

GENERATED: 10/20/2021 10:38 AM

Client Information

Amir Fillar
830 Renee Lane
St Louis, MO 63141
(469) 247-1576

Patient Information

<u>Name</u>	Rosie	<u>Species</u>	Canine	<u>Weight</u>	46.5 LBS
<u>Sex</u>	Female Spayed	<u>Breed</u>	Labrador Retriever/Australian Shepherd (Mixed)	<u>Microchip</u>	NONE
<u>Status</u>	Active	<u>DOB</u>	5/30/2019		
<u>Id</u>	53497	<u>Age</u>	2 years 4 months		
<u>Color</u>	Brown	<u>Tag</u>	984938		

Weight History

Date	Weight
7/8/2021	46.5 LBS
3/13/2021	46.5 LBS
3/13/2021	44.5 LBS
3/13/2021	44.5 LBS
8/19/2020	44.5 LBS
8/19/2020	45 LBS
7/18/2020	43.5 LBS
7/18/2020	43.5 LBS
3/16/2020	43.5 LBS
3/2/2020	42.5 LBS
10/15/2019	24 LBS
9/27/2019	21.4 LBS
9/23/2019	20.2 LBS
9/10/2019	17.4 LBS
9/4/2019	15 LBS
8/26/2019	15.7 LBS
8/12/2019	9.6 LBS

Reminders

Description	Due Date
Heartworm Test	3/13/2022
Canine Bordetella	7/8/2022
Canine Rabies 3 Year Vaccine	7/7/2024
3 Year Distemper / Parvo Booster	7/8/2024

Medical Chart from 1/1/2000 - 10/19/2021

Service on 8/23/2021

Appointment Reminder - Received- Email sent
for report 'care mail '

8/23/2021 8:41 AM Communication



Dear Amir Fillar,

Thank you for choosing the Animal Medical Center in Maryland Heights for your pet's medical care. The staff wanted to send you an e-mail to follow up with how Rosie is feeling. The care of your pet is extremely important to us and we hope everything is going well. If you have any questions, concerns, or need to make a future appointment, feel free to contact us at 314-951-1534 or appointment@amcma.org.

Thank you for allowing us to care for Rosie.

Sincerely,

The Veterinary Team at AMCMA
11660 Administration Drive
Maryland Heights, MO 63146

Service on 8/21/2021

8/21/2021 10:15 AM	Reason for Visit	469-247-1575 No Doctor Preference, First Available/Annual Wellness/Canine Annual Wellness/Vaccination-8/19/2021 Canine DA2PP Annual Vaccine
8/21/2021 10:17 AM	Communication	SMS - Sent

Please use the link to complete the consent to treat form. <https://amcma.org/forms/consent-for-treatment>

8/21/2021 10:21 AM	Note	Consent to Treat
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Submitted on: Saturday, August 21, 2021 at 11:18am

Patient's Name: **Rosie**

Your Name: **Rachel Birnshtok**

Patient's Species **Dog**

Patient's Breed **Mix**

Patient's Age **2 years**

Patient's Sex **Female**

Phone Number: **4692471575**

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

I understand the Animal Medical Center of MidAmerica encourages all owners to have their pets microchipped for identification purposes, and that it is the Humane Society's policy to scan pets for the presence of a microchip at the time they present for veterinary services. If it is determined that an animal is not owned by or registered to another individual, I authorize the Humane Society to contact this person as soon as possible to provide them with information it has concerning the animal.

I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies. My questions have been answered, and I have read and fully understand this form and authorize

treatment for my pet(s).

Signature: Rachel Birnshtok

8/21/2021 10:44 AM Communication Vaccination Record - Received

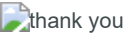


Please review the attached vaccine record. If you have any questions or concerns, feel free to call or email.

Sincerely,
Animal Medical Center of Mid America - Maryland Heights
(314) 951-1534
appointment@amcma.org

Service on 7/9/2021

7/9/2021 8:54 AM Communication Appointment Reminder - Received- Email sent
for report 'care mail '



Dear Amir Fillar,

Thank you for choosing the Animal Medical Center in Maryland Heights for your pet's medical care. The staff wanted to send you an e-mail to follow up with how Rosie is feeling. The care of your pet is extremely important to us and we hope everything is going well. If you have any questions, concerns, or need to make a future appointment, feel free to contact us at 314-951-1534 or appointments@amcma.org.

Thank you for allowing us to care for Rosie.

Sincerely,

The Veterinary Team at AMCMA
11660 Administration Drive
Maryland Heights, MO 63146

Service on 7/8/2021

7/8/2021 3:00 PM	Reason for Visit	469-247-1575 No Doctor Preference, First Available/Annual Wellness/Canine Annual Wellness/Vaccination-
7/8/2021 3:13 PM	Exam	AMCMA General Wellness

Melissa Miltenberger, D.V.M.

S:O presents pet for routine wellness services.

General Health Questions / Concerns:

- Any specific concerns for today's visit?
- Eating/drinking normally? yes
- Current diet:

- Amount Fed & Frequency: 1-1.5 c bid
- Vomiting / diarrhea no
- Coughing / sneezing no
- Urinating & defecating normally? yes
- Energy level?
- Behavior Concerns:
- Do you notice your pet having bad breath?
- Any at home dental care?

Preventative Health:

- Other pets in the household? yes dog
- Does your pet go to grooming, boarding or dog parks? yes
- Is your pet exposed to standing water (drinks, swims, or wades in ponds, creeks or lakes)? no
- Does your pet visit areas where Lyme disease is present or is exposed to Ticks?
- Does your pet travel with you?

Current Medications:

- o Heartworm Preventative: Yes
- o Product Used:
- o Last dose administered (date):
- o Flea and Tick preventative: Yes
- o Product Name
- o Last Dose:

Emotional Medical Record:

(Clinic Assistant Sara / Doctor Miltenberger)

Exam Room:

Likes (Prevents / Alleviates FAS):

Triggers (Increases FAS):

Preferred Distraction Techniques:

Food: sniffed treats but did not eat them

Toy:

Petting / Brushing: petting

Other:

Preferred Location for Exam:

Floor

Behavior Management Products:

none

In Hospital Sedation (if applicable):

Medication: none

Dose:

Route of Administration:

Office Visit FAS Scores (score all that apply 0-5)

Reception Area: 2

Scale: 2

Carrier Door Opened: n/a

Examination: 2
Treatment Area: n/a
Hospitalization: n/a
Other:

Team Members involved with care during this visit: Miltenberger, Sara

O: Attitude: BAR

Hydration: Adequate

Ears: wnl

Eyes/Nose: Normal

Mouth/Teeth/Gums: Unremarkable

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: Normal

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted

Nervous System: Normal

Skin/Haircoat: wnl

Urinary/Reproductive: No abnormalities noted

5/9

A: Apparently Healthy

P:

Diagnostics:

- Fecal sent to Idexx
- Abaxis Pre-op Chem 6 & CBC: declined
- 4DX HWT & TICK : declined

Vaccines Administered:

- Right rear SQ-3 yr. Rabies **SER#D163513A** exp 12/19/2021
- Right shoulder SQ- 3 yr. DHPP **SER#90060087** exp 05/19/2022
- Intranasal Bordetella **SER#00541446B** exp 10/12/2022

Treatments / Procedures:

Dispensed:

- O declined HWP and FTP

Recommendations / Client Discussions:

- TTO about vaccines reactions.
- Recheck in 12 months, booster vx.

Client Declined Recommendations:

Weight	46.5 LBS (21.0923 KG)
Heart Rate	138
Respiratory Rate	30
Pulse Quality	strong
CRT	<2
Mucous Membrane	pink
Hydration	adequate
Body Condition Score	5 - Ideal
Pain Score	0 - None
FAS Score	2 - Moderate

7/8/2021 3:34 PM	Inventory Item	Canine DAP 3 Year (Distemper / Parvo / Adenovirus) 1 each	Melissa Miltenberger, D.V.M.
7/8/2021 3:34 PM	Inventory Item	Rabies Tag St. Louis County 3 Year Altered 1 each	Melissa Miltenberger, D.V.M.
7/8/2021 3:34 PM	Procedure	Preventative Care Examination-Canine	Melissa Miltenberger, D.V.M.
7/8/2021 3:34 PM	Lab	IDEXX: FECAL OVA & PARASITES W/GIARDIA (ELISA)	Melissa Miltenberger, D.V.M.
7/8/2021 3:34 PM	Inventory Item	Canine Bordetella Annual IntraNasal 1 dose	Melissa Miltenberger, D.V.M.
7/8/2021 3:34 PM	Inventory Item	Canine Rabies 3 Year Vaccine 1 each	Melissa Miltenberger, D.V.M.
7/8/2021 3:41 PM	Procedure	Paw Perks Loyalty Rewards Redeemed	Melissa Miltenberger, D.V.M.

Thank you for your enrollment in our Paw Perks Loyalty Rewards Program! We offer this program to clients to reward you for allowing us to provide veterinary care to your pet. 5% of the total from each invoice is available toward future veterinary services at a future visit (unfortunately this cannot be applied to medication refills or therapeutic diets). Your pet earned \$0.00 today in future rewards!

Service on 6/21/2021

6/21/2021 2:49 PM Communication General - Received



Hello Amir Fillar,

Thank you for choosing AMCMA to provide for Rosie's health needs. By using AMCMA as your veterinary clinic, you are providing a second chance to homeless animals at the Humane Society of Missouri.

You can access information from your pet's medical record 24/7, by going to <http://login.evetpractice.com> and choosing "Pet Owner Login".

Your user name is: afillar1. Initially, your password is the same as your username. The first time you log in you will be prompted to change your temporary password.

This is to confirm Rosie's appointment at our Maryland Heights location on 07/08/2021 DATE at 3:00 pm.

As discussed on the phone, AMCMA is doing our part to keep our staff, our community, and you safe during the COVID-19 pandemic.
Curbside check-ins: At this time we are unable to allow clients inside our clinic. When you arrive the day of your appointment, please park in a designated spot and text the number displayed on the signs to check in for your appointment. Our staff will then call you, take your pet's history, and go over the necessary paperwork. Please leave your cat in the carrier or your dog on leash. We will meet you in front of the clinic, transfer leashes if applicable, and bring your pet inside. We will return your pet to you in the same manner.

To speed up check out, we prefer to take credit card payments over the phone. Checks are no longer accepted as a form of payment.

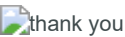
Please use the link to complete the treatment consent form prior to your visit: <https://amcma.org/forms/consent-for-treatment>

If you need to cancel or reschedule your appointment, we kindly request at least 24 hours notice. Failure to do so will result in the forfeiture of your deposit.

As always, if you have any questions or concerns, please call us at (314) 951-1534.

Thank you,
Animal Medical Center of Mid America - Maryland Heights
(314) 951-1534
appointment@amcma.org

Service on 3/15/2021		
Appointment Reminder - Received- Email sent		
3/15/2021 8:34 AM	Communication	for report 'care mail 03/13/2021'



Dear Amir Fillar,

Thank you for choosing the Animal Medical Center in Maryland Heights for your pet's medical care. The staff wanted to send you an e-mail to follow up with how Rosie is feeling. The care of your pet is extremely important to us and we hope everything is going well. If you have any questions, concerns, or need to make a future appointment, feel free to contact us at 314-951-1534 or appointments@amcma.org.

Thank you for allowing us to care for Rosie.

Sincerely,

The Veterinary Team at AMCMA
11660 Administration Drive
Maryland Heights, MO 63146

Service on 3/13/2021		
3/13/2021 8:39 AM	Communication	SMS - Sent

To help expedite your up coming visit, please use the link to complete the consent to treat form. <https://amcma.org/forms/consent-for-treatment>

469-247-1575 No Doctor Preference, First
AvailableAnnual WellnessCanine Annual
WellnessVaccination-3162021 Heartworm Test

3/13/2021 8:45 AM Reason for Visit

3/13/2021 8:46 AM Exam AMCMA General Wellness

Alison Rodden, D.V.M.

S:O presents pet for routine wellness services. HW and Flea and tick prevention, nail trim

**Wants to get allergy shots- has been scratching (scratching all over), biting and licking at her skin... Started again about 2 weeks ago

O's answers to General Health Questions / Concerns

-Any specific concerns for today's visit?

- No coughing / sneezing

No

-Eating/drinking normally?

Yes

- No vomiting / diarrhea

No

-Current diet: Dry food (doesn't remember)

- Amount Fed: 1 1/2 cup BID

-Do you notice your pet having bad breath?

No

-Any at home dental care?

Water additive

Preventative Health:

-Does your pet go to grooming, boarding or dog parks?

No

-Is your pet exposed to standing water (drinks, swims, or wades in ponds, creeks or lakes)?

No

-Does your pet visit areas where Lyme disease is present or is exposed to Ticks?

Yes

-Does your pet travel with you?

No

Current Medications:

- Heartworm Preventative: Yes, Doesn't know what kind
- Flea and Tick preventative: No
- Behavior Concerns:_____None_____

Emotional Medical Record:

(RVT / Bridget / Dr. Rodden)

Exam Room:

Likes (Prevents / Alleviates FAS): cheese, pets

Triggers (Increases FAS): none

Preferred Distraction Techniques:

Food: cheese

Petting / Brushing: petting

Other: calm voice, go slow

Preferred Location for Exam:

Floor

Behavior Management Products:

None

In Hospital Sedation (if applicable):

None

Office Visit FAS Scores (score all that apply 0-5)

Reception Area: 1

Scale: 1

Carrier Door Opened: n/a

Examination: 0-1

Treatment Area: 0-1

Hospitalization: n/a

Other: very sweet, just scared

O:

A: Apparently Healthy

P:

Diagnostics:

- Fecal sent to Idexx / Prepaid fecal container sent home with O / O declined fecal
- Abaxis Pre-op 6 / CBC: Unremarkable
- 4Dx HWT & TICK: Negative

Vaccines Administered:

- Right rear SQ- Rabies **SER#**
- Right shoulder SQ- DHPP **SER#**
- Intranasal Bordetella **SER#**
- Left shoulder SQ- Influenza H3N8/H3N2 1/2 **SER#**
- Left rear SQ- Lepto 1/2 **SER#**

Dispensed:

- Cytopoint 50 mg SQ (30 mg SER#401887 12jan22, 20 mg SER#425918 02mar22)
- Artificial Tears

Recommendations:

Discussed dental disease. Went over estimate for cleaning.

- TTO about vaccines reactions.
- TTO about weight loss
- Recheck in 12 months, booster vx.

Weight 46.5 LBS (21.0923 KG)

3/13/2021 8:50 AM Note Consent for Treatment

Submitted on: Saturday, March 13, 2021 at 9:42am

Patient's Name: Rosie

Your Name: Rachel Birnshtok

Patient's Species Dog

Patient's Breed Mix

Patient's Age 1

Patient's Sex Female

Phone NUmber: 4692471575

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

I understand the Animal Medical Center of MidAmerica encourages all owners to have their pets microchipped for identification purposes, and that it is the Humane Society's policy to scan pets for the presence of a microchip at the time they present for veterinary services. If it is determined that an animal is not owned by or registered to another individual, I authorize the Humane Society to contact this person as soon as possible to provide them with information it has concerning the animal.

I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies. My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

Signature: Rachel Birnshtok

		In House Blood Parasite Screen (HW & Tick Dz)	
3/13/2021 8:56 AM	Lab		Alison Rodden, D.V.M.

Results of Flex 4 Annual Blood Parasite Screen: Ehrlichia: Negative (E.canis, E.chaffeenis, E.ewingii) Anaplasma: Negative (A. phagocytophilum, A. platys) Lyme Disease: Negative (Borrelia borgdorferi) Heartworm: Negative

3/13/2021 8:56 AM	Procedure	Preventative Care Examination-Canine	Alison Rodden, D.V.M.
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		Bravecto 1000 Mg {44.1-88# /Fluralaner} 4 dose	
3/13/2021 8:56 AM	Inventory Item		Alison Rodden, D.V.M.

For rebate information visit: www.rewards.mypet.com

Rx #: 179882, Name: Bravecto 1000 Mg {44.1-88# /Fluralaner}, Start Date: 3/13/2021
Refill: 0, Expiration: 5/31/2022
Give one chew by mouth every 3 months.

3/13/2021 8:56 AM	Procedure	Nail Trim During Examination	Alison Rodden, D.V.M.
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3/13/2021 9:00 AM	Inventory Item	Milbeguard inv (26-50#) 2 package	Alison Rodden, D.V.M.
3/13/2021 9:00 AM	Inventory Item	Milbeguard 6 Month (26-50#) 2 package	Alison Rodden, D.V.M.

Rx #: 179881, Name: Milbeguard 6 Month (26-50#), Start Date: 3/13/2021
Refill: 0, Expiration: 9/13/2021
Administer 1 chew by mouth once monthly. If more than 30 days between doses, please contact us to schedule a heartworm test 6 months from the missed dose!

3/13/2021 9:33 AM	Inventory Item	Artificial Tears ophth Oint 1 tube	Alison Rodden, D.V.M.
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Rx #: 179886, Name: Artificial Tears ophth Oint, Start Date: 3/13/2021
Refill: 0, Expiration: 8/1/2023
Apply 1/4" strip to each eye twice daily to lubricate.

Service on 9/12/2020

9/12/2020 2:10 PM	Communication	General - Sent- By Phone
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Called and LM that Dr. Cootauco recommended coming in to possibly do a cytopoint injection if needed. Gave call center info to schedule apt. GS

Service on 9/10/2020

9/10/2020 5:07 PM	Communication	General - Sent- By Phone
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O states Rosie is itching similar to how she was itching in 2019. Would like to know how to move forward. 9/10/20 SW

Service on 8/19/2020

8/19/2020 5:00 PM	Reason for Visit	469-247-1575 Dr. CootaucoAnnual WellnessCanine Annual WellnessVaccination- 8252020 Canine DA2PP Annual Vaccine
8/19/2020 5:10 PM	Communication	SMS - Sent

To help expedite your up coming visit, please use the link to complete the consent to treat form. <https://amcma.org/forms/consent-for-treatment>

8/19/2020 5:13 PM	Note	Consent Form - Consent for Treatment	Megan Cootauco, D.V.M.
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Patient's Name: **Rosie**

Your Name: **Rachel Birnshtok**

Patient's Species **Dog**

Patient's Breed **Mix**

Patient's Age **1 year**

Patient's Sex **Female**

Phone NUmber: **4692471575**

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

I understand the Animal Medical Center of MidAmerica encourages all owners to have their pets microchipped for identification purposes, and that it is the Humane Society's policy to scan pets for the presence of a microchip at the time they present for veterinary services. If it is determined that an animal is not owned by or registered to another individual, I authorize the Humane Society to contact this person as soon as possible to provide them with information it has concerning the animal.

I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies. My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

Signature: **Rachel Birnshtok**

8/19/2020 5:13 PM Exam AMCMA General Wellness Megan Cootauco, D.V.M.

O's answers to General Health Questions / Concerns

- Any specific concerns for today's visit? no
- Eating/drinking normally? yes
- Current diet _____royal canin_____ Amount Fed _____1c_____ BID
- Do you notice your pet having bad breath? no
- Any at home dental care? no

Preventative Health:

- Does you pet go to grooming, boarding or dog parks? grooming for nails
- Is your pet exposed to standing water (drinks, swims, or wades in ponds, creeks or lakes)? no
- Does your pet visit areas were Lyme disease is present or is exposed to Ticks? no
- Does your pet travel with you to other parts of the country? no

Current Medications:

- Heartworm Preventative: Yes
- Product Used:_____ Last dose administered_____ (date)
- Flea and Tick preventative: No Product Name_____ Last Dose:_____
- Behavior Concerns:_____

S: O presents pet for Wellness exam and services.

Emotional Medical Record:
(**RVT / Clinic Assistant** / **Doctor**)

Exam Room:
Likes (Prevents / Alleviates FAS):

Triggers (Increases FAS):

Preferred Distraction Techniques:
Food:
Toy:
Petting / Brushing:
Other:

Preferred Location for Exam:

Floor / Carrier / Baby Scale / Lap / Table / Other

Behavior Management Products:

Towel / Blanket / Basket Muzzle / Cat Mask / Other

In Hospital Sedation (if applicable):

Medication:

Dose:

Route of Administration:

Office Visit FAS Scores (score all that apply 0-5)

Reception Area:

Scale:

Carrier Door Opened:

Examination:

Treatment Area:

Hospitalization:

Other:

O:

Behavior: nice and well-behaved

Attitude: BAR

Hydration: Adequate

Ears: Unremarkable

Eyes/Nose: Normal

Mouth/Teeth/Gums: Unremarkable

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: Normal

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted

Nervous System: Normal

Skin/Haircoat: Normal

Urinary/Reproductive: No abnormalities noted

Pain Score: 0 (No Pain)

A: Apparently Healthy

P:

Diagnostics:

- O declined fecal

- Abaxis Pre-op 6: declined
- 4Dx HWT & TICK: declined

Vaccines Administered:

- Right rear SQ- Rabies **SER#D090403A**
- Right shoulder SQ- DHPP **SER#02121856B**
-

Dispensed:

- None.

Recommendations:

- Recheck in 12 months, booster vx.

Weight	44.5 LBS (20.1851 KG)
CRT	<2s
Mucous Membrane	pk, moist
Hydration	wnl
Body Condition Score	5 - Ideal
Pain Score	0 - None
FAS Score	0 - Low

		DECLINED : AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV - AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV	
8/19/2020 5:19 PM	Procedure		Megan Cootauco, D.V.M.

The total discount for this Homebody package is \$25.19. In addition you also receive the Paw Perks Rewards, 5% off your next visit and you qualify for special pricing on Milbeguard heartworm preventative.

		DECLINED : AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV - Preventative Care Examination- Canine	
8/19/2020 5:19 PM	Procedure		Megan Cootauco, D.V.M.
		DECLINED : AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV - Milbeguard inv (26-50#) 2 package	
8/19/2020 5:19 PM	Inventory Item		Megan Cootauco, D.V.M.
		DECLINED : AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV - Canine DA2PP Annual Vaccine 1 each	
8/19/2020 5:19 PM	Inventory Item		Megan Cootauco, D.V.M.
		DECLINED : AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV - Rabies Tag STL County 1yrSN 1 each	
8/19/2020 5:19 PM	Inventory Item		Megan Cootauco, D.V.M.
		DECLINED : AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV - In House Blood Parasite Screen (HW & Tick Dz)	
8/19/2020 5:19 PM	Lab		Megan Cootauco, D.V.M.

Results of Flex 4 Annual Blood Parasite Screen: Ehrlichia: Negative (E.canis, E.chaffeenis, E.ewingii) Anaplasma: Negative (A. phagocytophilum, A. platys) Lyme Disease: Negative (Borrelia borgdorferi) Heartworm: Negative

		DECLINED : AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV - Abaxis IH Pre-op Chem. 6	
8/19/2020 5:19 PM	Lab		Megan Cootauco, D.V.M.

8/19/2020 5:19 PM	Lab	DECLINED : AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV - IDEXX: FECAL OVA & PARASITES W/GIARDIA (ELISA)	Megan Cootauco, D.V.M.
8/19/2020 5:19 PM	Inventory Item	DECLINED : AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV - Canine 1 Year Rabies Vaccine 1 each	Megan Cootauco, D.V.M.
8/19/2020 5:19 PM	Inventory Item	DECLINED : AMCMA Homebody Well. Pcg. K-9 w/ 1 Yr RV - Milbeguard 12 Month (26-50#) 1 package	Megan Cootauco, D.V.M.
8/19/2020 5:19 PM	Procedure	Preventative Care Examination-Canine	Megan Cootauco, D.V.M.
8/19/2020 5:19 PM	Inventory Item	Rabies Tag STL County 1yrSN 1 each	Megan Cootauco, D.V.M.
8/19/2020 5:19 PM	Lab	DECLINED : IDEXX: FECAL OVA & PARASITES W/GIARDIA (ELISA)	Megan Cootauco, D.V.M.
8/19/2020 5:19 PM	Inventory Item	Canine DA2PP Annual Vaccine 1 each	Megan Cootauco, D.V.M.
8/19/2020 5:19 PM	Inventory Item	Canine 1 Year Rabies Vaccine 1 each	Megan Cootauco, D.V.M.

Service on 7/18/2020

7/18/2020 8:53 AM Communication SMS - Sent

To help expedite your up coming visit, please use the link to complete the consent to treat form. <https://amcma.org/forms/consent-for-treatment>

7/18/2020 8:56 AM Note Consent Form - Consent for Treatment Rebecca Belter, D.V.M.

Patient's Name: **Rosie**

Your Name: **Rachel Birnshtok**

Patient's Species **Dog**

Patient's Breed **Mix**

Patient's Age **1 year**

Patient's Sex **Female**

Phone NUmber: **4692471575**

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

I understand the Animal Medical Center of MidAmerica encourages all owners to have their pets microchipped for identification purposes, and that it is the Humane Society's policy to scan pets for the presence of a microchip at the time they present for veterinary services. If it is determined that an animal is not owned by or registered to another individual, I authorize the Humane Society to contact this person as soon as possible to provide them with information it has concerning the animal.

I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies. My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

Signature: **Rachel Birnshtok**

7/18/2020 8:56 AM Exam AMCMA General Wellness Melissa Miltenberger, D.V.M.

S: O presents pet for Wellness exam and services.

O's answers to General Health Questions / Concerns

-Any specific concerns for today's visit? no

-Eating/drinking normally? yes

-Current diet _____royal canine adult_____ Amount Fed _____1 cup_____ BID

-Do you notice your pet having bad breath? no

-Any at home dental care? no

Preventative Health:

-Does your pet go to grooming, boarding or dog parks? no, grooming just for just nail

-Is your pet exposed to standing water (drinks, swims, or wades in ponds, creeks or lakes)? no

-Does your pet visit areas where Lyme disease is present or is exposed to Ticks? no

-Does your pet travel with you to other parts of the country? no

Current Medications:

- Heartworm Preventative: Yes
- Product Used: _____online_____ Last dose administered _____2 weeks ago _____ (date)
- Flea and Tick preventative: yes Product Name _____doesn't know_____
- Behavior Concerns: _____no_____

Emotional Medical Record:

(Clinic Assistant Maya / Doctor Miltenberger)

Exam Room:

Likes (Prevents / Alleviates FAS): likes petting, treats

Triggers (Increases FAS): is a little shy but warms up

Preferred Distraction Techniques:

Food: likes liver treats and lean treats

Toy:

Petting / Brushing: likes petting

Other:

Preferred Location for Exam:

Floor

Behavior Management Products:

none

In Hospital Sedation (if applicable):

Medication: none

Dose:

Route of Administration:

Office Visit FAS Scores (score all that apply 0-5)

Reception Area: 0
Scale: 1
Carrier Door Opened:
Examination: 1
Treatment Area: n/a
Hospitalization: n/a
Other:

O:

Behavior: nice and well-behaved

Attitude: BAR

Hydration: Adequate

Ears: Unremarkable

Eyes/Nose: Normal

Mouth/Teeth/Gums: Unremarkable

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: Normal

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted

Nervous System: Normal

Skin/Haircoat: Normal

Urinary/Reproductive: No abnormalities noted

Pain Score: 0 (No Pain)

A: Apparently Healthy

P:

Vaccines Administered:

- Intranasal Bordetella **SER#00541427B exp 07/30/2021**

Dispensed:

- O has HWP and FTP at home

Recommendations:

- TTO about vaccines reactions.

- Recheck in 12 months, booster vx.

Weight	43.5 LBS (19.7315 KG)
Heart Rate	120
Respiratory Rate	30
Pulse Quality	strong
CRT	<2
Mucous Membrane	pink
Hydration	adequate
Body Condition Score	5 - Ideal
Pain Score	0 - None
FAS Score	1 - Low

		1-469-247-1575 No Doctor Preference, First AvailableAnnual WellnessCanine Annual WellnessVaccination-this appt is for this	
7/18/2020 9:00 AM	Reason for Visit	7282020 Canine Bordetella	
7/18/2020 9:13 AM	Procedure	DECLINED : Nail Trim During Examination	Melissa Miltenberger, D.V.M.
7/18/2020 9:13 AM	Procedure	Preventative Care Examination-Canine	Melissa Miltenberger, D.V.M.
7/18/2020 9:13 AM	Inventory Item	Canine Bordetella Annual IntraNasal 1 dose	Melissa Miltenberger, D.V.M.
7/18/2020 9:14 AM	Procedure	Paw Perks Loyalty Rewards Redeemed	Melissa Miltenberger, D.V.M.

Thank you for your enrollment in our Paw Perks Loyalty Rewards Program! We offer this program to clients to reward you for allowing us to provide veterinary care to your pet. 5% of the total from each invoice is available toward future veterinary services at a future visit (unfortunately this cannot be applied to medication refills or therapeutic diets). Your pet earned \$0.00 today in future rewards!

Service on 7/17/2020		
7/17/2020 5:36 PM	Communication	SMS - Sent

Please text "here" to (314)396-9768 when you arrive for Rosie's appointment at AMCMA-Maryland Heights on Saturday, July 18, 2020 at 9:00 am. We will check you and your pet in while you wait in your vehicle. ***Do Not Reply to this Message!

Service on 5/15/2020		
5/15/2020 8:46 PM	Document	Approved Interceptor & NexGard (walmart)

Mittenberger

WalmartPetRx

Powered by Agropec Trading, LLC
 FL Pharmacy License #PH22570

14540 NW 60th Avenue
 Miami Lakes, FL 33014

Prescription No.:

6263932



Order No.: WAS-0000138726

Shipping: 2 Day Shipping

Dear DVM,

Our mutual client has requested the below prescription item. Please review, sign, and return (email or fax) your approval or modification back to fax (877) 701-2220 or by email rx@walmartpetrx.com. In order to provide the best service to our mutual client, we kindly request your response within 24 hours.

CLIENT INFO	VETERINARIAN INFO
Name: Amir Filler Email: amirfiller@yahoo.com Address: United States of America 830 Renee Ln, Creve Coeur, MO 63141 Phone: 4692471576 Pet's Name: Rosie Weight: 43 Species: Dog Product: Interceptor Plus Chewable Tablets for Dogs 25.1-50 lbs Yellow, 3 Month Supply Quantity: 1	Hospital Name: HUMANE SOCIETY OF MISSOURI Name: DR MICHELLE SULLIVAN DVM Address: MO Phone: 3149511562 Fax: 3149511574 Email:
Prescription Directions: GIVE ONE TABLET BY MOUTH ONCE MONTHLY AS DIRECTED BY VETERINARIAN	
Refills allowed: 3 Date/Time: 5/15/2020	
Veterinarian Signature: <i>M.M.</i>	
Veterinarian Name: Melissa Mittenberger Current License#: 2001015852	

Questions? Contact Us (877) 753-4206

This transmission contains confidential information which is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this transmission in error, please notify the sender immediately.

Mittenberger

WalmartPetRx

Powered by Agropec Trading, LLC
FL Pharmacy License #PH22570

14540 NW 60th Avenue
Miami Lakes, FL 33014

Prescription No.:

6263933



Order No.: WAS-0000138726

Shipping: 2 Day Shipping

Dear DVM,

Our mutual client has requested the below prescription item. Please review, sign, and return (email or fax) your approval or modification back to fax (877) 701-2220 or by email rx@walmartpetrx.com. In order to provide the best service to our mutual client, we kindly request your response within 24 hours.

CLIENT INFO	VETERINARIAN INFO
Name: Amir Fillar Email: amirfillar@yahoo.com Address: United States of America 830 Renee Ln, Creve Coeur, MO 63141 Phone: 4692471576 Pet's Name: Rosie Weight: 43 Species: Dog Product: NexGard Chewable Tablets for Dogs 24.1-60 lbs, 3 Month Supply Quantity: 1	Hospital Name: HUMANE SOCIETY OF MISSOURI Name: DR MICHELLE SULLIVAN DVM Address: MO Phone: 3149511562 Fax: 3149511574 Email:
Prescription Directions: GIVE ONE TABLET BY MOUTH ONCE MONTHLY AS DIRECTED BY VETERINARIAN	
Refills allowed: 3 Date/Time: 5/15/2020	
Veterinarian Signature: <i>M. Mittenberger</i>	
Veterinarian Name: Melissa Mittenberger Current License#: 2001015852	

Questions? Contact Us (877) 753-4206

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Service on 3/25/2020

Device: SNAP

Run Date: 03/25/2020 01:11:01.023 PM

Test	Value	Range	Units	Status
AP_spp	Negative			
EC-EE	Negative			
HW	Negative			
Lyme	Negative			

Service on 3/17/2020

3/17/2020 7:59 AM

Communication

Appointment Reminder - Received- Email sent
for report '03/16/2020'

 thank you

Dear Amir Fillar,

Thank you for choosing the Animal Medical Center in Maryland Heights for your pet's medical care. The staff wanted to send you an e-mail to follow up with how Rosie is feeling. The care of your pet is extremely important to us and we hope everything is going well. If you have any questions, concerns, or need to make a future appointment, feel free to contact us at 314-951-1534 or appointments@amcma.org.

Thank you for allowing us to care for Rosie.

Sincerely,

The Veterinary Team at AMCMA
11660 Administration Drive
Maryland Heights, MO 63146

Service on 3/16/2020

3/16/2020 8:53 PM

Document

Consent Form - Consent for Treatment



Benefiting animals in need at the Humane Society of Missouri

11660 Administration Drive
Maryland Heights, MO 63146
United States
(314) 951-1534
appointments@amcma.org

Consent for Treatment

Document generation date: Monday, March 16, 2020
Rosie Fillar
9 months 17 days, FS, Labrador Retriever/Australian Shepherd (Mixed), Canine
Patient ID number: 53497

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

I understand the Animal Medical Center of MidAmerica encourages all owners to have their pets microchipped for identification purposes, and that it is the Humane Society's policy to scan pets for the presence of a microchip at the time they present for veterinary services. If it is determined that an animal is not owned by or registered to another individual, I authorize the Humane Society to contact this person as soon as possible to provide them with information it has concerning the animal.

I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies.

My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

A handwritten signature in blue ink that reads "Amir Fillar".

Signed

Amir Fillar

Best phone number to reach you at today: _____

S: O presents pet for Rechecking skin and paws. Seems to be much better after cytopoint injection. O not able to wash pets feet with medicated pads. Not as red as before. Switched foods to royal canin. Pet is picky about food but seems to be doing better. Sneezing every now and then. Gets eye discharge.

Emotional Medical Record:

(Clinic Assistant Ciara/ Doctor Miltenberger)

Exam Room:

Likes (Prevents / Alleviates FAS): petting, sniffing

Triggers (Increases FAS): sudden movements

Preferred Distraction Techniques:

Food: lean treats but not super food motivated

Toy:

Petting / Brushing: petting

Other:

Preferred Location for Exam:

Floor

Behavior Management Products:

none

In Hospital Sedation (if applicable):

Medication: none

Dose:

Route of Administration:

Office Visit FAS Scores (score all that apply 0-5)

Reception Area: 0

Scale: 0

Carrier Door Opened:

Examination: 1

Treatment Area: n/a

Hospitalization: n/a

Other:

O:

Behavior: nice and well-behaved

Attitude: BAR

Hydration: Adequate

Ears: Unremarkable

Eyes/Nose: mild entropion OU

Mouth/Teeth/Gums: Unremarkable

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: Normal

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted

Nervous System: Normal

Skin/Haircoat: mild redness between paw pads on front feet

Urinary/Reproductive: No abnormalities noted

Pain Score: 0 (No Pain)

A: mild pododermatitis

P:

Diagnostics:

- HWT: neg

Dispensed:

- disp cefpodoxime 100 mg #7

Recommendations:

- discussed the diet, some pet just eat what they need and that it OK, rec sticking with the royal canin
- discussed the eyes, pet is still growing so she may grow out of the entropion

Weight	43.5 LBS (19.7315 KG)
Heart Rate	114
Respiratory Rate	30
Pulse Quality	strong
CRT	<2
Mucous Membrane	pink
Hydration	adequate
Body Condition Score	5 - Ideal
Pain Score	0 - None
FAS Score	1 - Low

3/16/2020 4:05 PM	Procedure	Recheck Examination	Melissa Miltenberger, D.V.M.
3/16/2020 4:05 PM	Procedure	Paw Perks Loyalty Rewards Redeemed	Melissa Miltenberger, D.V.M.

Thank you for your enrollment in our Paw Perks Loyalty Rewards Program! We offer this program to clients to reward you for allowing us to provide veterinary care to your pet. 5% of the total from each invoice is available toward future veterinary services at a future visit (unfortunately this cannot be applied to medication refills or therapeutic diets). Your pet earned \$0.00 today in future rewards!

3/16/2020 4:05 PM

Lab

In House Blood Parasite Screen (HW & Tick
Dz)

Melissa Miltenberger, D.V.M.

Results of Flex 4 Annual Blood Parasite Screen: Ehrlichia: Negative (E.canis, E.chaffeensis, E.ewingii) Anaplasma: Negative (A. phagocytophilum, A. platys)
Lyme Disease: Negative (Borrelia burgdorferi) Heartworm: Negative

3/16/2020 4:25 PM

Inventory Item

Cefpodoxime Generic (Simplicef) 100mg 7 each Melissa Miltenberger, D.V.M.

Rx #: 140916, Name: Cefpodoxime Generic (Simplicef) 100mg, Start Date: 3/16/2020

Refill: 0, Expiration: 11/30/2020

Give 1 tablet by mouth once daily for 7 days.

Service on 3/3/2020

3/3/2020 8:10 AM

Communication

Appointment Reminder - Received- Email sent
for report '3/2/2020 Care Mail'



thank you

Dear Amir Fillar,

Thank you for choosing the Animal Medical Center in Maryland Heights for your pet's medical care. The staff wanted to send you an e-mail to follow up with how Rosie is feeling. The care of your pet is extremely important to us and we hope everything is going well. If you have any questions, concerns, or need to make a future appointment, feel free to contact us at 314-951-1534 or appointments@amcma.org.

Thank you for allowing us to care for Rosie.

Sincerely,

The Veterinary Team at AMCMA
11660 Administration Drive
Maryland Heights, MO 63146

Service on 3/2/2020

3/2/2020 10:11 PM

Document

Consent Form - Consent for Treatment



Benefiting animals in need at the Humane Society of Missouri

11660 Administration Drive
Maryland Heights, MO 63146
United States
(314) 951-1534
appointments@amcma.org

Consent for Treatment

Document generation date: Monday, March 2, 2020
Rosie Fillar
9 months 3 days, FS, Labrador Retriever/Australian Shepherd (Mixed), Canine
Patient ID number: 53497

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

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I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies.

My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

A handwritten signature in blue ink, appearing to read "Amir Fillar".

Signed

Amir Fillar

Best phone number to reach you at today: _____

Emotional Medical Record:**Exam Room:****Likes** (Prevents / Alleviates FAS): attention**Triggers** (Increases FAS):**Preferred Distraction Techniques:**

Food: lean treats

Toy:

Petting / Brushing:

Other:

Preferred Location for Exam:

Floor

Behavior Management Products:

Muzzle

In Hospital Sedation (if applicable): NA

Medication:

Dose:

Route of Administration:

Office Visit FAS Scores (score all that apply 0-5)

Reception Area: 0

Scale: 1

Carrier Door Opened:

Examination: 1

Treatment Area:

Hospitalization:

Other:

S: Owner (Amir) presents pet for red watery eyes, itchy skin and licking paws for the past 3 weeks. The owner reports the pet had the same issue back before and responded well to cytopoint. Owner would like to try cytopoint again. The owner has an e collar at home, but has not applied it. The pet has been in the back yard getting muddy lately. She gets her feet washed with water about 2 to 3 times per week to get the mud off. The owner originally fed the pet table food. The pet is now eating Instinct brand dog food. The pet always waits until bedtime to eat it as she is waiting for the owner to feed her something else. The pet will also eat her stool. The owner has been walking the pet and picking up her stool which has eliminated the problem. No other pets in the household. The pet is current on rabies, bord and dapp. Owner declined flu, leptospirosis and lyme. Pet is current on fecal and due for hwt. Owner states no mobility issues or masses. The owner reports no PU/PD. No known allergies to medications or vaccines. No VR. No V/D/D/C. Pet E/D/U/D wnl. No exposure to toxins. AZ and CP

O:

Behavior: cooperative

Attitude: BAR

Hydration: Adequate

Ears: Normal

Eyes: epiphora with episcleral injection OU; fundic examination wnl OU; menace and plr wnl OU

Mouth/Teeth/Gums: Normal

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: No murmur, arrhythmia or pulse deficit; no wheezes or crackles

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted; ambulatoryx4; no lameness

Nervous System: Normal

Skin/Haircoat: Mild erythema with salivary staining RF>LF and mild salivary staining on rear feet; pruritic on the trunk; no other lesions

Urinary/Reproductive: No abnormalities noted

Pain Score: 0 (No Pain)

A: pruritic suspect atopy; mild pododermatitis

P: recheck in 2 weeks for hwt and reevaluate pruritis

Diagnostics:

- none

Vaccines Administered:

Right rear SQ- Rabies **SER#current**

Right shoulder SQ- DHPP **SER#current**

Intranasal Bordetella **SER#current**

Left shoulder SQ- Influenza H3N8/H3N2 1/2 **SER#declined**

Left rear SQ- Lyme 1/2 **SER#declined**

Left rear SQ- Lepto 1/2 **SER#declined**

Dispensed:

- Cytopoint 40mg and 10mg intrascapularly SQ
- Chlorhexidine wipes top BID for 14 days; refill 1

Recommendations:

- discussed pruritic and mild pododermatitis
- discussed differentials like allergies, dermatophytosis, demodex, sarcoptes, food allergies, open
- recommended is, ss, dtm, fungal c&s, c&s
- discussed biopsy is necessary in some cases

- discussed referral to dermatologist for idat, etc
- owner elected to empirically treat as before
- restarting cytopoint
- recommended repeating cytopoint likely in 2 weeks and then monthly to bimonthly
- use cholorexidine wipes topically BID for 14 days
- owner to apply e collar 24/7 for 14 days at home
- recommended bathing with duoxo calm shampoo which owner declined
- discussed differentials for epiphora including allergies, ulcer
- discussed differentials for episcleral injection including keratitis, uveitis, glaucoma, and episcleritis
- owner declined stt, cs, and tonometry
- owner elected to to treat allergies and monitor
- recheck prn
- discussed vaccines
- discussed pet and public health significance of flu, leptospirosis, Lyme, Bordetella, rabies, distemper
- discussed public health and zoonosis
- pet is current on rabies, Bordetella, and distemper
- owner declined flu, leptospirosis and Lyme
- owner has brochure for VSS
- discussed vaccine reactions
- owner to return for other options
- discussed parasite prevention and screening
- discussed public health and zoonosis
- pet current on fecal and owner will perform hwt at next appointment
- stressed importance of year round f/t/h prevention
- owner will continue interceptor and nexgard
- owner declined preventatives today
- owner has rebate information
- discussed failures on frontline
- reviewed s/e with owner and provided handouts
- owner declined nt and declined age
- owner declined screening for diseases today
- owner declined abaxis, cbc, chem, ua, t4
- discussed dental prophylaxis
- owner has resolved corprophagia with discarding stool immediately
- mentioned forbid, but recommended owner continue with her current strategy
- recommended owner fed Royal Canin and Hills
- pet will likely wait until end of day to eat as she is trying to train owner to feed her other foods again

Weight	42.5 LBS (19.2779 KG)
Heart Rate	128
Respiratory Rate	36
Pulse Quality	str
CRT	2sec
Mucous Membrane	pink
Hydration	ade
Body Condition Score	5 - Ideal
Pain Score	0 - None
FAS Score	1 - Low

3/2/2020 4:37 PM	Procedure	DECLINED : Intra- Ocular Pressure Test (Tono-Pen) - Intra- Ocular Pressure Test (Tono-Pen)	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Procedure	DECLINED : Intra- Ocular Pressure Test (Tono-Pen) - Anesthesia Topical	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Inventory Item	DECLINED : Intra- Ocular Pressure Test (Tono-Pen) - Proparacaine Ophthalmic Solution 0.5% 1 bottle	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Lab	DECLINED : In House Impression Smear / Cytology	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Lab	DECLINED : In House Skin Scraping & Analysis	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Lab	DECLINED : In House Wood's Lamp Fungal Exam	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Lab	DECLINED : IDEXX: AEROBIC CULTURE, ID & SUSCEPTIBILITY	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Lab	DECLINED : Idexx: Fungal Culture	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Inventory Item	DECLINED : Cefpodoxime Generic (Simplicef) 200mg 1 each	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Inventory Item	Cytopoint 40.1 to 50 Pounds - Cytopoint 40 MG 1 each	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Procedure	Examination / Office Visit	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Procedure	DECLINED : Schirmer Tear Test	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Procedure	DECLINED : Fluorescein Dye (Corneal Ulcer) Test	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Inventory Item	DECLINED : Ciprofloxacin Opth Solu 1 bottle	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Inventory Item	DECLINED : Douxo S3 Pyo Mousse 1 each	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Inventory Item	DECLINED : Elizabethan Collar #25 1 each	Amanda Zerkel, D.V.M.
3/2/2020 4:37 PM	Inventory Item	Douxo Chlorhex. 3% PS Medicated Pads 1 each	Amanda Zerkel, D.V.M.

Rx #: 139471, Name: Douxo Chlorhex. 3% PS Medicated Pads, Start Date: 3/2/2020

Refill: 1, Expiration: 6/25/2021

Wipe feet every 12 hours for 14 days. Discard wipe after use. Keep out of eyes, ears, nose and mouth.

3/2/2020 4:37 PM	Inventory Item	DECLINED : Ciprofloxacin Opth Solu 1 bottle	Amanda Zerkel, D.V.M.
------------------	----------------	---	-----------------------

Rx #: 139472, Name: Ciprofloxacin Opth Solu, Start Date: 3/2/2020

Refill: 0, Expiration: 5/31/2021

Add 1 to 2 drops in each eye every 8 to 12 hours.

3/2/2020 4:37 PM	Procedure	Paw Perks Loyalty Rewards Redeemed	Amanda Zerkel, D.V.M.
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Thank you for your enrollment in our Paw Perks Loyalty Rewards Program! We offer this program to clients to reward you for allowing us to provide veterinary care to your pet. 5% of the total from each invoice is available toward future veterinary services at a future visit (unfortunately this cannot be applied to medication refills or therapeutic diets). Your pet earned \$0.00 today in future rewards!

Service on 12/11/2019

12/11/2019 7:19 PM	Document	Approved Nexgard
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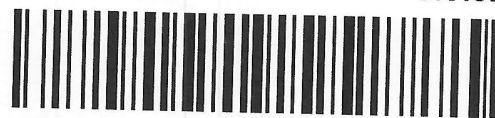
WalmartPetRx

Powered by Agropec Trading, LLC
FL Pharmacy License #PH22570

14540 NW 60th Avenue
Miami Lakes, FL 33014

Prescription No.:

6101800



Order No.: WSO-5129258

Shipping: 2 Day Shipping

Dear DVM,

Our mutual client has requested the below prescription item. Please review, sign, and return (email or fax) your approval or modification back to fax (877) 701-2220 or by email rx@walmartpetrx.com. In order to provide the best service to our mutual client, we kindly request your response within 24 hours.

CLIENT INFO	VETERINARIAN INFO
<p>Name: Amir Fillar</p> <p>Email: amirfiler@yahoo.com</p> <p>Address: United States of America 830 Renee In, Creve Coeur, MO 63141</p> <p>Phone: 4692471576</p> <p>Pet's Name: Rosie</p> <p>Weight: 15.00</p> <p>Species: Dog</p> <p>Product: NexGard Chewable Tablets for Dogs 24.1-60 lbs, 3 Month Supply</p> <p>Quantity: 1</p>	<p>Hospital Name: MISSOURI HUMANE SOCIETY-MARYLAND HEIGHTS BRANCH</p> <p>Name: DR. EMILY GOUDA, DVM</p> <p>Address: MO</p> <p>Phone: 3149511562</p> <p>Fax: 3149511574</p> <p>Email:</p>
<p>Prescription Directions: GIVE ONE TABLET BY MOUTH ONCE MONTHLY AS DIRECTED BY VETERINARIAN</p>	
<p>Refills allowed: <u>1</u> Date/Time: <u>12/31/14</u></p>	
<p>Veterinarian Signature: <u>Michelle Sullivan</u></p>	
<p>Veterinarian Name: <u>Michelle Sullivan</u> Current License#: <u>2017004174</u></p>	



Questions? Contact Us (877) 753-4206

This transmission contains confidential information which is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this transmission in error, please notify the sender immediately.

WalmartPetRx

Powered by Agropec Trading, LLC
FL Pharmacy License #PH22570

14540 NW 60th Avenue
Miami Lakes, FL 33014

Prescription No.:

6101799



Order No.: WSO-5129258

Shipping: 2 Day Shipping

Dear DVM,

Our mutual client has requested the below prescription item. Please review, sign, and return (email or fax) your approval or modification back to fax (877) 701-2220 or by email rx@walmartpetrx.com.

In order to provide the best service to our mutual client, we kindly request your response within 24 hours.

CLIENT INFO	VETERINARIAN INFO
<p>Name: Amir Fillar</p> <p>Email: amirfiller@yahoo.com</p> <p>Address: United States of America 830 Renee Ln, Creve Coeur, MO 63141</p> <p>Phone: 4692471576</p> <p>Pet's Name: Rosie</p> <p>Weight: 15.00</p> <p>Species: Dog</p> <p>Product: Interceptor Plus for Dogs 25.1-50 lbs Yellow, 3 Month Supply</p> <p>Quantity: 1</p>	<p>Hospital Name: MISSOURI HUMANE SOCIETY- MARYLAND HEIGHTS BRANCH</p> <p>Name: DR. EMILY GOUDA, DVM</p> <p>Address: MO</p> <p>Phone: 3149511562</p> <p>Fax: 3149511574</p> <p>Email:</p>
<p>Prescription Directions:</p> <p>GIVE ONE TABLET BY MOUTH ONCE MONTHLY AS DIRECTED BY VETERINARIAN</p>	
<p>Refills allowed: <u>1</u> Date/Time: <u>12/3/19</u></p> <p>Veterinarian Signature: <u>Michelle Sullivan</u></p> <p>Veterinarian Name: <u>Michelle Sullivan</u> Current License#: <u>2017004174</u></p>	



Questions? Contact Us (877) 753-4206

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Service on 12/3/2019

12/3/2019 12:01 PM Note walmartpetrx Michelle Sullivan, D.V.M.

approved interceptor and nexgard 3 pack of each #1 + 1 refill

Service on 10/16/2019

10/16/2019 6:53 AM Communication Appointment Reminder - Received- Email sent
for report '10/15/19 dr'

thank you

Dear Amir Fillar,

Thank you for choosing the Animal Medical Center in Maryland Heights for your pet's medical care. The staff wanted to send you an e-mail to follow up with how Rosie is feeling. The care of your pet is extremely important to us and we hope everything is going well. If you have any questions, concerns, or need to make a future appointment, feel free to contact us at 314-951-1534 or appointments@amcma.org.

Thank you for allowing us to care for Rosie.

Sincerely,

The Veterinary Team at AMCMA
11660 Administration Drive
Maryland Heights, MO 63146

Service on 10/15/2019

10/15/2019 2:13 PM Document Consent Form - Consent for Treatment



Benefiting animals in need at the Humane Society of Missouri

11660 Administration Drive
Maryland Heights, MO 63146
United States
(314) 951-1534
appointments@amcma.org

Consent for Treatment

Document generation date: Tuesday, October 15, 2019
Rosie Fillar
19 weeks 5 days, FS, Labrador Retriever/Australian Shepherd (Mixed), Canine
Patient ID number: 53497

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

I understand the Animal Medical Center of MidAmerica encourages all owners to have their pets microchipped for identification purposes, and that it is the Humane Society's policy to scan pets for the presence of a microchip at the time they present for veterinary services. If it is determined that an animal is not owned by or registered to another individual, I authorize the Humane Society to contact this person as soon as possible to provide them with information it has concerning the animal.

I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies.

My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

A handwritten signature in blue ink, appearing to read "Amir Fillar".

Signed

Amir Fillar

Best phone number to reach you at today: _____

S: Rosie was presented for recheck exam. Pet improved on the cefpodoxime and prednisone, but got worse again once the medications were gone. Very itchy. Not eating much or drinking well. Had been PU/PD, and owners having a hard time with potty training. Pet will eat treats, but doesn't seem to like her food. No v/d/c/s. LP/KF

Emotional Medical Record:

FAS level: 0

Preferred Location for examination: Floor

Preferred Food Distraction: none given

Restraint: minimal

Notes: sweet puppy, mouthy

Team Member: Lacey

O:

Behavior: nice and well-behaved

Attitude: BAR

Hydration: Adequate

Ears: Unremarkable

Eyes/Nose: Normal

Mouth/Teeth/Gums: Unremarkable

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: Normal

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted

Nervous System: Normal

Skin/Haircoat: patches of alopecia and hyperpigmentation on dorsal aspects most toes, worse in front feet; erythema, papules, and some crusting on caudal ventrum, medial thighs, and palmar surfaces

Urinary/Reproductive: No abnormalities noted

Pain Score: 0 (No Pain)

A: R/O atopy, contact dermatitis, food sensitivity, other

P:

Treatments:

- Cytopoint 30 mg (SER# 360173, exp26May21) SQ in cranial dorsum

Dispensed:

- Cefpodoxime 100 mg, 1 tab PO SID x 10 d

Recommendations:

- Discussed possible need for a food trial--how it works, must be very strict for at least 6 weeks, then challenge. Due to the complexity of food trial, owners would like to see if Cytopoint works first.

- Recheck as needed--if Cytopoint works, should see improvement of itchiness within 24 hours. Red bumps will clear up as the antibiotic works. Continue using mousse, and bathe once weekly. Watch carefully for return of itchiness and schedule Cytopoint injection as soon as noted.

Weight	24 LBS (10.8863 KG)
Heart Rate	100
Respiratory Rate	30
CRT	< 2 sec
Mucous Membrane	pink
Hydration	normal
Body Condition Score	5 - Ideal
Pain Score	0 - None
FAS Score	0 - Low

		Cytopoint 20.1 to 30 Pounds - Cytopoint 30 MG	
10/15/2019 9:36 AM	Inventory Item	1 each	Kimberly Fahnestock, D.V.M.
10/15/2019 9:36 AM	Procedure	Recheck Examination	Kimberly Fahnestock, D.V.M.
		Cefpodoxime Generic (Simplicef) 100mg 10	
10/15/2019 9:36 AM	Inventory Item	each	Kimberly Fahnestock, D.V.M.

Rx #: 126424, Name: Cefpodoxime Generic (Simplicef) 100mg, Start Date: 10/15/2019
 Refill: 0, Expiration: 9/30/2020
 Give 1 tablet by mouth every 24 hours until gone.

10/15/2019 9:37 AM	Procedure	Paw Perks Loyalty Rewards Redeemed	Kimberly Fahnestock, D.V.M.
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Thank you for your enrollment in our Paw Perks Loyalty Rewards Program! We offer this program to clients to reward you for allowing us to provide veterinary care to your pet. 5% of the total from each invoice is available toward future veterinary services at a future visit (unfortunately this cannot be applied to medication refills or therapeutic diets). Your pet earned \$0.00 today in future rewards!

Service on 9/27/2019

9/27/2019 4:05 PM	Document	Consent Form - Consent for Treatment
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Benefiting animals in need at the Humane Society of Missouri

11660 Administration Drive
Maryland Heights, MO 63146
United States
(314) 951-1534
appointments@amcma.org

Consent for Treatment

Document generation date: Friday, September 27, 2019

Rosie Fillar

17 weeks 2 days, FS, Labrador Retriever/Australian Shepherd (Mixed), Canine

Patient ID number: 53497

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

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I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies.

My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

A handwritten signature in blue ink, appearing to read "Amir Fillar", is written over a horizontal line.

Signed

Amir Fillar

Best phone number to reach you at today: _____

S: O presents pet for itchiness all over. The main areas are the paws and belly. The owner feels like the itchiness went away since the previous appointment, but has since then returned. The pet is currently on no meds. The owner would like to talk about the pet not being excited about eating her dog food. No additional concerns. Jn is using nexgard

Emotional Medical Record:

O's perceives Pet's **FAS** level as:fas green 0

Ease of removal from carrier:

Preferred Location for examination: Exam Table

Preferred Food Distraction:lean treats

Restraint:minimal/ redirection

Notes:

Team Member:j.a.n.

O:

Behavior: nice and well-behaved

Attitude: BAR

Hydration: Adequate

Ears: Unremarkable

Eyes/Nose: Normal

Mouth/Teeth/Gums: Unremarkable

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: Normal

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted

Nervous System: Normal

Skin/Haircoat: severe papular dermatitis on ventral abdomen, chewing at the dorsal aspect of the toes, front > hind , no fleas

Urinary/Reproductive: No abnormalities noted

Pain Score: 0 (No Pain)

A: pyoderma and allergic dermatitis/pruritis, pet rubs belly on the grass which may be exacerbating the pruritis

P:

Dispensed:

- O has FTP at home
- cefpodoxime 100mg #14 1 po sid
- pred 5mg #12, 1 po bid for 3 days then sid for 3 days then eod
- chlorhex/climbazole mousse sid for 30 days

Recommendations:

- discussed doing a hypoallergenic food trial
- Recheck in 3 weeks--do cytopoint if necessary, consider food trial, may be a good candidate for apoquel in the future

Weight	21.4 LBS (9.7070 KG)
Respiratory Rate	normal
Pulse Quality	good
CRT	<2
Mucous Membrane	pink
Hydration	adequate
Body Condition Score	5 - Ideal
Pain Score	0 - None
FAS Score	0 - Low

9/27/2019 11:10 AM	Procedure	Recheck Examination	Jennifer Pearl, D.V.M.
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9/27/2019 11:10 AM	Procedure	Paw Perks Loyalty Rewards Redeemed	Jennifer Pearl, D.V.M.
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Thank you for your enrollment in our Paw Perks Loyalty Rewards Program! We offer this program to clients to reward you for allowing us to provide veterinary care to your pet. 5% of the total from each invoice is available toward future veterinary services at a future visit (unfortunately this cannot be applied to medication refills or therapeutic diets). Your pet earned \$0.00 today in future rewards!

9/27/2019 11:33 AM	Inventory Item	Douxo S3 Pyo Mousse 1 each	Jennifer Pearl, D.V.M.
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Rx #: 124588, Name: Douxo Chlorhex. PS & Climbazole Mousse, Start Date: 9/27/2019
Refill: 0, Expiration: 3/27/2020
apply topically daily for 1 month

9/27/2019 11:33 AM	Inventory Item	Cefpodoxime Generic (Simplicef) 100mg 14 each	Jennifer Pearl, D.V.M.
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Rx #: 124586, Name: Cefpodoxime Generic (Simplicef) 100mg, Start Date: 9/27/2019
Refill: 0, Expiration: 4/30/2021
Give 1 tablet by mouth once daily

9/27/2019 11:33 AM	Inventory Item	Prednisone 5 mg Tabs 12 each	Jennifer Pearl, D.V.M.
--------------------	----------------	------------------------------	------------------------

Rx #: 124587, Name: Prednisone 5 mg Tabs, Start Date: 9/27/2019
Refill: 0, Expiration: 1/31/2021
Give 1 tablet by mouth twice daily for 3 days, then 1 tablet one time daily for three days, then 1 tablet every other day until gone,

Service on 9/23/2019

9/23/2019 1:33 PM	Document	Consent Form - Consent for Treatment
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Benefiting animals in need at the Humane Society of Missouri

11660 Administration Drive
Maryland Heights, MO 63146
United States
(314) 951-1534
appointments@amcma.org

Consent for Treatment

Document generation date: Monday, September 23, 2019
Rosie Fillar
16 weeks 4 days, FS, Labrador Retriever/Australian Shepherd (Mixed), Canine
Patient ID number: 53497

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

I understand the Animal Medical Center of MidAmerica encourages all owners to have their pets microchipped for identification purposes, and that it is the Humane Society's policy to scan pets for the presence of a microchip at the time they present for veterinary services. If it is determined that an animal is not owned by or registered to another individual, I authorize the Humane Society to contact this person as soon as possible to provide them with information it has concerning the animal.

I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies.

My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

A handwritten signature in blue ink, appearing to read "Amir Fillar".

Signed

Amir Fillar

Best phone number to reach you at today: _____

O's answers to General Health Questions / Concerns

-Any specific concerns for today's visit? Rabies vaccine

-Eating/drinking normally? Drinking fine, not eating much food

-Current diet _____ purina one puppy _____ Amount Fed _____ 1 cup _____ SID

-Do you notice your pet having bad breath? No

-Any at home dental care? No

Preventative Health:

-Does your pet go to grooming, boarding or dog parks? No

-Is your pet exposed to standing water (drinks, swims, or wades in ponds, creeks or lakes)? No

-Does your pet visit areas where Lyme disease is present or is exposed to Ticks? No

-Does your pet travel with you to other parts of the country? No

Current Medications:

- Heartworm Preventative: Yes
- Product Used: _____ Milbeguard _____ Last dose administered _____ (date)
- Flea and Tick preventative: Yes Product Name _____ Bravecto _____ Last Dose: _____
- Behavior Concerns: _____

S: O presents pet for Wellness exam and services.

Emotional Medical Record:

O's perceives Pet's **FAS** level as: 0

Preferred Location for examination: Exam Table

Preferred Food Distraction: client brings treats

Restraint: light

Notes:

Team Member: jlp

O:

Behavior: nice and well-behaved

Attitude: BAR

Hydration: Adequate

Ears: Unremarkable

Eyes/Nose: Normal

Mouth/Teeth/Gums: Unremarkable

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: Normal

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted

Nervous System: Normal

Skin/Haircoat: thinned fur on dorsal toes from previous itching/self trauma issue

Urinary/Reproductive: No abnormalities noted

Pain Score: 0 (No Pain)

A: Apparently Healthy

P:

Diagnostics:

- O declined fecal

Vaccines Administered:

- Right rear SQ- Rabies **SER#C989705A**

Dispensed:

- O has HWP and FTP at home

Recommendations:

- TTO about vaccines reactions.
- Recheck in 12 months, booster vx.

Weight	20.2 LBS (9.1627 KG)
Heart Rate	120
Respiratory Rate	normal
Pulse Quality	good
CRT	<2
Mucous Membrane	pink
Hydration	adequate
Body Condition Score	5 - Ideal
Pain Score	0 - None
FAS Score	0 - Low

Thank you for your enrollment in our Paw Perks Loyalty Rewards Program! We offer this program to clients to reward you for allowing us to provide veterinary care to your pet. 5% of the total from each invoice is available toward future veterinary services at a future visit (unfortunately this cannot be applied to medication refills or therapeutic diets). Your pet earned \$0.00 today in future rewards!

9/23/2019 8:56 AM	Procedure	Preventative Care Examination-Puppy	Jennifer Pearl, D.V.M.
9/23/2019 8:56 AM	Inventory Item	Rabies Tag STL County 1yrSN 1 each	Jennifer Pearl, D.V.M.
9/23/2019 8:56 AM	Inventory Item	Canine Rabies 1 Yr Post-Adopt Voucher 1 each	Jennifer Pearl, D.V.M.

Rabies Tag # 921279

Service on 9/21/2019

9/21/2019 8:12 AM	Communication	SMS - Sent
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Goodmorning, this is Taylor at the Animal Medical Center of Mid America. Dr. Miltenberger is out sick today so we will need to reschedule your appointment. Please call us at 314-951-1534 at your earliest convenience to make an appointment.

Service on 9/10/2019

9/10/2019 1:53 PM	Document	Consent Form - Consent for Treatment
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Benefiting animals in need at the Humane Society of Missouri

11660 Administration Drive
Maryland Heights, MO 63146
United States
(314) 951-1534
appointments@amcma.org

Consent for Treatment

Document generation date: Tuesday, September 10, 2019

Rosie Fillar

14 weeks 5 days, FS, Labrador Retriever/Australian Shepherd (Mixed), Canine

Patient ID number: 53497

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

I understand the Animal Medical Center of MidAmerica encourages all owners to have their pets microchipped for identification purposes, and that it is the Humane Society's policy to scan pets for the presence of a microchip at the time they present for veterinary services. If it is determined that an animal is not owned by or registered to another individual, I authorize the Humane Society to contact this person as soon as possible to provide them with information it has concerning the animal.

I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies.

My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

A handwritten signature in blue ink, appearing to read "Amir Fillar".

Signed

Amir Fillar

Best phone number to reach you at today: _____

S: O presents pet for recheck skin. scratching all the time, Come with a E-collar, The pet does not seem to be getting better. The diet is whole hearted beef and pea. The medication prescribed is finished, the pet is currently on no meds. No additional concerns.

Emotional Medical Record:

O's perceives Pet's **FAS** level as: fas green 0

Ease of removal from carrier:

Preferred Location for examination: Exam Table

Preferred Food Distraction: lean treats

Restraint: minimal

Notes:

Team Member: j.a.n.

O:

Behavior: nice and well-behaved

Attitude: BAR

Hydration: Adequate

Ears: Unremarkable

Eyes/Nose: Normal

Mouth/Teeth/Gums: Unremarkable

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: Normal

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted

Nervous System: Normal

Skin/Haircoat: Skin in the inguinal area little inflamed, Skin problem improving.

Urinary/Reproductive: No abnormalities noted

Pain Score: 0 (No Pain)

A: Allergic vs Contact dermatitis.

P:

Dispensed:

- RX:Cefpodoxime 100mg #10- Half a tablet once a day until gone.
- RX:Prednisone 5mg #12- 1 BID for 3 days then 1 SID for 3 days then 1 EOD until gone.

Recommendations:

- Recheck as needed.

Weight	17.4 LBS (7.8926 KG)
Heart Rate	136
Respiratory Rate	24

9/10/2019 9:26 AM	Procedure	Recheck Examination	Shawn Patham, D.V.M.
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9/10/2019 9:26 AM	Procedure	Paw Perks Loyalty Rewards Redeemed	Shawn Patham, D.V.M.
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Thank you for your enrollment in our Paw Perks Loyalty Rewards Program! We offer this program to clients to reward you for allowing us to provide veterinary care to your pet. 5% of the total from each invoice is available toward future veterinary services at a future visit (unfortunately this cannot be applied to medication refills or therapeutic diets). Your pet earned \$0.00 today in future rewards!

9/10/2019 9:38 AM	Inventory Item	Cefpodoxime Generic (Simplicef) 100mg 10 each	Shawn Patham, D.V.M.
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Rx #: 122618, Name: Cefpodoxime Generic (Simplicef) 100mg, Start Date: 9/10/2019

Refill: 0, Expiration: 4/30/2021

Give 1/2 tablet by mouth one time per day until gone.

9/10/2019 9:38 AM	Inventory Item	Prednisone 5 mg Tabs 12 each	Shawn Patham, D.V.M.
--------------------------	-----------------------	------------------------------	----------------------

Rx #: 122619, Name: Prednisone 5 mg Tabs, Start Date: 9/10/2019

Refill: 0, Expiration: 1/31/2021

Give 1 tablet by mouth twice daily for 3 days, then 1 tablet one time daily for three days, then 1 tablet every other day until gone,

Service on 9/4/2019

9/4/2019 2:23 PM	Document	Consent Form - Consent for Treatment
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Benefiting animals in need at the Humane Society of Missouri

11660 Administration Drive
Maryland Heights, MO 63146
United States
(314) 951-1534
appointments@amcma.org

Consent for Treatment

Document generation date: Wednesday, September 4, 2019

Rosie Fillar

13 weeks 6 days, FS, Labrador Retriever/Australian Shepherd (Mixed), Canine

Patient ID number: 53497

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

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I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies.

My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

A handwritten signature in blue ink, appearing to read "Amir Fillar".

Signed

Amir Fillar

Best phone number to reach you at today: _____

S: O presents pet for Wellness exam and services.

Emotional Medical Record:

O's perceives Pet's **FAS** level as:

Ease of removal from carrier:

Preferred Location for examination: Exam Table / Floor / Lap

Preferred Food Distraction:

Restraint:

Notes:

Team Member:

O:

A: Apparently Healthy

P:

Diagnostics:

- Fecal sent to Idexx / Prepaid fecal container sent home with O / O declined fecal
- Abaxis Pre-op 6: Unremarkable
- 4Dx HWT & TICK: Negative

Vaccines Administered:

- Right rear SQ- Rabies **SER#**
- Right shoulder SQ- DHPP **SER#**
- Intranasal Bordetella **SER#**
- Left shoulder SQ- Influenza H3N8/H3N2 1/2 **SER#**
- Left rear SQ- Lepto 1/2 **SER#**

Dispensed:

- O has HWP and FTP at home
- O declined HWP and FTP

Recommendations:

Discussed dental disease. Went over estimate for cleaning.

- TTO about vaccines reactions.
- TTO about weight loss
- Recheck in 12 months, booster vx.

Weight 15 LBS (6.8040 KG)

O's answers to General Health Questions / Concerns

-Any specific concerns for today's visit? pet has rash on belly and is very itchy. was seen at AVS on friday. o noticed symptoms started to appear gradually before that. prescribed antibiotics and trizchlor 4 shampoo and o is concerned that doesn't seem to be working.

-Eating/drinking normally? decreased appetite after starting antibiotics for , drinking normally

-Current diet _____ dry and wet food _____ Amount Fed _____ 1/2 cup _____ SID or BID? BID

-Do you notice your pet having bad breath? no

-Any at home dental care? no

Preventative Health:

-Does your pet go to grooming, boarding or dog parks?

-Is your pet exposed to standing water (drinks, swims, or wades in ponds, creeks or lakes)?

-Does your pet visit areas where Lyme disease is present or is exposed to Ticks?

-Does your pet travel with you to other parts of the country?

Current Medications:

- Heartworm Preventative: Yes
- Product Used: _____ tri heart _____ Last dose administered _____ 8/31/19 _____ (date)
- Flea and Tick preventative: Yes / No Product Name _____ Last Dose: _____
- Behavior Concerns: _____

S: O presents pet for Wellness exam and services.

Emotional Medical Record:

O's perceives Pet's **FAS** level as: 0

Ease of removal from carrier: n/a

Preferred Location for examination: Exam Table / Floor

Preferred Food Distraction:

Restraint:

Notes:

Team Member:

O:

A: Apparently Healthy

P:

Diagnostics:

- Fecal sent to Idexx / Prepaid fecal container sent home with O / O declined fecal
- Abaxis Pre-op 6: Unremarkable
- 4Dx HWT & TICK: Negative

Vaccines Administered:

- Right rear SQ- Rabies **SER#**

- Right shoulder SQ- DHPP **SER#**
- Intranasal Bordetella **SER#**
- Left shoulder SQ- Influenza H3N8/H3N2 1/2 **SER#**
- Left rear SQ- Lepto 1/2 **SER#**

Dispensed:

- O has HWP and FTP at home
- O declined HWP and FTP

Recommendations:

Discussed dental disease. Went over estimate for cleaning.

- TTO about vaccines reactions.
- TTO about weight loss
- Recheck in 12 months, booster vx.

Weight 15 LBS (6.8040 KG)

9/4/2019 9:38 AM Exam AMCMA General Comprehensive Exam Shawn Patham, D.V.M.

S: O presents pet for recheck skin, Went to AVS 3 days ago. Got cefpodoxime,Temaryl-P and Antibacterial shampoo. Owner is giving bath every other day as instructed. Come with E-collar. According to Owner the puppy is not eating as much otherwise no other concerns.

O: Exam focused on skin only.
Inguinal area skin is red rest of the skin-OK.

A: R/O-Allergic dermatitis.

P: Finish of all medicines as instructed by AVS.

Recommendations:

Remove E-collar when feeding the puppy then put back on after that. Feed can food to entice to eat.

- Recheck skin after done with all medicines.

Weight 15 LBS (6.8040 KG)

Heart Rate 132

Respiratory Rate 30

9/4/2019 10:02 AM Procedure Recheck Examination Shawn Patham, D.V.M.

9/4/2019 10:02 AM Procedure Paw Perks Loyalty Rewards Redeemed Shawn Patham, D.V.M.

Thank you for your enrollment in our Paw Perks Loyalty Rewards Program! We offer this program to clients to reward you for allowing us to provide veterinary care to your pet. 5% of the total from each invoice is available toward future veterinary services at a future visit (unfortunately this cannot be applied to medication refills or therapeutic diets). Your pet earned \$0.00 today in future rewards!

Service on 8/30/2019

8/30/2019 9:01 AM Note Approved WalmartPetRx Emily Goyda, D.V.M.

NexGard 10.1-24# (3pk): Give one tablet by mouth once monthly. No refills (growing pet)

Interceptor Plus 8.1-25# (3pk): Give one tablet by mouth once monthly. No refills (growing pet)

Faxed 8-30-19

WalmartPetRx

Powered by Agropec Trading, LLC
FL Pharmacy License #PH22570

14540 NW 60th Avenue
Miami Lakes, FL 33014

Prescription No.:

6041058



Order No.: WSO-5051086

Shipping: 2 Day Shipping

Dear DVM,

Our mutual client has requested the below prescription item. Please review, sign, and return (email or fax) your approval or modification back to fax (877) 701-2220 or by email rx@walmartpetrx.com. In order to provide the best service to our mutual client, we kindly request your response within 24 hours.

CLIENT INFO	VETERINARIAN INFO
Name: Amir Fillar Email: amirfiler@yahoo.com Address: United States of America 830 Renee Ln, Creve Coeur, MO 63141 Phone: 4692471576 Pet's Name: Rosie Weight: 15.00 Species: Dog Product: NexGard Chewable Tablets for Dogs 10.1-24 lbs, 3 Month Supply Quantity: 1	Hospital Name: HUMANE SOCIETY OF MISSOURI Name: CASTELLI, KATIE N DVM Address: MO 63110 Phone: 3149511562 Fax: 3149511574 Email:

Prescription Directions:

GIVE ONE TABLET BY MOUTH ONCE MONTHLY AS DIRECTED BY VETERINARIAN

Refills allowed:

Date/Time:

8/30/19

Veterinarian Signature:

Veterinarian Name:

EMILY GOUDA

Current License#:

2019017650



Questions? Contact Us (877) 753-4206

This transmission contains confidential information which is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this transmission in error, please notify the sender immediately.

Faxed 8-30-19

WalmartPetRx

Powered by Agropec Trading, LLC
FL Pharmacy License #PH22570

14540 NW 60th Avenue
Miami Lakes, FL 33014

Prescription No.:

6041059



Order No.: WSO-5051086

Shipping: 2 Day Shipping

Dear DVM,

Our mutual client has requested the below prescription item. Please review, sign, and return (email or fax) your approval or modification back to fax (877) 701-2220 or by email rx@walmartpetrx.com. In order to provide the best service to our mutual client, we kindly request your response within 24 hours.

CLIENT INFO	VETERINARIAN INFO
<p>Name: Amir Fillar</p> <p>Email: amirfiler@yahoo.com</p> <p>Address: United States of America 830 Renee Ln, Creve Coeur, MO 63141</p> <p>Phone: 4692471576</p> <p>Pet's Name: Rosie</p> <p>Weight: 15.00</p> <p>Species: Dog</p> <p>Product: Interceptor Plus for Dogs 8.1-25 lbs Green, 3 Month Supply</p> <p>Quantity: 1</p>	<p>Hospital Name: HUMANE SOCIETY OF MISSOURI</p> <p>Name: CASTELLI, KATIE N DVM</p> <p>Address: MO 63110</p> <p>Phone: 3149511562</p> <p>Fax: 3149511574</p> <p>Email:</p>
<p>Prescription Directions:</p> <p>GIVE ONE TABLET BY MOUTH ONCE MONTHLY AS DIRECTED BY VETERINARIAN</p>	
<p>Refills allowed: <u> </u> Date/Time: <u>8/30/19</u></p> <p>Veterinarian Signature: <u> </u></p> <p>Veterinarian Name: <u>EMILY BONDA</u> Current License#: <u>2019077650</u></p>	



Questions? Contact Us (877) 753-4206

This transmission contains confidential information which is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this transmission in error, please notify the sender immediately.

Service on 8/26/2019

8/26/2019 9:39 PM

Document

Consent Form - Consent for Treatment



Benefiting animals in need at the Humane Society of Missouri

11660 Administration Drive
Maryland Heights, MO 63146
United States
(314) 951-1534
appointments@amcma.org

Consent for Treatment

Document generation date: Monday, August 26, 2019

Rosie Fillar

12 weeks 5 days, FS, Labrador Retriever/Australian Shepherd (Mixed), Canine

Patient ID number: 53497

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

I understand the Animal Medical Center of MidAmerica encourages all owners to have their pets microchipped for identification purposes, and that it is the Humane Society's policy to scan pets for the presence of a microchip at the time they present for veterinary services. If it is determined that an animal is not owned by or registered to another individual, I authorize the Humane Society to contact this person as soon as possible to provide them with information it has concerning the animal.

I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies.

My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

A handwritten signature in blue ink, appearing to read "Amir Fillar".

Signed

Amir Fillar

Best phone number to reach you at today: _____

S: Rosie was presented for post adoption exam and DAPP booster. Doing well at home, active and playful. Owners have concerns about the best way to house train.

O's answers to General Health Questions / Concerns

-Any specific concerns for today's visit? No concerns

-Eating/drinking normally? Yes

-Current diet _____ Authority puppy _____ Amount Fed ____2 cups daily spread over 3 feedings

-Do you notice your pet having bad breath? No

-Any at home dental care? No

Preventative Health:

-Does your pet go to grooming, boarding or dog parks? Yes

-Is your pet exposed to standing water (drinks, swims, or wades in ponds, creeks or lakes)? No

-Does your pet visit areas where Lyme disease is present or is exposed to Ticks? No

-Does your pet travel with you to other parts of the country? No

Current Medications:

- Heartworm Preventative: No
- Product Used: Advantage Multi applied in shelter 7/30/19
- Behavior Concerns: training, play-biting

Emotional Medical Record:

FAS level: 0

Preferred Location for examination: Exam table

Preferred Food Distraction: none needed

Restraint: light

Notes: sweet puppy

Team Member: Lauren D

O:

Behavior: nice and well-behaved

Attitude: BAR

Hydration: Adequate

Ears: Unremarkable

Eyes/Nose: Normal

Mouth/Teeth/Gums: Unremarkable

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: Normal

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted

Nervous System: Normal

Skin/Haircoat: Normal

Urinary/Reproductive: No abnormalities noted

Pain Score: 0 (No Pain)

A: Apparently Healthy

P:

Diagnostics:

- Prepaid fecal container sent home with O

Vaccines Administered:

- Right shoulder SQ- DHPP **SER# 02121814B, exp04Sep20**

Dispensed:

- Interceptor+ 8-25 lb, sample dose--due on 8/30/19

Recommendations:

- Discussed options for parasite prevention--recommended going to Vetsource for individual doses until pet fully grown.
- Discussed behavior--crate training best for potty training; say no or other loud sound when puppy play-bites, then redirect to a toy or ignore for 5 minutes

Weight	15.7 LBS (7.1215 KG)
Heart Rate	110
Respiratory Rate	sniffing/40
CRT	< 2 sec
Mucous Membrane	pink
Hydration	normal
Body Condition Score	5 - Ideal
Pain Score	0 - None
FAS Score	0 - Low

8/26/2019 4:54 PM	Procedure	Preventative Care Examination-Puppy	Kimberly Fahnestock, D.V.M.
8/26/2019 4:54 PM	Lab	IDEXX: FECAL OVA & PARASITES W/GIARDIA (ELISA)	Kimberly Fahnestock, D.V.M.
9/24/2019 11:45 AM	Document	Lab Report	

IDEXX VetConnect 1-888-433-9987

Client: Fillar
Patient: Rosie
Species: CANINE
Breed: LABRADOR_RETRIE
Gender: FEMALE SPAYED
Age: 3M

Date: 09/24/2019
Requisition #: 125910748
Accession #: 4604100516
Ordered by: Kimberly Fahnestock, D.V.M.

ANIMAL MEDICAL CENTER OF MID-AMERICA
11660 ADMINISTRATION DR.
MARYLAND HEIGHTS, Missouri 63146
314-951-1534

Account #27186

FECAL O&P + GIARDIA

Test	Result	Reference Range	Low	Normal	High
OVA & PARASITES	No ova or parasites seen.				
GIARDIA ANTIGEN	NEGATIVE ¹				

Comments:

1. In cases of acute or chronic diarrhea in addition to a fecal flotation and antigen testing for ova and parasites consider testing for viral, bacterial and protozoal infectious agents using RealPCR (canine diarrhea panel: test code 2625; feline diarrhea panel: test code 2627).

8/26/2019 4:54 PM	Inventory Item	DECLINED : Canine Leptospirosis Temporary Vaccine 1 each	Kimberly Fahnestock, D.V.M.
8/26/2019 4:54 PM	Inventory Item	DECLINED : Canine Lyme Disease Annual Vaccine 1 each	Kimberly Fahnestock, D.V.M.
8/26/2019 4:54 PM	Procedure	Paw Perks Loyalty Rewards Redeemed	Kimberly Fahnestock, D.V.M.

Thank you for your enrollment in our Paw Perks Loyalty Rewards Program! We offer this program to clients to reward you for allowing us to provide veterinary care to your pet. 5% of the total from each invoice is available toward future veterinary services at a future visit (unfortunately this cannot be applied to medication refills or therapeutic diets). Your pet earned \$0.00 today in future rewards!

8/26/2019 4:54 PM	Procedure	Paw Perks Loyalty Post-Adopt Complimentary Exam
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Thank you for adopting a pet from the Humane Society of Missouri. To thank you for giving your pet a second chance your pet received a complimentary physical examination today- a \$49.19 savings! To further extend a thank you, you have been enrolled in our Paw Perks Loyalty Rewards Program! For every dollar you spend at our clinics on products or services, you earn 5% back. This can be applied to future services your pet needs!

8/26/2019 4:54 PM	Inventory Item	Canine DA2PP Annual Vaccine 1 each	Kimberly Fahnestock, D.V.M.
8/26/2019 4:54 PM	Inventory Item	DECLINED : Canine Influenza Bivalent Temporary (H3N8 & H3N2) 1 each	Kimberly Fahnestock, D.V.M.
8/26/2019 4:54 PM	Inventory Item	DECLINED : Canine Bivalent Influenza (H3N8 & H3N2) 1 each	Kimberly Fahnestock, D.V.M.

Service on 8/13/2019

8/13/2019 10:04 AM	Communication	General - Sent- By Phone
--------------------	---------------	--------------------------

o called and sttd that rosie isnt taking the pill plz call client to give him advice on the best way to administer the pill. CB # 469-247-1576

8/13/2019 4:11 PM	Communication	General - Sent- By Phone
-------------------	---------------	--------------------------

pt is being difficult with taking medication
o has tried all different foods along with peanut butter
asked if he could use a syringe and water it down so she can just swallow it that way
spoke with MC and we said it should be okay if nothing else is working
tto
LS

Service on 8/12/2019

8/12/2019 6:01 PM	Document	Rosie
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HUMANE SOCIETY OF MISSOURI ADOPTION CENTER
ROSIE'S VACCINATION/TEST SUMMARY as of 8/12/2019
A675899, DOG, BROWN, S, LABRADOR RETR / AUST SHEPHERD, DOB: 5/30/2019

DA2PP	7/29/19	2MO(s)	BORDETELLA	7/29/19	2MO(s)
SPAYED	8/5/19	2MO(s) 1WK(s)			

Your new pet may need additional vaccination boosters and/or a repeat of the tests listed above prior to their annual checkup. It is important that each animal's medical care be tailored to their specific needs and history. To ensure that you are providing the best possible care for your new pet please contact your veterinarian for guidance regarding when/if any booster vaccines or tests should be administered.

Questions about pet behavior? Browse our Pet Behavior Library for solutions to common problems at www.hsmo.org under the Pet Resources tab.



Congratulations on the addition to your family and thank you for choosing to adopt your new best friend from the Humane Society of Missouri! To help keep your new best friend healthy, our Animal Medical Center of Mid-America (benefiting the animals of the Humane Society of Missouri) has three locations and is a full-service veterinary clinic serving all pets in the Greater St. Louis area. From vaccinations and wellness exams, to diagnostic testing, surgery, rehabilitation, and more, "We Know Pets" and look forward to meeting you!

Call 314-951-1534 or visit www.AMCMA.org to make an appointment at any of our three locations.



17357 Edison Rd
Chesterfield MO 63005

1201 Macklind Ave
St Louis MO 63110

11660 Administration Dr.
Maryland Heights MO 63146

Congratulations On Your Adoption!

Home - Care Instructions for Post-op Spay/Neuter

A675899

Procedure: DOG SPAY

Date of Procedure: 8/5/19

Monitor Check pet's incision site daily, a very small amount of redness or swelling is expected. Look for excessive redness, swelling, discharge, bleeding, or opening of the incision. If you see any of these symptoms or have other concerns about the incision then contact AMCMA for an appointment.

Sutures Do not allow the pet to lick, chew, or rub at the incision. If pet does any of these, you need to purchase an Elizabethan collar to stop this behavior. The suture site should remain dry and clean until it has healed, usually about 10 days. A bath is permitted when healing is complete and the sutures have been removed.

Exercise Keep the pet calm and quiet during the healing process. No running, jumping, strenuous play, or access to stairs for 10 days from surgery date. Such activities could disrupt the healing process. When taking the pet outside to urinate or defecate please keep the pet on a leash until the sutures have been removed.

Follow-up Recheck in 10 days. Please make an appointment with AMCMA.

Contact Call AMCMA with any questions or to schedule an appointment



Phone: 314-951-1534



HUMANE SOCIETY OF MISSOURI ADOPTION CENTER

ROSIE'S MEDICAL HISTORY as of 08/12/19

HEARTWORM INFORMATION: Too young to test for Heartworms at this time, Please consult your Family Veterinarian at 7 months of age for Testing guidelines.

A675899 DOG BROWN S LABRADOR RETR / AUST SHEPHERD DOB: 5/30/2019 APPROX. 2MO(s) 2WK(s)

7/29/2019

EXAM NORMAL By:BLV Dr.: Review: 7/30/19

VAC.BORDETELA
VAC.DA2PP

7/30/2019

EXAM NORMAL 7.60LBS By:BLV Dr.: Review: 7/30/19

ADV MULTI DOG 3-9# GREEN
TX.EARCLEAN
TX.NAIL TRIM

8/5/2019

SURGERY NORMAL 7.60LBS By:RS Dr.: WB Review: 8/5/19

Dog/Puppy Spay --tatioo
Premed with acepromazine and Butiiorphanol

Anesthesia- Ket/Midazolam IV, Isofurane /O2 mainti
Sx. - Routine OVH.
Metiacam SQ for pain management
Absorbable sutiures
Follow vaccination proticol
Call tihe Animal Medical Centier of MidAmerica for an appointment
Sti. Louis 314-951-1534
Maryland Heightis 314-951-1590
SURGSPAY PA/D

VET EXAM	NORMAL	By:RS	Dr.: WB	Review: 10/5/19
-----------------	---------------	--------------	----------------	------------------------

Vaccine Manufactiurer: noti given
Vaccine Serial #:
Rx Recommendation:
Vectira3D:blue
Milbeguard:purple

8/9/2019

VET EXAM	SKIN	By:MC	Dr.: WRIGHT	Review: 8/9/19
-----------------	-------------	--------------	--------------------	-----------------------

COUNSELLOR BROUGHT PUPPY BACK BECAUSE IT HAD A SMALL SPOT OF THINNING HAIR ON SHOULDER/BACK AREA
SKIN SCRAPE NEG
WE BELIEVE THE SPOT IS A REACTION TO ADVANTAGE MULTI
NO TX NEEDED
KEEP AVAILABLE
TEST.SKINSCRN NEG

IF YOU OR YOUR VETERINARIAN HAVE ANY QUESTIONS ABOUT THE MEDICAL TREATMENT YOUR ANIMAL HAS RECEIVED PLEASE CALL US AT:
Sti. Louis (314) 951-1562



11660 Administration Drive
Maryland Heights, MO 63146
United States
(314) 951-1534
appointments@amcma.org

Consent for Treatment

Document generation date: Monday, August 12, 2019
Rosie Fillar
10 weeks 5 days, FS, Labrador Retriever/Australian Shepherd (Mixed), Canine
Patient ID number: 53497

I, the undersigned, am the owner or the authorized agent for the owner of the animal described above, and I have the authority to execute this consent. I agree to assume full responsibility for all charges incurred as a result of examinations, diagnostic tests, medications, treatments, surgical procedures or other veterinary services provided through the Animal Medical Center of MidAmerica. My signature below certifies that I am over eighteen years of age.

I understand that all reasonable precautions will be taken against injury or escape of the animal, but the Animal Medical Center of MidAmerica or its agents will not be liable or responsible to any person under any circumstances for or on account of the care, necessary surgical procedures/treatment or safe keeping of the animal, and I assume all risk with respect to the treatment and care of the animal.

I understand the Animal Medical Center of MidAmerica encourages all owners to have their pets microchipped for identification purposes, and that it is the Humane Society's policy to scan pets for the presence of a microchip at the time they present for veterinary services. If it is determined that an animal is not owned by or registered to another individual, I authorize the Humane Society to contact this person as soon as possible to provide them with information it has concerning the animal.

I authorize the Animal Medical Center of MidAmerica to release information regarding my pet's vaccination history upon request from pet grooming and boarding establishments as well from law enforcement agencies.

My questions have been answered, and I have read and fully understand this form and authorize treatment for my pet(s).

A handwritten signature in blue ink, appearing to read "Amir Fillar". The signature is stylized with a large initial 'A' and a wavy line for the rest of the name.

Signed

Amir Fillar

Best phone number to reach you at today: _____

		HSMO - Shelter Post-Adopt Canine URI (Less than 20 Pounds) - Canine Post Adopt URI (Under 20#)	
8/12/2019 2:35 PM	Procedure		Megan Cootauco, D.V.M.

We are very sorry that your pet has become ill following adoption. The Humane Society of Missouri will cover 50% of the basic medical treatment expense for Upper Respiratory Infection today (\$47.13). Further treatment expenses will be the responsibility of the adopter (both today and in the future). Successful treatment of this condition is dependent on administering the medications as directed by your veterinarian and completing any follow up treatment or examinations. If you have any questions regarding the medical treatment for your pet, please ask your veterinarian before leaving today. If you have any questions about your pet's adoption contract, please contact our shelter (314) 647-8800.

		HSMO - Shelter Post-Adopt Canine URI (Less than 20 Pounds) - Examination / Office Visit	
8/12/2019 2:35 PM	Procedure		Megan Cootauco, D.V.M.

		HSMO - Shelter Post-Adopt Canine URI (Less than 20 Pounds) - Minocycline 50 mg (Generic)	
8/12/2019 2:35 PM	Inventory Item	28 each	Megan Cootauco, D.V.M.

Rx #: 119743, Name: Minocycline 50 mg (Generic), Start Date: 8/12/2019
 Refill: 0, Expiration: 8/31/2021
 Give one tablet by mouth every 12 hours until gone. Give with food.

8/12/2019 2:37 PM	Exam	AMCMA General Comprehensive Exam	Megan Cootauco, D.V.M.
-------------------	------	----------------------------------	------------------------

S: O presents pet for productive cough that started Saturday. Normal eat/drink/ur/bm activity. No V/D. Some S.

Emotional Medical Record:

O's perceives Pet's **FAS** level as: 0

Ease of removal from carrier: n/a

Preferred Location for examination: Exam Table

Preferred Food Distraction: not offered

Restraint: minimal

Notes: sweet, calm

Team Member: Katelyn

O:

Behavior: nice and well-behaved

Attitude: BAR

Hydration: Adequate

Ears: Unremarkable

Eyes/Nose: Scant bilateral nasal mucoid discharge.

Mouth/Teeth/Gums: Unremarkable

Mucous Membranes: Moist, Pink, CRT <2

Heart/Lungs: Appropriate BV sounds in all lung fields. Respiratory effort WNL. No heart murmur detected. Synchronous pulses.

Peripheral Lymph nodes: Normal

GI/Abdominal Palpation: Normal, non-painful

Musculoskeletal: No abnormalities noted

Nervous System: Normal

Skin/Haircoat: Healed spay incision on ventral abdomen.

Urinary/Reproductive: No abnormalities noted

Pain Score: 0 (No Pain)

A: URI

P:

Diagnostics:

- None.

Dispensed:

- Minocycline (50mg capsules): 1 capsule PO q12h x 14 days

Recommendations:

- Supportive care
 - Steam for 5-10 minutes in bathroom.
 - Coupage
- Recheck PRN

Weight	9.6 LBS (4.3545 KG)
Temperature	102.3°F By Rectal
Heart Rate	100
Respiratory Rate	36
Pulse Quality	strong, synchronous
CRT	<2s
Mucous Membrane	pk, moist
Hydration	WNL
Body Condition Score	5 - Ideal
Pain Score	0 - None
FAS Score	0 - Low