

# Intake Record

Animals Name: DAISY Exam done by: SARA Date: 9.22.12

Species: ☒ Dog ☐ Cat ☐ Other: \_\_\_\_\_

Breed: Pit X Color: Blonde

5.15.12  
Bobby

Sex: ☐ Male ☒ Female Age: 18 WKS Weight: 320.0

Spayed/Neutered ☐ Yes ☒ No Date \_\_\_\_\_ \*\*Verify presence of testicles or spay scar if no date listed

Stitches to be removed: ☐ Yes ☐ No If yes, date they need to be removed: \_\_\_\_\_

DA2PPL / PRC or equivalent: ☐ Done on: 8/21 9/18 ☐ Done at Intake

Rabies: ☒ Done on: 8.21.12 ☐ Done at Intake ☐ Needs Appointment

Bordatella: ☒ Done on: 9.5.12 9.18.12 ☐ Done at Intake

Heartworm Test: ☐ Done on: \_\_\_\_\_ ☐ Done at Intake ☒ Needs Appt **Circle one:** Positive or Negative

HW prevention given ☐ Done on: \_\_\_\_\_ ☒ Done at Intake ☐ Needs done

**Circle One:** Iverheart Heartguard Interceptor Other: \_\_\_\_\_

Flea Product applied: ☐ Done on: \_\_\_\_\_ ☐ Done at Intake ☒ Sent home with foster to give on: 9.24

**Circle One:** Frontline Advantage Revolution Other \_\_\_\_\_

Capstar: ☐ Done on: \_\_\_\_\_ ☐ Done at Intake

Deworming **prior** to SHH: Date done: \_\_\_\_\_ **Circle One:** Panacur Pyrantel Other \_\_\_\_\_

Deworming **by** SHH: Date done: \_\_\_\_\_ **Circle One:** Panacur Pyrantel Other \_\_\_\_\_

Dewormer **sent home with foster** Panacur \_\_\_\_\_ # doses sent home Pyrantel 1 # doses sent home

Microchip **\*\*SCAN ENTIRE DOG\*\*** ☐ Done on: \_\_\_\_\_ ☒ Done at Intake ☐ Needs done

Microchip # \_\_\_\_\_



985 170 001 309 511

Physical Exam: (when checking "other" describe what is seen in the notes area)

Eyes: ☒ normal ☐ other \_\_\_\_\_ Ears: ☒ normal ☐ other \_\_\_\_\_ Teeth/Gums: ☒ normal ☐ other \_\_\_\_\_

Skin: ☐ normal ☐ dry ☒ other Demadox Heart: ☐ normal ☐ other \_\_\_\_\_

Body Condition: ☐ Underweight ☐ Overweight ☐ Okay ☐ other \_\_\_\_\_

\*\*\*\* Please note any areas of concerns by marking the body image page which is a separate sheet

Notes: on Ivermectin - Demo mange

Darvo test (-) 8.21.12



Daisy



09 12

# Humane Society of Greater Kansas City

5445 Parallel Parkway  
Kansas City, KS 66104  
913-596-1000

## Patient Chart

Printed: 09-18-12 at 4:06p

### CLIENT INFORMATION

**Name** Stacy Reeves PetEx Rescue 'N Transport (0)  
**Address** 5243 North Walnut St.  
Gladstone, MO 64118 **Spouse**

### PATIENT INFORMATION

<b>Name</b>	Daisy~ (0449-12)	<b>Species</b>	Canine
<b>Sex</b>	Female	<b>Breed</b>	Lab/Sharpei
<b>Birthday</b>	05-15-12	<b>Age</b>	18w
<b>ID</b>		<b>Rabies</b>	71680
<b>Color</b>	Blonde	<b>Weight</b>	17.00 lbs
<b>Reminded</b>	(none)	<b>Codes</b>	

Reminders for: <b>Daisy~</b>		Last done
09-18-13	Canine DA2PPV	09-18-12
08-21-13	Canine Rabies 1 year	08-21-12

### MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)
09-18-12		(N/A)	Patient moved from client 4037	
09-18-12	RJ	DR22 BINT CDA	Drontal Plus 22.7 mg Canine Bordetella Intranasal Canine Distemper - DA2PPV	2
09-18-12		(N/A)	Patient moved from client 33113	
09-05-12		(N/A)	Patient moved from client 4037	
09-05-12	RJ	HC SIMP	Health Certificate Simplicef - Cefpodoxime Proxetil 100 mg.	7
			Give 1/2 tablet *once a day* for 14 consecutive days.	
		PYO16	Pyoben 16 oz	
			Bathe 3 times a week until Daisy's demodex has cleared up.	
		DR22 BINT	Comfortis Drontal Plus 22.7 mg Canine Bordetella Intranasal	2
		PES	Delay spay Physical exam - Shelter	

BARH; BCS 3/5; generalized patchy alopecia; otherwise appears WNL at this time.  
NOTE: SENT DOSING CHART FOR IVOMECTIN. Daisy will receive .3ml SID until she reaches 20lbs -- at which point she will receive .4ml SID

## CERTIFICATE OF VACCINATION

**Date of Vaccination:** 08-21-12  
**Next Vaccination on:** 08-21-13

**Certificate No.** 46019645  
**Previous Vaccination:**

### VETERINARY CLINIC

Humane Society of Greater Kansas City  
5445 Parallel Parkway  
Kansas City, KS 66104  
913-596-1000

### OWNER OF ANIMAL

Stacy Reeves PetEx Rescue 'N Transport  
5243 North Walnut St.  
Gladstone, MO 64118  
(816) 298-6481

This is to certify...

**THAT I HAVE VACCINATED THE ANIMAL DESCRIBED BELOW AGAINST RABIES.**

### Patient information...

**PATIENT:** Daisy~  
**SPECIES:** Canine  
**SEX:** Female  
**WEIGHT:** 17.00 lbs  
**MICROCHIP:**

**TAG NO:** 71680  
**BREED:** Lab/Sharpei  
**AGE:** 18 weeks  
**COLOR:** Blonde

**MFG BY:** PFZER, **SERIAL:** S175936H, **EXPIRES:** 5/28/13, **ADMIN:** SQ

**Signed:**

Regan Johnston License: 6292

### Other Vaccinations...

Vaccinated	By	Vaccination	Next due
09-18-12	RJ	Canine Bordetella Intranasal	(none)
09-18-12	RJ	Canine Distemper - DA2PPV	09-18-13



www.avimark.net Phone: 877-838-9273

While in Kansas  
City in foster  
care Daisy has  
been getting 0.3 ml  
Ivermectin once  
daily by mouth for  
Demodex



## Ivermectin Dosages for Canine Demodex (non-Collie breeds)

*Ivomec 1% solution = 10 mg/ml*

SID

<u>Weight(pounds)</u>	<u>Dose(ml)</u>	<u>Volume(mL for 30 days)</u>
5	0.1	3
10	0.2	6
15	0.3	9
20	0.4	12
25	0.5	15
30	0.6	18
35	0.7	21
40	0.8	24
45	0.9	27
50	1.0	30
55	1.1	33
60	1.2	36
65	1.3	39
70	1.4	42
75	1.5	45
80	1.6	48
85	1.7	51
90	1.8	54
95	1.9	57
100	2.0	60

*Cost/mL = \$1.50. Charge misc day "Demodex treat" (Ivomec)*

(Values listed above obtained at 0.45mg/kg; dosage range is 0.3-0.6mg/kg. Ivermectin comes 10mg/ml concentration.)

Use for 30 days, then recheck skin scrape. Treat 1 week beyond negative skin scrape.



STATE OF MISSOURI  
DEPARTMENT OF AGRICULTURE  
DIVISION OF ANIMAL HEALTH  
**SMALL ANIMAL HEALTH CERTIFICATE**

DATE

9-22-12

TRANSPORTED BY

☒ CAR

☐ AIR

☐ RAIL

☐ TRUCK

CONSIGNOR

Winding River A.C.

ADDRESS

1101 E Blue Ridge

CITY

ICC

STATE

MO

ZIP

64146

CONSIGNEE

Second Hand Hounds

ADDRESS

4330 Shady Oak Rd.

CITY

Minnetonka

STATE

MN

ZIP

55343

SPECIES

BREED

AGE

SEX

DESCRIPTION

K-9 LabX 1y F blonde

K-9 ShepX 2y NM Black Hen

RABIES VACCINATION

DATE

TYPE

TAG NO.

OTHER VACCINATIONS

DATE

TYPE

8-21-12 FID 71680 9-18-12 Daqpp  
8-23-12 FID 71672 9-5-12 Daqpp

OTHER REMARKS

I have inspected the animals described hereon and find them to be free from visible signs of infectious, contagious, or communicable disease.  
The vaccinations and results of tests are as indicated above.

SIGNATURE OF VETERINARIAN

Daniel E. Hedeker DVM

PRINTED NAME OF VETERINARIAN

Dr. Daniel E. Hedeker

ADDRESS

1101 E. Blue Ridge

VET AGREEMENT CODE

4094

MO 350-0480 (5-10)

DISTRIBUTION: WHITE - ACCOMPANY SHIPMENT

CANARY - STATE VETERINARIAN

PINK - ISSUING VET FILE