.Sutliff

Plan	Date	Description	Qty.	Unit	Doctor
	12/22/2006	Physical Exam	1		R.Sutliff
	12/22/2006	Wound Care	1		R.Sutliff
	12/22/2006	Bandage	1		R.Sutliff
	12/22/2006	Clindamycin Drops	1	BOTT	R.Sutliff
Directions : GIVE 12.5 MG BY MOUTH EVERY 12 HOURS					

Date : 12/27/2006	Purpose of visit :	REPAIR WOUND	Record User : rs
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Subjective evaluation	Date	Contents
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## Medical report of Craig Grant Caboodle Ranch(TWO-TOES)

	12/27/2006	REPAIR RH PAW TRAUMA		
<b>Objective evaluation</b>	<b>Date</b>	<b>Findings</b>	<b>Contents</b>	
RADIOLOGY	12/27/2006	Normal	NO RADIOGRAPHS TAKEN	
	Vaccine 1			
	Vaccine 2			
	Vaccine 3			
ENDOCRINE	12/27/2006	Normal	NO APPARENT ABNORMALITIES	
	CARDIO	12/27/2006	Normal	HEART AUSCULTATES NORMALLY
				HEART RATE NORMAL GOOD FEMORAL PULSES
UROGENITAL	12/27/2006	Normal	BLADDER PALPATES NORMAL EXTERNAL GENITALIA NORMAL	
INTEGUMENT	12/27/2006	Abnormal		
EARS	12/27/2006	Normal	EAR CANALS CLEAN EAR DRUM VISUALIZED NO FORIEGN BODIES	
ORAL	12/27/2006	Normal	MUCUS MEMBRANES PINK TEETH CLEAN LITTLE TO NO TARTAR	
NEUROLOGY	12/27/2006	Normal	NO APPARENT ABNORMALITIES	
RESPIRATORY	12/27/2006	Normal	TRACHEA CLEAR LOWER AIRWAYS CLEAR	
GI	12/27/2006	Normal	PALPATES NORMALLY	
MUSCULOSKELETAL	12/27/2006	Abnormal		
LYMPHATIC SYSTEM	12/27/2006	Normal	LYMPH NODES PALPATE NORMALLY	
EYES	12/27/2006	Normal	NO OCULAR DISCHARGE LENS CLEAR CORNEA CLEAR CONJUNTIVA NORMAL FUNDUS VISUALIZED	
GENERAL	12/27/2006	Normal	BRIGHT, ALERT AND RESPONSIVE	
<b>Assessment</b>	<b>Date</b>	<b>Description</b>	<b>Status</b>	<b>Doctor</b>
	12/27/2006	TRAUMA	<b>Problem</b>	R.Sutliff
<b>Plan</b>	<b>Date</b>	<b>Description</b>	<b>Qty. Unit</b>	<b>Doctor</b>
	12/27/2006	Physical Exam Pre-Anesthesia	1	R.Sutliff
	12/27/2006	Anesthesia, Induction 30 Min.	1	R.Sutliff
	12/27/2006	EPA Biohazardous Disposal Fee	1	R.Sutliff
	12/27/2006	Buprenorphine 0.3 mg/ml	1 ml	R.Sutliff
	12/27/2006	Bupivacaine HCl	1 ml	R.Sutliff
	12/27/2006	Laceration Repair	1	R.Sutliff
	12/27/2006	Bandage	1	R.Sutliff

## Medical report of Craig Grant Caboodle Ranch(TWO-TOES)

Date : 1/5/2007 Purpose of visit : RECHECKL FOOT Record User : nh

Subjective evaluation Date Contents

1/5/2007

Plan	Date	Description	Qty. Unit	Doctor
	1/5/2007	Suture Removal	1	N.Hashey

Date : 1/26/2007 Purpose of visit : Record User :

Plan	Date	Description	Qty. Unit	Doctor
	1/26/2007	Clavamox Drops 62.5 mg	2 BOTT	R.Sutliff

Date : 2/7/2007 Purpose of visit : Record User :

Plan	Date	Description	Qty. Unit	Doctor
	2/7/2007	Clavamox Drops 62.5 mg	2 BOTT	R.Sutliff

Date : 2/27/2007 Purpose of visit : Medication Record User :

Plan	Date	Description	Qty. Unit	Doctor
	2/27/2007	Clavamox Drops 62.5 mg	2 BOTT	R.Sutliff

Date : 3/22/2007 Purpose of visit : Record User :

Plan	Date	Description	Qty. Unit	Doctor
	3/22/2007	Fluid Therapy - Subcutaneous LRS	1	N.Hashey
	3/22/2007	Clavamox Drops 62.5 mg	1 BOTT	N.Hashey

Date : 4/16/2007 Purpose of visit : Record User :

Plan	Date	Description	Qty. Unit	Doctor
	4/16/2007	Clavamox Drops 62.5 mg	2 BOTT	R.Sutliff

## Prescription Label

Client : Craig Grant Caboodle Ranch

Patient: TWO-TOES

Date	Rx#	Description	Refills	Qty.	Provider	Staff
12/22/2006	811	Clindamycin Drops	0	1	Richard	Lisa Fritts

## Medical report of Craig Grant Caboodle Ranch(TWO-TOES)

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**Client Commucation****Client :** Craig Grant Caboodle Ranch**Patient:** TWO-TOES

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**Date      Employee    Content**

1/5/2007	nh	REMOVED SUTURES AND SCAB OVER PREVIOUS FOOT WOUND WELL HEALED EXCEPT FOR UNDER SCAB AREA, OWNER TO MONITOR AND APPLY SMALL AMOUNT OF TRIPLE ANTIBIOTIC DAILY UNTIL HEALED. IF NOT HEALED IN 7 DAYS THEN WE NEED TO RECHECK. NDH
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## Medical report of Craig Grant Caboodle Ranch(TWO-TOES)

**Operative Record**

Client : Craig Grant Caboodle Ranch

Patient: TWO-TOES

**Surgery Information**    Date : 12/27/2006    Surgeon : rs  
Pre-Anesthetic Profile : No    Assistant : sc  
Procedure : LACERATION/WOUND REPAIR

Pre-Anesthetics	Description	Value
	Buprenorphine 0.3 mg/ml	0.10 IM
	Anesthesia Risk	I

Anesthetics	Description	Value
	E.T.Tube Size	4.5
	Induction	Box-ISO
	Isoflurane	Maint.

**Preparation of Surgical Field**

ROUTINE SURGICAL SHAVE  
THREE SCRUBS ROTATING POVIDINE AND STERILE SALINE  
POVIDINE LIQUID SPRAYED ON SITE

**Comments**    YOUR PET DID FINE DURING SURGERY AND RECOVERED WELL. SHE CAN HAVE ALL THE WATER SHE WANTS TONIGHT, AS LONG AS SHE DOESN'T DRINK TOO FAST. IF SHE DOES, TAKE THE WATER AWAY FOR 10 MINUTES AND THEN OFFER IT AGAIN.

TONIGHT SHE CAN HAVE 1/4 OF WHAT IS NORMALLY FED IF SHE IS HUNGRY.

RETURN FOR SUTURE REMOVAL IN 10 TO 14 DAYS.

CONTINUE ORAL ANTIBIOTICS FOR 5-7 ADDITIONAL DAYS

**Miscellaneous**

**Surgical Material**    3-0 ETHILON

**Surgical procedure**    RING BLOCK APPLIED WITH BUPIVICAINE  
CLEANED AREA AND DEBRIDED EXUBERANT GRANULATION TISSUE. REMOVED BONE  
FRAGMENT FROM WOUND SITE. FRESHENED EDGES OF WOUND AND CLOSED WITH  
NYLON SUTURE. ONE VERTICEL MATRESS TENSION SUTURE PLACED AND THE OTHER  
SUTURES ARE SIMPLE INTERRUPTED.  
LIGHT BANDAGE APPLIED.

**Post Operative Meds.**

**Recovery**    SMOOTH



## Medical report of Craig Grant Caboodle Ranch(Wobbles)

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**Hospital information**

---

**SCOTT MILL ANIMAL HOSPITAL**

3101 Plummer Cove Rd  
Jacksonville, FL 32223  
268-8600  
scottmillah@bellsouth.net

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**Client & patient information**

---

CLIENT : **Craig Grant Caboodle Ranch**  
ADDRESS : **711 Benchmark Rd**

PHONE : - -

PATIENT : **Wobbles**

SPECIES : **Feline**

SEX : **Female**

BIRTH DATE : **Unknown**

MICROCHIP ID :

PET NOTES :

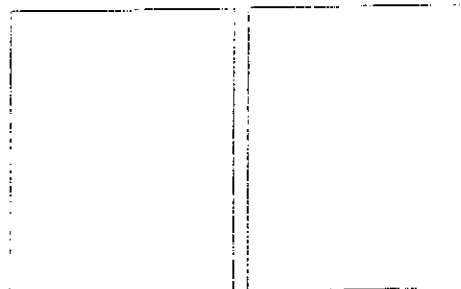
BREED : **Domestic Short Hair**

COLOR : **CHOC**

TAG ID :

CLIENT IMAGE

PATIENT IMAGE



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**Recall history**

Client : Craig Grant Caboodle Ranch

Patient: Wobbles

Due Date	DateCreated	Status	Call date	Completed By	Description
4/11/2007	4/10/2007	COMPLETE	4/11/2007		Physical Exam

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**Form List**

Client : Craig Grant Caboodle Ranch

Patient: Wobbles

Date	Description	Form type
4/18/2007	SURGICAL CONSENT FORM	Printed form

Medical report of Craig Grant Caboodle Ranch(Wobbles)

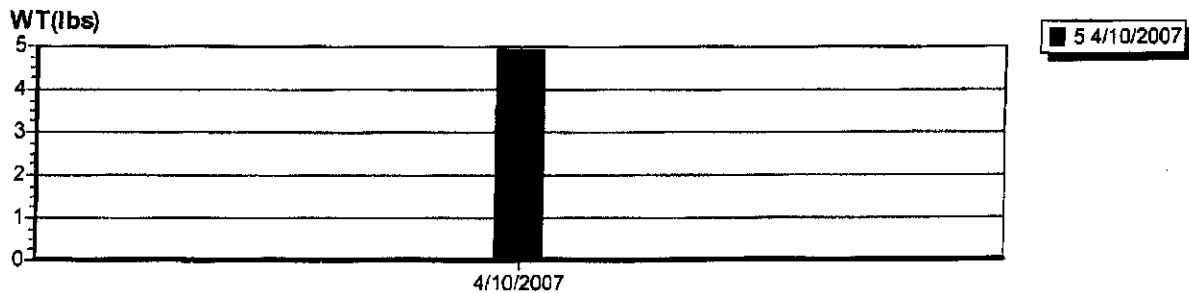
**Check list**

Client :Craig Grant Caboodle Ranch

Patient: Wobbles

Date WT(lbs)  
4/10/2007 5

**Check-list chart**



## Medical report of Craig Grant Caboodle Ranch(Wobbles)

**SOAP History**

Client : Craig Grant Caboodle Ranch

Patient: Wobbles

Date : 4/10/2007

Purpose of visit : CHECK EYES

Record User rs

Subjective evaluation Date Contents  
4/10/2007 CHECK EYE

Objective evaluation Date Findings Contents  
NEUROLOGY 4/10/2007 Abnormal ATAXIC  
NORMAL MENTATION / AWARE OF SURROUNDINGS  
NORMAL WITHDRAWAL REFLEXES  
CEREBELLAR HYPOPLASIA?

EYES 4/10/2007 Abnormal DSWOLLEN, REDDENED CONJ OS  
GLOBE RUPTURE OS  
EPIPHORA  
CORNEAL LACERATION OS



O.D.

O.S.

GENERAL 4/10/2007 Normal BRIGHT, ALERT AND RESPONSIVE

**Assessment**

Date	Description	Status	Doctor
4/10/2007	CEREBELLAR HYPOPLASIA		R.Sutliff
4/10/2007	CEREBELLAR DEGENERATION		R.Sutliff
4/10/2007	CORNEAL TRAUMA--PUNCTURE		R.Sutliff
4/10/2007	CORNEAL ULCER		R.Sutliff

**Plan**

Date	Description	Qty.	Unit	Doctor
4/10/2007	Physical Exam	1		R.Sutliff
4/10/2007	BNP Ophthalmic Ointment	1	TUBE	R.Sutliff
Directions : APPLY TO AFFECTED EYE EVERY 6 TO 8 HOURS				
4/10/2007	Clavamox Drops 62.5 mg	1	BOTT	R.Sutliff
Directions : GIVE 1/2 ML BY MOUTH EVERY 12 HOURS. KEEP REFRIGERATED. SHAKE WELL.				

**Plan Notes**

TREAT INFECTION TOPICALLY AND SYSTEMICALLY. POSSIBLE ENUCLEATION NEEDED.  
RECHECK NEXT WEEK.

Date : 4/19/2007

Purpose of visit :

Record User :

**Plan**

Date	Description	Qty.	Unit	Doctor
4/19/2007	BNP Ophthalmic Ointment	1	TUBE	R.Sutliff

**Prescription Label**

Client : Craig Grant Caboodle Ranch

Patient: Wobbles

Date	Rx#	Description	Refills	Qty.	Provider	Staff
4/10/2007	1602	BNP Ophthalmic Ointment	0	1	Richard	Richard
4/10/2007	1603	Clavamox Drops 62.5 mg	0	1	Richard	Richard