

Rabies Vaccination Certificate

1. Owner details


a)	Owner: <i>Elaine Macdonald-Meyer</i>
b)	Address: <i>240 Misty Hill Road Mountain River TAS 7109</i>

2. Animal details


a)	Name:	<i>HOLFNOD</i>
b)	Microchip Number /Tattoo:	<i>982 000 163 615 046</i>
c)	Scan/Implant date:	<i>5/9/2012</i>
d)	Location of microchip	<i>Between shoulder blades on dorsum.</i>
e)	Species:	<i>CAT</i>
f)	Sex:	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male <input type="checkbox"/> Entire <input checked="" type="checkbox"/> Desexed
g)	Age/Date of Birth:	<i>3/3/2012</i>
h)	Breed:	<i>Domestic Shorthair</i>
i)	Colour:	<i>Grey & Tan Tabby</i>

3. Vaccination details

I the undersigned veterinarian declare that I have vaccinated the animal described above as follows:

a)	Date of Vaccination:	<i>22/5/2019</i>	Vaccine Label: 
b)	Name of Vaccine:	Intervet Nobivac Rabies	
c)	Batch Number:	<i>A506AD1</i>	
d)	Expiry Date:	<i>08-2022</i>	
e)	Based on the manufacturer's recommendation, booster vaccination for this animal is due on:		<i>22/5/2022</i>

4. Registered Veterinarian

a)	Name: <i>Jane MITCHELL</i>
b)	Veterinary Board Registration Number: <i>286</i>
c)	Signature: 
d)	Date: <i>22/5/2019</i>
e)	Address: <i>Macquarie Animal Hospital, 330 Macquarie St. Stn Robert TAS 7004</i>

5. Endorsement by Government Veterinarian

a)	Name:	Stamp:
b)	Veterinary Board Registration Number:	
c)	Authorised Officer Number:	
d)	Date:	
e)	Signature:	

Notes: Sections 1 – 4 to be completed before signing by the Registered Veterinarian administering the vaccine.

Section 5 to be completed by the Government Veterinarian issuing the official Health Certificate and Export Permit

MACQUARIE ANIMAL HOSPITAL

330 Macquarie Street, South Hobart Tasmania 7004

Ph:03 6224 4877 Fax: 03 6224 3011

Jane Mitchell

ABN 56 606 172 427



M930959 Wolfwood Macdonald-mever

Species	Feline	Microchip #	982000163615046
Breed	DSH	Last vaccination	14/8/2018
Colour	Grey	Next vaccination	14/8/2019
Sex	Male	Desexed	Yes
Date of Birth	3/3/2012	Age	7y 2m

VACCINATION RABIES AND F3

22/5/2019 Vet: JAM BCS: Wt.: 5.62 Temp:

Generally in good health and BAR

e/d/u/d OK

No sig concerns

Preparing to export cat to Germany (Karlsruhe)

PEX:

BAR, ears nad, eyes nad, teeth tartar +++++, colour good and CRT normal, chest nad, abdo nad.

F3 booster given

Rabies vaccination - B/Number A506A01 and exp 09-2022

VACCINATION

14/8/2018 Vet: HMD BCS: Wt.: 5.8 Temp:

Has had a furball last week.

V/D no

C/S no

EDDU normal

BAR

PEX - MM pink CRT <1 teeth/eyes/ears nad chest nad abdo nad Inn nad

Vacc F3

Booster 1mth

AHVEC HX

15/6/2016 Vet: KN BCS: Wt.: Temp:

SEE CHARTS

VACCINATION F3

2/12/2015 Vet: JAM BCS: Wt.: 5.6 Temp:

Generally in good health and BAR

e/d/u/d OK

No sig concerns

PEX:

BAR, ears nad, eyes nad, teeth nad, colour good and CRT normal, chest nad, abdo nad.

F3 booster given and milbemax PO

OWNER PHONED...

13/11/2013 Vet: SB BCS: Wt.: Temp:

owner phoned and booked appts wlofwood is fine

VACCINATION

15/10/2013 Vet: HMD BCS: Wt.: 5.2 Temp:

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BAR

EDDU normal

V/D no

PEx - MM pink CRT <1 teeth/eyes/ears nad chest nad abdo nad Inn nad

Vacc F3 given.

VACCINATION

21/11/2012 Vet: **HMD** BCS: Wt.: **5.0** Temp:

Has been well

BAR and generally well

PEx - NAD

Vacc F3 given.

NEUTER/TATTOO/VACCINATION

5/9/2012 Vet: **HMD** BCS: Wt.: **4.2** Temp:

BAR and generally NAD

Sed 0.08mL methadone and 0.08mL anamav SC

Ind 3mL propofol IV

Maint Isoflurane

Routine neuter.

Gave 0.5mL LA pen SC and 0.2mL metacam SC and vacc F3

If no previous vacc will require booster in 1 month.

Rabies Vaccination Certificate

1. Owner details


a)	Owner: <i>Eloise Macdonald-Meyer</i>
b)	Address: <i>240 Misty Hill Road Mountain River TAS 7109</i>

2. Animal details


a)	Name:	<i>ADA</i>
b)	Microchip Number /Tattoo:	<i>982 000 356 43 94 51</i>
c)	Scan/Implant date:	<i>28/3/2014</i>
d)	Location of microchip	<i>Between shoulder blades on dorsum</i>
e)	Species:	<i>DOG</i>
f)	Sex:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Entire <input checked="" type="checkbox"/> Desexed
g)	Age/Date of Birth:	<i>18/8/2013</i>
h)	Breed:	<i>Australian Kelpie</i>
i)	Colour:	<i>Black & Pale Tan</i>

3. Vaccination details

I the undersigned veterinarian declare that I have vaccinated the animal described above as follows:

a)	Date of Vaccination:	<i>22/5/2019</i>	Vaccine Label: 
b)	Name of Vaccine:	Intervet Nobivac Rabies	
c)	Batch Number:	<i>A506AD1</i>	
d)	Expiry Date:	<i>08-2022</i>	
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a)	Name:	<i>Jane MITCHELL</i>
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d)	Date:	<i>22/5/2019</i>
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Section 5 to be completed by the Government Veterinarian issuing the official Health Certificate and Export Permit

MACQUARIE ANIMAL HOSPITAL

330 Macquarie Street, South Hobart Tasmania 7004

Ph: 03 6224 4877 Fax: 03 6224 3011

Jane Mitchell

ABN 56 606 172 427



M10151611 Ada Macdonald-meyer

Species	Canine	Microchip #	982000356439451
Breed	kelpie	Last vaccination	14/8/2018
Colour	Black and Pale Tan	Next vaccination	14/8/2019
Sex	Female	Desexed	Yes
Date of Birth	11/8/2013	Age	5y 9m

VACCINATION RABIES AND C5

22/5/2019 Vet: JAM BCS: Wt.: 18.8 Temp:

Generally in good health and BAR

e/d/u/d OK

No sig concerns

Preparing to export cat to Germany (Karlsruhe)

PEX:

BAR, ears nad, eyes nad, teeth nad, colour good and CRT normal, chest nad, abdo nad.

C5 booster given

Rabies vaccination - B/Number A506A01 and exp 09-2022

VACCINATION

14/8/2018 Vet: HMD BCS: Wt.: 17.0 Temp:

Has been well.

V/D no

C/S no

EDDU normal

BAR

PEX - MM pink CRT <1 teeth/eyes/ears nad chest nad abdo nad Inn nad

Vacc C5

Milbemax given.

VACCINATION C5

2/12/2015 Vet: JAM BCS: Wt.: 16.2 Temp:

Generally in good health and BAR, has been licking bottom a lot.

e/d/u/d OK and otherwise no sig concerns.

Does nibble her toe nails.

PEX:

BAR, ears nad, eyes nad, teeth nad, colour good and CRT normal, chest nad, abdo nad.

Durammune C3 and intranasal KC given

Milbemax PO

Expressed anal sacs - very full and chunky - reco r/c in 1 month

S/O

10/4/2014 Vet: KN BCS: Wt.: 13.8 Temp:

whw

SPEY/TATTOO/MICROCHIP

28/3/2014 Vet: HMD BCS: Wt.: 13.8 Temp:

BAR and generally NAD

Sed 0.25mL methadone and 0.25mL anamav SC

Ind 6mL propofol IV

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Maint Isoflurane

BP mean dropped into the 40's so placed on IVFT

Routine spey.

Gave 1.4mL LA pen SC and 0.5mL metacam SC.

S/O 10-14d.

OWNER PHONED

25/3/2014 Vet: **KN** BCS: Wt.: Temp:

Eloise phoned and asked if she should have a payment plan because she said she may not be able to pay extra if there were any complications. I spoke to HMD and she said as long as she could pay for the surgery and if she was in season then Eloise would be able to pay the rest off (if there were any complications) Eloise was happy with this.

VACCINATION

5/12/2013 Vet: **HMD** BCS: Wt.: **8.4** Temp:

Has been well. Eating well.

BAR

PEX - MM pink CRT <1 teeth/eyes/ears nad chest nad abdo nad Inn nad

Vacc C5T

Discussed weight - has gained weight and growing but still quite a thin body condition. Reco staying on the vet essentials puppy at this stage.

VACCINATION C5T

18/11/2013 Vet: **JAM** BCS: Wt.: **7.0** Temp:

Generally in good health but concerned re: wt.

PEX:

BAR, ears nad, eyes nad, teeth nad, colour good and CRT normal, chest nad, abdo nad.

Is thin - does run around a lot and is with 2 other dogs.

PLAN: reco Vet Essentials Puppy formula and go from there.

C5T vac given

VACCINATION

15/10/2013 Vet: **HMD** BCS: Wt.: **3.4** Temp:

BAR and generally well

PEX - MM pink CRT <1 teeth/eyes/ears nad chest nad abdo nad Inn nad

Vacc C3

Patient Medical Records

Owner : MacDonald- Meyer,Eloise
240 Misty Hill Road
Mountain River TAS 7109 - 0479 016 279
Patient : Wolfwood
Male Grey Domestic Medium Hair ()

Date : 15/06/2016

15/06/2016	-	AHVEC Consultation	Dr Nanwyn Thomas	Completed
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15/06/2016 Customer Invoice

15/06/2016 Medication Buprenorphine 300Ug/ml (Temgesic) - Qty: 2 Expiry: None

15/06/2016 Medication Meloxicam Injection (Metacam) - Qty: 0.3 Expiry: None

15/06/2016 Attachment AHVEC consent form

15/06/2016 Note REFERRING VET CLINIC: Macquarie Street
TIME: 0030

NURSE: HS

REASON FOR PRESENTATION: irritable and growling, licking penis

HISTORY:

- presented for irritability, growling at owner and licking penis in the past 2-3 hours.
- has used litter tray normally today.
- indoor outdoor cat - mostly indoor at the moment while O is staying in town.
- supermarket brand wet/fishy food, crunchies, sometimes fresh meat. no recent changes to diet
- no recent changes at home.
- not seen to strain to urinate at all today.
- 1 dog at home, cat is in charge.
- O did hear cats fighting near by in the past few days, unsure if Wolfwood was involved or not.
- cat has improved demeanor in clinic.

EXAMINATION:

Mentation - BAR, friendly.
BCS - 4/9
Temp - 38.6
CVS - 196, regular, no murmur/arrhythmia/gallop
Resp - 32, purring. normal effort and pattern.
Abdo - comfortable on palpation. Bladder is empty, tolerable. No faeces - no indication of constipation
Mouth - nad
Musculoskeletal - normal gait and posture. Able to rest comfortably and jump up on the table
Eyes - nad
Ears - nad
Skin - no tenting or bruising seen. no wounds found
Urogenital - penis - slight erythema, nad.
Other -

PROBLEM LIST:

- grouchy at home
- licking penis

?cystitis, FIC,
no evidence of urethral obstruction
no wounds seen.

Patient Medical Records

Owner : MacDonald- Meyer,Eloise
240 Misty Hill Road
Mountain River TAS 7109 - 0479 016 279
Patient : Wolfwood
Male Grey Domestic Medium Hair ()

Date : 15/06/2016

DDX:
rx as FIC

TREATMENT:
nsaid - meloxicam injection
buprenorphine 0.25ml sc, home with for TM use q8-12 hours.
No abs at this point - no indication.

PLAN:
home with buprenorphine for stress/irritation/pain
reduce biscuit component of diet/increase wet food
Urinalysis when available at RV to further quantify eg crystals, r/u
infection
Work up with RV with poor resolution, recurrence.

Thank you for allowing AHVEC to see and care for your patient and
client. If you have any enquiries relating to this case, please call
1300 302 912 after 12pm on weekdays.