



SOUTH SIDE FLATS
ANIMAL HOSPITAL

South Side Flats Animal Hospital
79 S 23rd St
Pittsburgh, PA 15203-2144
United States
(412) 483-1700

GENERATED: 10/19/2023 11:22 AM

Client Information

Michael Bissonnette
4107 Windsor Street
Pittsburgh , PA 15217
(773) 680-0002

Patient Information

| | | | | | |
|---------------|-----------------|----------------|------------------|------------------|--------|
| <u>Name</u> | Inca | <u>Species</u> | CANINE | <u>Weight</u> | 35 LBS |
| <u>Sex</u> | Female | <u>Breed</u> | HUSKY X | <u>Microchip</u> | |
| <u>Status</u> | Active | <u>DOB</u> | 4/1/2023 | | |
| <u>Id</u> | 109932 | <u>Age</u> | 6 months 18 days | | |
| <u>Color</u> | White and black | <u>Tag</u> | NONE | | |

Weight History

| Date | Weight |
|------------|--------|
| 10/14/2023 | 35 LBS |

Reminders

| Description | Due Date |
|----------------|------------|
| DAPP | 11/11/2023 |
| Leptospirosis | 11/11/2023 |
| Lyme | 11/11/2023 |
| VCPR | 10/13/2024 |
| Wellness Exam | 10/13/2024 |
| Rabies | 10/13/2024 |
| Bordetella | 10/13/2024 |
| Fecal Test | 10/13/2024 |
| Heartworm Test | 10/13/2024 |

Medical Chart from 1/1/2000 - 10/18/2023

Service on 10/17/2023

10/17/2023 9:39 PM Document Inca



Treatment & Financial Responsibility Authorization Form

| | | | |
|--|--|--|--|
| Today's Date: | | EMAIL PRIOR RECORDS TO: info@southsideflatsanimalhospital.com | |
| Owner First Name: <i>Michael</i> | Owner Last Name: <i>Bissonnette</i> | Owner Phone #: <i>(773) 680-0002</i> | Can we text for appointment reminders? <i>Yes</i> |
| Co-Owner First Name: <i>Catherine</i> | Co-Owner Last Name: <i>Zhou</i> | Co-Owner Phone #: <i>(773) 484-9811</i> | Can we text for appointment reminders? <i>Yes</i> |
| Who should be the primary contact for appointment reminders and other communications? <i>Michael</i> | | | |
| Email Address: <i>mbissonnn@gmail.com</i> <i>c.lin.zhou@gmail.com</i> | | | |
| Address: <i>4107 Windsor Street</i> | | | |
| City: <i>Pittsburgh</i> | State: <i>PA</i> | Zip: <i>15217</i> | |
| | | | |
| 1. Name of Pet: <i>Inka</i> | Age/Birth Date: <i>~ 6 1/2 months</i> | Breed: <i>White Shepherd/Mastiff</i> | Known allergies: |
| Is Pet Male or Female? <i>Female</i> | | Color: <i>cream + black</i> | |
| Is Pet Spayed or Neutered? <i>not yet</i> | | | |
| | | | |
| 2. Name of Pet: | Age/Birth Date: | Breed: | Known allergies: |
| Is Pet Male or Female? | | Color: | |
| Is Pet Spayed or Neutered? | | | |
| | | | |
| Do you or any of your family members have a peanut allergy? <i>no</i> | | | |
| How did you hear about South Side Flats Animal Hospital? <i>Google</i> | | | |
| Are you an existing client? <i>no</i> | | | |



I hereby authorize South Side Flats Animal Hospital to examine, perform diagnostics, treat, and prescribe medications for my pet. I accept responsibility for the payment of all charges incurred and understand that charges must be paid in full at the time of discharge.

I understand that the examination consultation fee is due and payable when performed if additional procedures aren't necessary or agreed to.

I understand that a treatment plan including an estimated cost range will be provided to me. In addition, I am encouraged to ask questions before agreeing to services rendered and during ongoing medical treatment.


I understand that medications, prescription pet foods, and medical equipment cannot be returned for a refund.

I understand that a 60% deposit based on the high end of the treatment plan is required prior to the delivery of such services.

I have been advised that South Side Flats Animal Hospital accepts payments in the form of cash and most major credit cards.

I understand South Side Flats Animal Hospital does not directly offer financing or deferred billing. South Side Flats Animal Hospital may be able to offer financing options through Care Credit. However, an application must be submitted to the third-party creditor to determine credit availability.

I have read and understand the terms in this authorization. I have had the opportunity to ask questions prior to signing this document. I agree to the terms set forth in this authorization evidenced by my signature.

Owner Signature: 

Owner Name (Print): Michael Bissonnette

Date: 12/14/2023



Missed Appointment Policy

Our goal is to provide quality individualized medical care in a timely manner. No-shows, late arrivals, and cancellations inconvenience those individuals who need access to veterinary care. We would like to remind you of our policy regarding missed appointments.

A missed appointment is when you fail to show up for an appointment without a phone call, cancel an appointment without at least 24-hour notice, or arrive to your appointment 10 minutes late (or more).

How to Cancel Your Appointment: To cancel your appointment, please call 412-483-1700 or email info@southsideflatsanimalhospital.com. If you do not reach the receptionist, you may leave a detailed message on our voice mail. If you would like to reschedule your appointment, please leave your name, pet's name, and phone number. We will return your call promptly.

Missed Appointment Policy: A missed appointment is a client who misses an appointment without cancelling it. A failure to be present at the time of a scheduled appointment will be recorded in the patient's chart as a missed appointment. ***This includes arriving 10 minutes or more after your scheduled appointment.*** The first missed appointment will result in a \$35 charge to the client. The second missed appointment will result in a full exam fee charged to the client. The third missed appointment will result in an exam fee charged to the client and the client will be discharged from the practice.

Surgery Appointment No Show Policy: A surgery "no-show" is a client who misses a surgery appointment without providing at least FIVE DAYS notice of cancellation. The first time this occurs we will call to offer to reschedule the appointment but our missed appointment fee of \$100 will be waived. At the second missed surgical appointment we will call to reschedule and you will be charged a missed appointment fee of \$100. If a third incident of a missed surgical appointment occurs you will be charged a missed appointment fee of \$100 and may be discharged from the practice.

Owner Signature: _____

Owner Name (Print): Michael Bissonnette

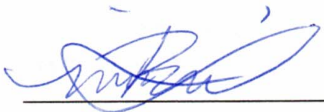
Date: 10/14/2023



Marketing/PR Consent Form

I, Michael Bissonnette, hereby grant South Side Flats Animal Hospital permission to take photographs of myself and/or my pet, and to publish those photographs for any lawful purpose, including, but not limited to, their website, social media accounts, and promotional materials, either in digital or in print, in perpetuity. I also grant permission to use my name and/or my pet's name.

By signing and dating this document, I authorize South Side Flats Animal Hospital to edit, alter, share, remix, tweak, build upon or in any way alter the photograph(s) mentioned above. I also waive any rights of privacy or compensation associated with the use of my or my pet's image(s) and name(s) for the personal or commercial purposes outlined above.


Signature

10/14/2023
Date

Michael Bissonnette
Printed Name

Inka
Pet's Name

Service on 10/14/2023

10/15/2023 8:00 AM Document

Lab Report

INCA BISSONNETTE

PET OWNER: **BISSONNETTE**
 SPECIES: Canine
 BREED: CANINE,OTHER
 GENDER: Female
 AGE: 6 Months
 PATIENT ID: 109932

South Side Flats Animal Hospital
 79 S 23RD ST
 PITTSBURGH, PA 15203
 (412) 483-1700
 ACCOUNT #: 32206
 ATTENDING VET: Rebecca Ladd, D.V.M.

LAB ID: 2005744399
 ORDER ID: 215832067
 COLLECTION DATE: **10/14/23**
 DATE OF RECEIPT: **10/15/23**
 DATE OF RESULT: **10/15/23**

IDEXX Services: **Young Wellness with Electrolytes, Fecal Dx Profile and Lab 4Dx Plus**

Hematology



10/15/23 (Order Received)
10/15/23 7:50 AM (Last Updated)

| TEST | RESULT | REFERENCE VALUE | |
|---------------------|--------------------|--|----------|
| RBC | 7.21 | 5.39 - 8.70 M/ μ L | |
| Hematocrit | 48.2 | 38.3 - 56.5 % | |
| Hemoglobin | 16.5 | 13.4 - 20.7 g/dL | |
| MCV | 67 | 59 - 76 fL | |
| MCH | 22.9 | 21.9 - 26.1 pg | |
| MCHC | 34.2 | 32.6 - 39.2 g/dL | |
| % Reticulocyte | 0.4 | % | |
| Reticulocytes | 29 | 10 - 110 K/ μ L | |
| Reticulocyte | 23.5 | 24.5 - 31.8 pg | L |
| Hemoglobin | | | |
| WBC | 12.1 | 4.9 - 17.6 K/ μ L | |
| % Neutrophils | 49.0 | % | |
| % Lymphocytes | 42.1 | % | |
| % Monocytes | 4.6 | % | |
| % Eosinophils | 4.1 | % | |
| % Basophils | 0.2 | % | |
| Neutrophils | 5.929 | 2.94 - 12.67 K/ μ L | |
| Lymphocytes | 5.094 | 1.06 - 4.95 K/μL | H |
| Monocytes | 0.557 | 0.13 - 1.15 K/ μ L | |
| Eosinophils | 0.496 | 0.07 - 1.49 K/ μ L | |
| Basophils | ^a 0.024 | 0 - 0.1 K/ μ L | |
| Platelets | 236 | 143 - 448 K/ μ L | |

^a AUTOMATED CBC



Chemistry



10/15/23 (Order Received)
10/15/23 7:50 AM (Last Updated)

| TEST | RESULT | REFERENCE VALUE | |
|-------------------------|-----------------|---------------------|----------|
| Glucose | 97 | 63 - 114 mg/dL | |
| IDEXX SDMA | ^a 10 | 0 - 14 µg/dL | |
| Creatinine | 1.4 | 0.5 - 1.5 mg/dL | |
| BUN | 34 | 9 - 31 mg/dL | H |
| BUN: Creatinine Ratio | 24.3 | | |
| Sodium | 146 | 142 - 152 mmol/L | |
| Potassium | 5.4 | 4.0 - 5.4 mmol/L | |
| Na: K Ratio | 27 | 28 - 37 | L |
| Chloride | 113 | 108 - 119 mmol/L | |
| Total Protein | 5.6 | 5.5 - 7.5 g/dL | |
| Albumin | 3.1 | 2.7 - 3.9 g/dL | |
| Globulin | 2.5 | 2.4 - 4.0 g/dL | |
| Albumin: Globulin Ratio | 1.2 | 0.7 - 1.5 | |
| ALT | 30 | 18 - 121 U/L | |
| ALP | 129 | 5 - 160 U/L | |
| Hemolysis Index | ^b N | | |
| Lipemia Index | ^c 1+ | | |

- ^a SDMA and creatinine are within the reference interval: impairment of GFR is unlikely. Recommended next step: evaluate complete urinalysis.
- ^b Index of N, 1+, 2+ exhibits no significant effect on chemistry values.
- ^c Index of N, 1+, 2+ exhibits no significant effect on chemistry values.

Serology



10/15/23 (Order Received)
10/15/23 7:50 AM (Last Updated)

| TEST | RESULT |
|-------------------|-----------------------|
| Heartworm Antigen | ^a Negative |



INCA BISSONNETTE

PET OWNER: BISSONNETTE

DATE OF RESULT: 10/15/23

LAB ID: 2005744399

Serology (continued)

| TEST | RESULT |
|---|-----------------------|
| Ehrlichia spp. | ^b Negative |
| Lyme (Borrelia burgdorferi) | Negative |
| Anaplasma spp. | Negative |
| ^a View your results in VetConnect PLUS for patient-specific interpretations that incorporate clinical signs. Further information on the diagnosis and management of tick/vector-borne diseases can be found at idexx.com/4DxGuide . This test is not suitable for export. If testing is required for export, please select test codes marked "export". | |
| ^b This test is not suitable for export. If testing is required for export, please select test codes marked "export". | |

Parasitology



10/15/23 (Order Received)
10/15/23 7:50 AM (Last Updated)

| TEST | RESULT |
|--|---------------------------|
| Ova & Parasites - Zinc Sulfate Centrifugation | No ova or parasites seen. |
| Flea Tapeworm Antigen | ^a Negative |
| Hookworm Antigen | Negative |
| Whipworm Antigen | Negative |
| Roundworm Antigen | ^b Negative |
| ^a Flea Tapeworm antigen has been added to the Fecal Dx antigen panel at no additional charge. Learn more at idexx.com/fecal . | |



Parasitology (continued)

- b The IDEXX Fecal Dx antigen tests detect worm antigen and a positive indicates infection. Antigen-positive and egg-negative specimens can be seen during the pre-patent period, with single sex infections and due to intermittent egg shedding. Identification of eggs microscopically in antigen-negative specimens may be due to ingestion of infected feces (coprophagy) or because the amount of antigen is below the level of detection. Treatment should be considered for patients positive by either antigen or egg-detection. In cases of acute or chronic diarrhea also consider testing for viral, bacterial and protozoal infectious agents using RealPCR (canine diarrhea panel: test code 2625; feline diarrhea panel: test code 2627).

| | | | |
|---------------------|----------------|---|----------------------|
| 10/14/2023 1:45 PM | Lab | Young Wellness with Electrolytes, Fecal Dx Profile and Lab 4Dx Plus | Rebecca Ladd, D.V.M. |
| 10/14/2023 1:38 PM | Inventory Item | Ketohex Wipes 1 tub | Rebecca Ladd, D.V.M. |
| 10/14/2023 1:27 PM | Procedure | Recombitek Lyme 4 week | Rebecca Ladd, D.V.M. |
| 10/14/2023 1:27 PM | Procedure | Bordetella (Oral) 1 yr | Rebecca Ladd, D.V.M. |
| 10/14/2023 1:27 PM | Procedure | Canine Rabies Vaccine 1 yr | Rebecca Ladd, D.V.M. |
| 10/14/2023 1:27 PM | Procedure | DAPP w/ Lepto Vaccine 4 week/4 week | Rebecca Ladd, D.V.M. |
| 10/14/2023 1:27 PM | Procedure | Medical Waste Disposal Fee | |
| 10/14/2023 1:27 PM | Procedure | Wellness Exam (Minus deposit) | Rebecca Ladd, D.V.M. |
| 10/14/2023 12:37 PM | Exam | Ladd- Full Physical - Annual | Rebecca Ladd, D.V.M. |

| | |
|----------------------|---------------------|
| Weight | 35 LBS (15.8759 KG) |
| Heart Rate | 110 |
| Respiratory Rate | 24 |
| CRT | < 2 sec |
| Mucous Membrane | pink |
| Body Condition Score | 5 - Ideal |
| Pain Score | 0 - None |
| FAS Score | 0 - Low |

History

Inca is a 6 months 13 days F HUSKY X that presented for wellness, vaccines

History: Doing well, no concerns.

Current Medications and/or Supplements: None

Current Food and Amount: Orijen large breed

Appetite: Normal

Water Intake: Normal

Activity Level: Normal

Urination: Normal

BM: Normal

Coughing: No

Sneezing: No

Flea & Tick Prevention: None

Heart Worm Prevention: None

Other Pets at Home: 1 dog

Subjective

BAR, very oral and active

General Appearance Normal **NORMAL CONDITION**

Integumentary. Abnormal **ABNORMAL CONDITION** -AU pinnae Inside there is scabs, the issue does not extend down the canals. the right is more circular and raised on the edge like fungal, other side is speckled lesions.

Ears Abnormal**ABNORMAL CONDITION** -see integument. Canals seemed clear of debris

Eyes Normal**NORMAL CONDITION**

Oral Health Normal**NORMAL CONDITION** - all adult teeth are in

Lymph Nodes Normal**NORMAL CONDITION**

Musculoskeletal Normal**NORMAL CONDITION**

Respiratory Normal**NORMAL CONDITION**

Abdominal Normal**NORMAL CONDITION**

Neurological Normal**NORMAL CONDITION**

Cardiovascular Normal**NORMAL CONDITION**

Genitourinary Normal**NORMAL CONDITION**

Rectal Normal**NORMAL CONDITION**

Assessment

Seems healthy

Plan

we discussed that her being mouthy is part breed and part age. went over yelping with hard bites. we discussed the options on training and working with a trainer. I also reviewed the vaccines. They are up for all of them including flu. We'll start the flu when we booster for the DLAPP and Lyme. They have her spay set up with us. I went over option on hip films since she'll be sedate. They plan to run with her and this would be best to identify any dysplasia issues. They do want a microchip.

Gave the DLAPP RF SC

Bordetella PO

Lyme LH SC

They already have pet health insurance!

Service on 10/2/2023

10/2/2023 12:56 PM

Procedure

Exam deposit \$72

James Baldwin, D.V.M.