Kennel Card

Colony ~~Police Pen~~

Kennel No: U~~660~~

mcmanuss

Recall 7/13 Lobby 7/28 12/23 SA

Animal ID: A156710 **Previous Bite:**

Breed: DOMESTIC SH MIX

Color: BLK TABBY

Age: ~~AA~~ N **DOB:**

Sex: ~~UNKNO~~ **Surgery Date:** 9/22/16 Dr. Visser

License No.:

Scan Date:

Sorry No Photo

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 06/24/2016

Source ID: **Intake By:** SAM

Address:

WILLITS, CA 95490

Owner ID: ~~P117912~~ P118917

Address:

Crossing: COVELO ROAD

Comments:

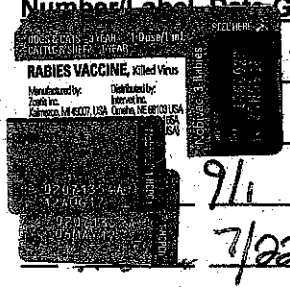
7/28 - Ecto advance flea tx

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies		7/28/16
$____	DHLPPC		
$____	Bordatella		9/1
$____	FVRCP		7/22/16 JP
$____	Microchip		
$____	Felv/Fiv Test	Neg (-)	7/28/16
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No. R17-____

985 112 007 650 965

GRAND TOTAL: $____

Outcome Type: TRANSFER

Outcome Subtype:

Outcome Date: 3/2/17

Outcome Time:

Outcome By:

Euth information: **Authorized By:** ____/____

Bottle No.:

Dose: 0.00

Reason for Euth:

BILL FOR $75 OR CLOSE TO

Kennel Card

"Cookie"

Hold 73

Kennel No: UC~~59~~

mcmanuss

Animal ID: A157413 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK

Age: **DOB:**

Sex: FEMALE **Surgery Date:** _____

License No.: _____

Scan Date: 08/04/2016 ✓

~~Adopted~~ ~~8/12~~

~~PSO~~

~~9+C+~~

~~SBS~~

Adoptic 10-7-16

Sorry No Photo

FEMALE CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 08/04/2016

Source ID: DENNIS DENNY **Intake By:** SAM

Address: 1601 DEERWOOD DR

UKIAH, CA 95482

Owner ID: _____

Address: _____

Crossing: DEERWOOD DRIVE

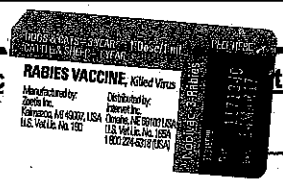
Comments: on website: 8/30/16 Eme

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____



Amt.	Vacc/Servic	te Given	
$____	Rabies	8/12/16	
$____	DHLPPC	12-1-16	
$____	Bordatella		
$____	FVRCP	8/12/16	
$____	Microchip		
$____	Felv/Fiv Test	Neg (2)	8/12/16
$____	HW Test/Prevention	**Subtotal** $_____	

Fees & Charges: _____ _____

Vaccination Subtotal: $_____ **Receipt No.**

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

985 112 007 998 574

GRAND TOTAL:

$_____

Outcome Type: _____

Outcome Subtype: _____

Outcome Date: _____

Outcome Time: _____

Outcome By: _____

Euth information: **Authorized By:** _____/_____

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

mini

Kennel Card

Kennel No: UC05

PENRYL

Animal ID: A157857 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK & WHITE

Age: AND 3 MOS **DOB:** 05/25/2016

Sex: ~~UNKNC~~ **Surgery Date:** 11/9/16 Humphrey

License No.:

Scan Date: 08/25/2016

Sorry No Photo

UNKNOWN CAT

Fiscal in w/ 44 Lobbe Colony 12/23 SA

Intake Information:

Intake Type: STRAY **Intake Date:** 08/25/2016

Source ID: **Intake By:** LP

Address:

POTTER VALLEY, CA 9546

Owner ID:

Address:

Crossing: 14001 EEL RIVER RD POTTER VALLEY

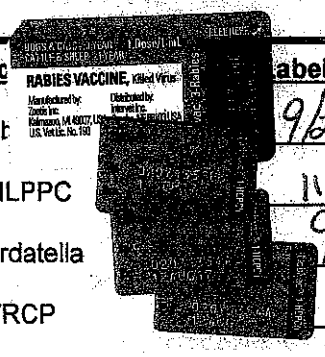
Comments: 9/2/16 0.2ml Stronicol PO
9-16-16 ectoadvance applied
-Parluke 8/31

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:



Amt.	Vac	abel	Date Given
$____	Rab		9/2/16
$____	DHLPPC		11/9/16
$____	Bordatella		9/2/16
$____	FVRCP		8/31/16 JF
$____	Microchip		
$____	Felv/Fiv Test	Neg	9/2/16
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No.

985 112 007 999 388

GRAND TOTAL: $____

Outcome Type: Transfer

Outcome Subtype:

Outcome Date: 2/9/17

Outcome Time:

Outcome By: SAM

Euth information: Bill to

Billed on SX

Authorized By: ____/____

Bottle No.:

Dose: 0.00

for Euth:

Mouse

Kennel Card

Fiscal

Kennel No: UC114

PENRYL

Animal ID: A157863 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK & WHITE

Age: N AND 3 MOS **DOB:** 05/25/201(

Sex: ~~M~~ UNKNC **Surgery Date:** 11-09-16

License No.: Humphrey

Scan Date: 08/25/2016

Colony 12/23 SA

Sorry No Photo

POW 12/22

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 08/25/2016

Source ID: **Intake By:** LP

Address:

POTTER VALLEY, CA 9546(

Owner ID: _____

Address: _____

Crossing: 14001 EEL RIVER RD POTTER VALLEY

Comments: 9/2116 0.2ml Strangid PV. 9-16-16 ectoadvance applied

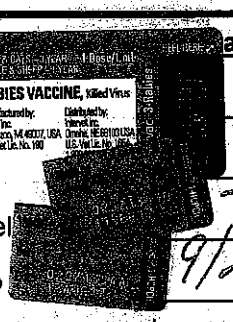
10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____

Amt.	Vacc	abel	Date Given
$____	Rab		9/21/16
$____	DHL		
$____	Bordatel		-11/9/16
$____	FVRCP		9/21/16
$____	Microchip	No sticker	8/31/16
$____	Felv/Fiv Test	Neg	9/21/16
$____	HW Test/Prevention	**Subtotal** $____	



Fees & Charges:

Vaccination Subtotal:	$____	**Receipt No.**
Adoption:	$____	
Impound:	$____	
Board:	$____	
License:	$____	
S/N Deposit:	$____	
Other:	$____	**GRAND TOTAL:** $____

985 112 008 000 009

Outcome Type: Transfer

Outcome Subtype:

Outcome Date: 2/9/17

Outcome Time: _____

Outcome By: SAM

Euth information: **Authorized By:** _____ / _____

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

Bill to

Billed on SX

Kennel Card

Kennel No: [redacted]

mcmanuss

FISCAL

Animal ID: A157817 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLK TABBY

Age: AND 2 MOS **DOB:** 06/25/2016

Sex: ~~UNKNO~~ Male **Surgery Date:** 10/20/16

License No.:

Scan Date: 08/25/2016

Sorry No Photo

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 08/25/2016

Source ID: **Intake By:** SAM

Address:

UKIAH, CA 95482

Owner ID:

Address:

Crossing: UKIAH FAIRGROUNDS

Comments:

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Service	Number/Label	Date Given
$___	Rabies	No sticker	10/20/16
$___	DHLPPC		
$___	Bordatella		
$___	FVRCP	[redacted]	9/30/16
$___	Microchip		
$___	Felv/Fiv Test		
$___	~~HW Test/Prevention~~	**Subtotal** $___	

Fees & Charges:

Vaccination Subtotal: $___

Adoption: $___

Impound: $___

Board: $___

License: $___

S/N Deposit: $___

Other: $___

Receipt No.

GRAND TOTAL: $___

Outcome Type: Transfer

Outcome Subtype: P0858886

Outcome Date: 1/24/17

Outcome Time: 14:00:51

Outcome By: JF

Billed to P0858886

Euth information: **Authorized By:**

Bottle No.:

Dose: 0.00

Reason for Euth:

Dweezle

Kennel Card

Kennel No: UC86

mcmanuss

Animal ID: A157686 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK & WHITE

Age: 5 years

Sex: N ~~Male~~ UNKNG **Surgery Date:** 12-1-16 **DOB:**

License No.: Dr Humphrey

Scan Date: 08/16/2016

Sorry No Photo

Dweezle

UNKNOWN CAT

Adoption 8/25 ~~ESO~~ ~~Hold~~ 10-8-16 ~~ESO~~ 12-16-16 Adoptio 1-3-16

Intake Information:

Intake Type: STRAY **Intake Date:** 08/16/2016

Source ID: **Intake By:** SAM

Address:

UKIAH, CA 95482

Owner ID: _____

Address: _____

Crossing: 2260 SOUTH STATE, UKIAH

Comments: Frontline 8/25/16 ISO 9/12 SN

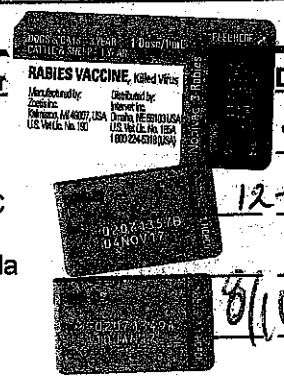
12-14-16 0.6cc PRAZIQUANTEL SQ AND PARASTAR APPLIED ESO 12-16-16 started on orbax

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____



Amt.	Vacc/Ser	Date Given
$____	Rabies	8/25/16
$____	DHLPPC	12-1-16
$____	Bordatella	
$____	FVRCP	8/16
$____	Microchip	
$____	Felv/Fiv Test	Neg (-) 8/25/16
$____	HW Test/Prevention	**Subtotal** $_____

Fees & Charges:

Vaccination Subtotal:	$_____
Adoption:	$_____
Impound:	$_____
Board:	$_____
License:	$_____
S/N Deposit:	$_____
Other:	$_____

Receipt No. KUC-009852

985 112 007 999 773

GRAND TOTAL: $146.00

Outcome Type: Adopt Cat

Outcome Subtype: _____

Outcome Date: 1/3/17

Outcome Time: _____

Outcome By: LP

Euth information: **Authorized By:** _____

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

Kennel Card

~~FSTT~~

Kennel No: ~~UC70~~

ADAMSC

Animal ID: A158174 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLK TABBY

Age: AND 4 MOS **DOB:** 05/08/2016

Sex: S ~~UNKNC~~ **Surgery Date:** 1-13-17 COOKE

License No.: _____

Scan Date: _____

Foster w/

Sorry No Photo 9/22

UC91

UNKNOWN CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 09/08/2016

Source ID: **Intake By:** SA

Address:

REDWOOD VALLEY, CA 95

Owner ID: _____

Address: _____

Crossing: _____

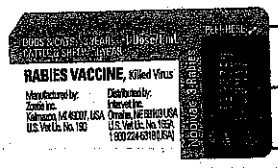
Comments: _____

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies		1/13/17
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $_____	

Fees & Charges: _____

Vaccination Subtotal: $_____

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

Receipt No. _____

GRAND TOTAL: $_____

Outcome Type: Transfer/TNR

Outcome Subtype: P119813-

Outcome Date: 1/13/17

Outcome Time: 15:16:18

Outcome By: JF

Billed to on SX

Euth information: **Authorized By:** _____/_____

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

Kennel Card

Kennel No: ~~UC70~~ UC91

ADAMSC

Animal ID: A158175 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BRN TABBY

Age: AND 4 MOS **DOB:** 05/08/2016

Sex: S UNKNC **Surgery Date:** 1-13-17 COOKei

License No.: _____

Scan Date: _____

Hold

Sorry No Photo

UNKNOWN CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 09/08/2016

Source ID:) **Intake By:** SA

Address:

REDWOOD VALLEY, CA 95

Owner ID: _____

Address: _____

Crossing: _____

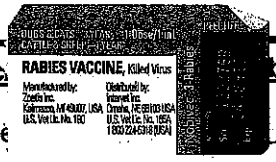
Comments: _____

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____



Amt.	Vacc	Label	Date Given
$____	Rabie	_____	1/13/17
$____	DHLPPC	_____	_____
$____	Bordatella	_____	_____
$____	FVRCP	_____	_____
$____	Microchip	_____	_____
$____	Felv/Fiv Test	_____	_____
$____	HW Test/Prevention	**Subtotal $**	_____

Fees & Charges: _____

Vaccination Subtotal: $_____

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

Receipt No. _____

GRAND TOTAL: $_____

Outcome Type: Transfer / TNR

Outcome Subtype: A119813

Outcome Date: 1-13-17

Outcome Time: 15:20:52

Outcome By: JF

Billed to ... on SX

Euth information: **Authorized By:** _____/_____

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

Kennel Card

Kennel No: ~~UC70~~

ADAMSC

Animal ID: A158176 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BUFF

Age: AND 4 MOS **DOB:** 05/08/2016

Sex: ~~UNKNC~~ N **Surgery Date:** 1-13-17 Cooke

License No.:

Scan Date:

Sorry No Photo

UNKNOWN CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 09/08/2016

Source ID: **Intake By:** SA

Address:

REDWOOD VALLEY, CA 95

Owner ID:

Address:

Crossing:

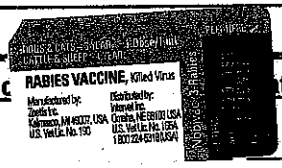
Comments: tnr for october 5th to -doesn't want back

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:



Amt.	Vacc/Servic	te Given	
$____	Rabies	1/13/17	
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $	

Fees & Charges:

Vaccination Subtotal: $

Adoption: $

Impound: $

Board: $

License: $

S/N Deposit: $

Other: $

Receipt No.

GRAND TOTAL: $

Outcome Type: Transfer

Outcome Subtype: P0885886

Outcome Date: 1/24/17

Outcome Time: 14:09:10

Outcome By: JF

Billed to P0885886

Euth information: **Authorized By:** /

Bottle No.:

Dose: 0.00

Reason for Euth:

Kighty Sawcar

UC 105

Kennel Card

Kennel No: ~~UD34~~

mcmanuss

Animal ID: A158214 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLK TABBY

Age: N **DOB:**

Sex: ~~M~~ UNKNC **Surgery Date:** 1/31/17

License No.:

Scan Date: 09/10/2016

only one testicle as of 10/28
2105

Sorry No Photo

foster to adopt
with
11/14

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 09/10/2016

Source ID: **Intake By:** SAM

Address:

REDWOOD VALLEY, CA 95

Owner ID: P117007

Address:

Crossing: EAST ROAD, RV

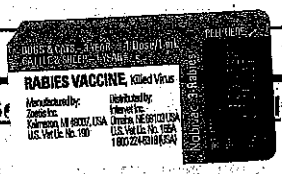
Comments:

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:



Amt.	Vacc/Se	Date Given
$____	Rabies	1/31/17
$____	DHLPPC	1/31/17
$____	Bordatella	
$____	FVRCP	10/18/16
$____	Microchip	
$____	Felv/Fiv Test	NEG 10-28-16
$____	HW Test/Prevention	**Subtotal** $____

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No.

985 112 007 999 931

GRAND TOTAL: $____

Outcome Type: Adopt Cat

Outcome Subtype:

Outcome Date: 1/31/17

Outcome Time:

Outcome By:

Euth information: **Authorized By:** ____/____

Bottle No.:

Dose: 0.00

Reason for Euth:

" Letty O'Doul "

UC 105

Kennel Card

Kennel ~~No: UD34~~

mcmanuss

Animal ID: A158216 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK

Age: M N **DOB:**

Sex: UNKNC **Surgery Date:** 1/31/17

License No.:

Scan Date: 09/10/2016

only 1 testicle as of 10/28 2 lbs

11/16 - Testicle still has not dropped

Sorry No Photo

in foster to adopt with 11/16

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 09/10/2016

Source ID: **Intake By:** SAM

Address:

REDWOOD VALLEY, CA 95

Owner ID:

Address:

Crossing: EAST ROAD, RV PHILO, CA 954466

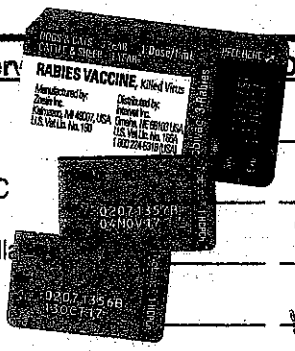
Comments:

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:



Amt.	Vacc/Serv		Date Given
$____	Rabies		1/31/17
$____	DHLPPC		
$____	Bordatella		1/31/17
$____	FVRCP		10/18/16
$____	Microchip		
$____	Felv/Fiv Test	NEG	10-28-16
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No: R16-1084488

985 112 007 999 495

GRAND TOTAL: $40

Outcome Type: Adopt Cat

Outcome Subtype:

Outcome Date: 1/31/17

Outcome Time:

Outcome By:

Euth information: **Authorized By:** ____/____

Bottle No.:

Dose: 0.00

Reason for Euth:

Kennel Card

Kennel No: UC05

ADAMSC

Animal ID: A158654 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK

Age: ~~UNKNC~~ SF **DOB:**

Sex: **Surgery Date:** 12-11-16

License No.: DR POWERS

Scan Date:

Sorry No Photo

BARN CAT

~~Euth~~ 10-8-16

~~Hold~~ Feral 12-3-1

UNKNOWN CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 09/27/2016

Source ID: GEORGE HODGSON **Intake By:** SA

Address: 298 PLANT RD

UKIAH, CA 95482

Owner ID: P0950806

Address:

Crossing: VALLEY RD WILLITS

Comments: 12-11-16 0.4cc PRAZIQUANTEL SQ

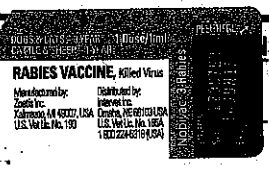
12-11-16 0.5 cc PARASTAR APPLIED

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Sc		Date Given
$____	Rabies		12-11-16
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No.

GRAND TOTAL: $____

Outcome Type: TRANSFER

Outcome Subtype:

Outcome Date:

Outcome Time:

Outcome By:

Euth information: **Authorized By:**____/____

Bottle No.:

Dose: 0.00

Reason for Euth:

Kennel Card

UC93
Kennel No: ~~UC01~~
mcmanuss

Animal ID: A168716 Previous Bite
Breed: DOMESTIC SH MIX
Color: WHITE / FLAME PT
Age: DOB:
Sex: ~~FEMALE~~ N MALE **Surgery Date:** 12-11-16
License No.: DR POWERS
Scan Date: 10/01/2016

Sorry No Photo

BARN CAT

~~HOLD~~ 10/1 EMC FISCAL 10-16-16 move to end 1/12/17

Intake Information:

Intake Type: OWNER SURR **Intake Date:** 10/01/2016
Source ID: RAMONA COOPER **Intake By:** SAM
Address: 201 OLIVE LN
UKIAH, CA 95482

FEMALE CAT
DOB - 1/12/17
DOR 1/21/17

Owner ID: ~~RAMONA COOPER~~ P1058820
Address: ~~201 OLIVE LN UKIAH, CA 95482~~
Crossing: 1-23-17 Animal Appears Healthy Released from QT Back RVT
Comments: 10/10/16 Ear mites. Ointment Sent Home Ivermectin injection SC. 0.4ml Ivomec SC
10 Day Certified Letter Sent:
Hold thru date:
Signed for:
Returned:
10-16-16 ECTOADVANCE FOR FLEAS Given SC 0.3cc SQ 12-21-16 ANT
12-11-16 0.05cc IVERMECTIN EARS CLEANED W/OTIMAX TOE PARASTAR APPLIED

Amt	Vacc/Service	Number/Label	Date Given
$	Rabies	[redacted]	10-11-16 BS
$	DHLPPC		
$	Bordatella		
$	FVRCP		10/1/16
$	Microchip	[redacted]	12-11-16
$	Felv/Fiv Test	NEG	10-16-16
$	HW Test/Prevention	**Subtotal** $	

Fees & Charges:
Vaccination Subtotal: $
Adoption: $
Impound: $
Board: $
License: $
S/N Deposit: $
Other: $
Receipt No.:
GRAND TOTAL: $

Outcome Type: Transfer
Outcome Subtype: Barn cat
Outcome Date:
Outcome Time: 1/31/17
Outcome By:

Euth Information: **Authorized By:**
Bottle No.:
Dose: 0.00
Reason for Euth:

Kennel Card

Kennel No: ~~UC69~~

mcmanuss

Animal ID: A158808 Previous Bite:

Breed: DOMESTIC SH MIX

Color: ORANGE

Age: 1 Year DOB:

Sex: N MALE Surgery Date: 12-11-16

License No.: DR POWERS

Scan Date: 10/08/2016

Sorry No Photo

MALE CAT

~~Adoptio~~ ~~12-16-16~~ Colony 12.18.17 Adoptio 2-6-17

Intake Information:

Intake Type: STRAY **Intake Date:** 10/08/2016

Source ID: **Intake By:** SAM

Address:

LEGGETT, CA 95585

Owner ID: P0078209

Address:

Crossing: DRIVE THROUGH TREE, LEGGETT

Comments: 12-11-16 0.16cc PRAZIQUANTEL SQ 0.5cc PARASTAR APPLIED 1-30-17 - DIAGEL Giardia Neg 2/6/17

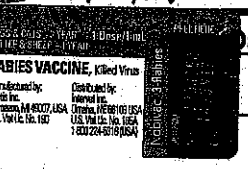
10 Day Certified Letter Sent:

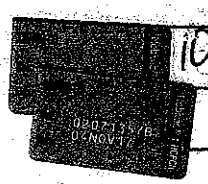
Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Serv	Date Given
$____	Rabies	12-11-16
$____	DHLPPC	
$____	Bordatella	
$____	FVRCP	10/8
$____	Microchip	12-11-16
$____	Felv/Fiv Test	NEG 12-11-16
$____	HW Test/Prevention	**Subtotal** $____





Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No. R17-002126

985 112 008 314 905

GRAND TOTAL: $____

Outcome Type: Adopt Dog/Cat

Outcome Subtype:

Outcome Date: 3/11/17

Outcome Time:

Outcome By:

Euth Information: **Authorized By:** ____/____

Bottle No.:

Dose: 0.00

Reason for Euth:

INITIALS: Eyne DATE: 10/20

TREATMENT REQUEST

Animal Name: DSH Orange K9/Feline Sex: M

Animal #: 158868 Kennel/Cage#: UC69 (Hola)

HEALTH CONCERN: excessive sneezing, coughing, wheezing, lethargy

WHEN NOTICED: 10/19 - 20 BY WHOM: Liz

Is the animal:

EATING (Y) N DRINKING (Y) N

COMMENTS:

SNEEZING (Y) N COUGHING (Y) N

COMMENTS:

Does the animal have:

(NORMAL STOOLS) DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?

Rx Doxy 100mg: 3cc PO BID x 7d.
10/26 looking better!

Dr Exam notes: Date seen:

DR INITIALS

Treatment plan:

Kennel Card

feral

Kennel No: ~~UC34~~

ADAMSC

Animal ID: A158964 Previous Bite:

Breed: DOMESTIC SH MIX

Color: SL LYNX PT

Age: 5 **DOB:**

Sex: FEMALE **Surgery Date:** 12-4-16

License No.: _____ Dr Hange

Scan Date: _____

Sorry No Photo

FEMALE CAT

~~UC48~~ 11/3/16 Cat UC 60 Stage 1 2 3 5

Intake Information:

Intake Type: FERAL **Intake Date:** 10/19/2016

Source ID: GEORGE HODGSON **Intake By:** SA

Address: 298 PLANT RD

UKIAH, CA 95482

Owner ID: P0858816

Address: _____

Crossing: _____

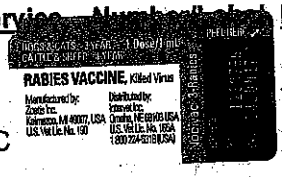
Comments: owner tnr mom cat neil 2965370 P/U Tues 12/6

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies		12-4-16
$____	DHLPPC		_____
$____	Bordatella	_____	_____
$____	FVRCP	_____	_____
$____	Microchip	_____	_____
$____	Felv/Fiv Test	_____	_____
$____	HW Test/Prevention	**Subtotal** $_____	

Fees & Charges: _____

Vaccination Subtotal: $_____

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

Receipt No. _____

GRAND TOTAL: $_____

Outcome Type: TRANSFER

Outcome Subtype: _____

Outcome Date: _____

Outcome Time: _____

Outcome By: _____

Euth information: **Authorized By:** _____/_____

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

INITIALS: JF DATE: 11/2

TREATMENT REQUEST

Animal Name: Mom / Litter K9/Feline Sex:

Animal #: A1589164 / 165 / 1610 Kennel/Cage#: UC 34 Nursery
A1589015

HEALTH CONCERN: Diarrhea / vomiting persistantly

WHEN NOTICED: 10/22 BY WHOM: Sandy

Is the animal:

EATING (Y) N DRINKING (Y) N

COMMENTS:

SNEEZING Y (N) COUGHING Y (N)

COMMENTS:

Does the animal have:

NORMAL STOOLS DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?

Dr Exam notes: BAR, vomit & diarrhea noted Date seen: 11/2/16
in cage
A/P open Rx: parasites, infections, other.
P/ panacur x5d.
Kristin Jorgenson, DVM
DR INITIALS

Treatment plan:

Kennel Card

~~FUTURE A444~~ HOLD

Kennel No: ~~UC104~~ UC 42

ADAMSC

Animal ID: A158972 Previous Bite:

Breed: DOMESTIC SH MIX

Color: GRAY & WHITE

Age: N AND 1 MO **DOB:** 09/19/2016

Sex: ~~MALE~~ **Surgery Date:** 1-10-17 Dr. Visser

License No.:

Scan Date: 10/19/2016

~~DS Posterity~~

Sorry No Photo

MALE CAT

Lobby UC II 11/16 UC 13 ISO 11-29-16 ISO UC09 12/21/16 09

ISO TO HOLD 1/4/17 mms

Intake Information:

Intake Type: STRAY **Intake Date:** 10/19/2016

Source ID: **Intake By:** SA

Address:

LAYTONVILLE, CA 95454

Owner ID:

Address: Ukiah CA 95482

Crossing: Panleuk Neg ⊖ 10/19/16

Comments: 1 strong id 10/19

ISO 11/3/16 1.0 ml. Doxy BID 7D Start eye med 11/3/16 11-29-16 started Doxy

10 Day Certified Letter Sent:

Hold thru date:

Signed for: See back

Returned:

Amt.	Vacc/Se		Date Given
$___	Rabies	RABIES VACCINE, Killed Virus	1-10-17
$___	DHLPPC		
$___	Bordatella		1-10-17
$___	FVRCP		10/19/16
$___	Microchip		
$___	Felv/Fiv Test	Neg ⊖	11/8/16
$___	HW Test/Prevention	**Subtotal** $___	

Fees & Charges:

Vaccination Subtotal:	$___	
Adoption:	$___	
Impound:	$___	
Board:	$___	
License:	$___	
S/N Deposit:	$___	
Other:	$___	

Receipt No. R17-89

985 112 007 975 072

GRAND TOTAL: $133

Outcome Type: Adopt cat

Outcome Subtype:

Outcome Date: 1/5/17

Outcome Time:

Outcome By: AM

Euth information: **Authorized By:** /

Bottle No.:

Dose: 0.00

Reason for Euth:

Kennel Card

Kennel No: UC37

ADAMSC

Animal ID: A158978 Previous Bite:

Breed: DOMESTIC SH MIX

Color: GRAY

Age: N **DOB:**

Sex: ~~UNKNC~~ **Surgery Date:** 11-16-16

License No.:

Scan Date:

Sorry No Photo

UNKNOWN CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 10/19/2016

Source ID: **Intake By:** SA

Address:

UKIAH, CA 95482

Owner ID:

Address:

Crossing:

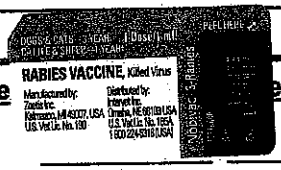
Comments:

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:



Amt.	Vacc/Service	Date Given	
$____	Rabies		11-16-16
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No.

GRAND TOTAL: $____

Outcome Type: Transfer

Outcome Subtype: TNR

Outcome Date: 11-16-16

Outcome Time: ~~11~~

Outcome By: JP

Euth information: **Authorized By:** ____/____

Bottle No.:

Dose: 0.00

Reason for Euth:

Marco

Kennel Card

~~Nursery~~ 71

Kennel No: UC[illegible]

ADAMSC

Animal ID: A159015 Previous Bite:

Breed: DOMESTIC MH MIX

Color: ~~LYNX PT & SL LYNX PT~~ Brown Tabby

Age: AND 2 MOS **DOB:** 08/20/2016

Sex: M ~~UNKNOWN~~ **Surgery Date:** 1-5-17 Cook

License No.:

Scan Date: 12-18-16

In foster with 2/7/17 2y

Sorry No Photo

~~Fiscal~~ ~~12-18-16~~ Lobby 12-18-16

UNKNOWN CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 10/20/2016

Source ID: GEORGE HODGSON **Intake By:** SA

Address: 298 PLANT RD

UKIAH, CA 95482

Owner ID: P095685

Address:

Crossing:

Comments: 11-3-16 0.25 cc PANACUR SIDX5 11-25-16 Ectoadvance for Fleas

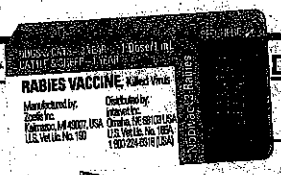
10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Ser	Date Given
$___	Rabies	12-18-16
$___	DHLPPC	
$___	Bordatella	1-5-17
$___	FVRCP	12-18-16
$___	Microchip	
$___	Felv/Fiv Test	NEG 12-18-16
$___	HW Test/Prevention	**Subtotal** $___





Fees & Charges:

Vaccination Subtotal: $___

Adoption: $___

Impound: $___

Board: $___

License: $___

S/N Deposit: $___

Other: $___

Receipt No. R17-001322

985 112 008 315 128

GRAND TOTAL: $146.00

Outcome Type: Adopt Cat Cat

Outcome Subtype:

Outcome Date: 2/14/17

Outcome Time:

Outcome By: LP

Euth information: **Authorized By:** /

Bottle No.:

Dose: 0.00

son for Euth:

INITIALS: JF DATE: 11/2

TREATMENT REQUEST

Animal Name: Mom / Litter K9/(Feline) Sex:

Animal #: A1589641/05/1610 Kennel/Cage#: UC 34 Nursery
A1590151

HEALTH CONCERN: Diarrhea / vomiting persistantly

WHEN NOTICED: 10/22 BY WHOM: Sandy

Is the animal:

EATING (Y) N DRINKING (Y) N

COMMENTS:

SNEEZING Y (N) COUGHING Y (N)

COMMENTS:

Does the animal have:

NORMAL STOOLS DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?

Dr Exam notes: BAR, vomit & diarrhea noted Date seen: 11/2/16
in cage
A) open rx: parasites, infectious, other.
P) pmaar x5d.

Kristin Jorgenson, DVM

DR INITIALS

Treatment plan:

Kennel Card

Intake Room

Kennel No: UC08

PENRYL

Animal ID: A159167 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK

Age: AND 3 MOS **DOB:** 07/29/2016

Sex: N UNKNC M **Surgery Date:** 2/22/17

License No.:

Scan Date: 10/29/2016

Foster w/l

Sorry No Photo

B/C
Level 2-3

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 10/29/2016

Source ID: **Intake By:** LP

Address:

UKIAH, CA 95482

Owner ID: PO85886

Address:

Crossing: 825 POMO DR UKIAH

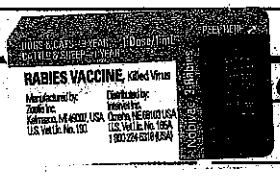
Comments:

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:



Amt.	Vacc/Service	Given	
$____	Rabies		2/22
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $	

Fees & Charges:

Vaccination Subtotal:	$	**Receipt No.**
Adoption:	$	
Impound:	$	
Board:	$	
License:	$	
S/N Deposit:	$	
Other:	$	**GRAND TOTAL:** $

Outcome Type: TRANSFER **Euth information:** **Authorized By:** /

Outcome Subtype:

Outcome Date: 2/25/17

Outcome Time:

Outcome By: JF

159167 - TAG
Clin-Sx - T17002269
NCAT - 2270
$50

Bottle No.:

Dose: 0.00

Reason for Euth:

R17-1709

Kennel Card

4 FOWLER

Lobby UC34

Kennel No: ~~UC08~~

PENRYL

Animal ID: A159169 **Previous Bite:**

Breed: DOMESTIC SH MIX

Color: LILAC PT

Age: N AND 3 MOS **DOB:** 07/29/2016

Sex: ~~UNKNC~~ M **Surgery Date:** 1/31/17

License No.:

Scan Date: 10/29/2016

Foster w/ Back 1/27/17

Sorry No Photo

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 10/29/2016

Source ID: **Intake By:** LP

Address:

UKIAH, CA 95482

Owner ID:

Address:

Crossing: 825 POMO DR UKIAH

Comments:

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/S		Date Given
$____	Rabies	RABIES VACCINE, Killed Virus	1/31/17
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		1/31/17
$____	Microchip		
$____	Felv/Fiv Test	Neg(-)	1/31/17
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal:	$____	**Receipt No.**
Adoption:	$____	
Impound:	$____	
Board:	$____	
License:	$____	**985 112 008 311 793**
S/N Deposit:	$____	
Other:	$____	**GRAND TOTAL:** $____

Outcome Type: Transfer

Outcome Subtype: P0888860

Outcome Date: 2/3/17

Outcome Time:

Outcome By: SAM

Euth information: **Authorized By:**____/____

Bottle No.:

Dose: 0.00

Reason for Euth:

Kennel Card

Kennel No: UC08

PENRYL

Animal ID: A159170 Previous Bite:

Breed: DOMESTIC SH MIX

Color: LILAC PT

Age: AND 3 MOS **DOB:** 07/29/2016

Sex: ~~S~~ UNKNC **Surgery Date:** 2/22/17

License No.: F

Scan Date: 10/29/2016

foster w/ o

Sorry No Photo

B/C

Level 1

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 10/29/2016

Source ID: I **Intake By:** LP

Address:

UKIAH, CA 95482

Owner ID: P0858816

Address:

Crossing: 825 POMO DR UKIAH

Comments:

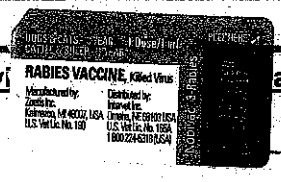
10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Servi	ate Given
$____	Rabies	2/22/17
$____	DHLPPC	
$____	Bordatella	
$____	FVRCP	
$____	Microchip	
$____	Felv/Fiv Test	
$____	HW Test/Prevention	**Subtotal** $____



Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No.

GRAND TOTAL: $____

Outcome Type: TRANSFER

Outcome Subtype:

Outcome Date: 2/25/17

Outcome Time:

Outcome By: SAM

Euth information: **Authorized By:**____/____

A159170 - Tag

Clin-Sx-T17-002267

SCAT-60-2268

$70

Bottle No.:

Dose: 0.00

Reason for Euth:

R17-1709

Kennel Card

Kennel No: ~~UC08~~
PENRYL

Animal ID: A159171 Previous Bite:
Breed: DOMESTIC SH MIX
Color: LILAC PT
Age: AND 3 MOS **DOB:** 07/29/2016
Sex: S ~~UNKNC~~ **Surgery Date:** 2/22/17 Jorgenson
License No.: F
Scan Date: 10/29/2016

Foster w/

Sorry No Photo

B/C
Level 1

UC 10
~~R/H~~
UC 08
2/22

UNKNOWN CAT

Intake Information:

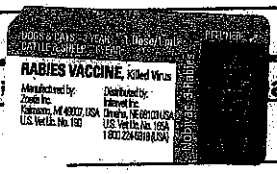
Intake Type: STRAY **Intake Date:** 10/29/2016
Source ID: **Intake By:** LP
Address:

UKIAH, CA 95482

Owner ID: P0850886
Address:

Crossing: 825 POMO DR UKIAH
Comments:

10 Day Certified Letter Sent:
Hold thru date:
Signed for:
Returned:



Amt.	Vacc/Servi	ate Given	
$____	Rabies	2/22/17	
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal:	$____	**Receipt No.**
Adoption:	$____	
Impound:	$____	
Board:	$____	
License:	$____	
S/N Deposit:	$____	
Other:	$____	**GRAND TOTAL:** $____

Outcome Type: Transfer
Outcome Subtype:
Outcome Date: 2/25/17
Outcome Time:
Outcome By: SAM

Euth information: **Authorized By:**____/____
Bottle No.:
Dose: 0.00
Reason for Euth:

159171 - TAG
clin-SX-T17-002265
SCAT - 22660
$70

R17-1709

Frederick

Kennel Card

UC 97 1/5/17

Kennel No: ~~UC08~~

PENRYL

Animal ID: A159172 Previous Bite:

Breed: DOMESTIC SH MIX

Color: ~~LILAC PT~~ blue pt

Age: N AND 3 MOS **DOB:** 07/29/2016

Sex: ~~UNKNC~~ Male **Surgery Date:** 1-5-17

License No.: cooke

Scan Date: 10/29/2016

foster w/ pack 1/6/17

Sorry No Photo

~~UC76~~ 12/14

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 10/29/2016

Source ID: **Intake By:** LP

Address:

UKIAH, CA 95482

Owner ID: P119824

Address:

Crossing: 825 POMO DR UKIAH

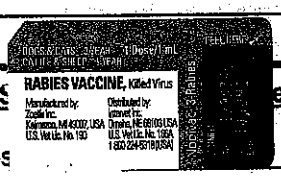
Comments:

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:



Amt.	Vacc/S	el	Date Given
$____	Rabies		1-5-17
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		1-5-17
$____	Microchip		
$____	Felv/Fiv Test	Neg	1-5-17
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal:	$____	**Receipt No.** R17-000492
Adoption:	$____	
Impound:	$____	
Board:	$____	985 112 008 312 064
License:	$____	
S/N Deposit:	$____	
Other:	$____	**GRAND TOTAL:** $133.00

Outcome Type: Adopt Cat

Outcome Subtype:

Outcome Date: 1.14.17

Outcome Time:

Outcome By: LP

Euth information: **Authorized By:** ____/____

Bottle No.:

Dose: 0.00

...on for Euth:

Kennel Card

Kennel No: UC ~~38~~ PENRYL

Animal ID: A159182 Previous Bite:
Breed: DOMESTIC SH MIX
Color: GRAY
Age: AND 3 MOS **DOB:** 08/01/2016
Sex: F ~~UNKNC~~ **Surgery Date:** _____
License No.: _____
Scan Date: 11/01/2016 ~~0~~ 1/31/17 JF

Sorry No Photo

UNKNOWN CAT

Fiscal 1-29-16
UC93
UC 08
Feral
1/12/17

Intake Information:

Intake Type: FERAL **Intake Date:** 11/01/2016
Source ID: _____ **Intake By:** LP
Address:

UKIAH, CA 95482

Owner ID: _____
Address: _____

Crossing: 500 DEGHI LN UKIAH
Comments: 0.5cc STRONGID PO 11-29-16

10 Day Certified Letter Sent: _____
Hold thru date: _____
Signed for: _____
Returned: _____

Amt.	Vacc/Servi	ate Given
$____	Rabies	11-29-16 BS
$____	DHLPPC	
$____	Bordatella	11-29-16
$____	FVRCP	
$____	Microchip	
$____	Felv/Fiv Test	
$____	HW Test/Prevention	**Subtotal** $_____

Fees & Charges: _____

Vaccination Subtotal:	$_____	**Receipt No.** _____
Adoption:	$_____	
Impound:	$_____	
Board:	$_____	
License:	$_____	
S/N Deposit:	$_____	
Other:	$_____	**GRAND TOTAL:** $_____

Outcome Type: Euth
Outcome Subtype: Feral/Sick
Outcome Date: 1/31/17
Outcome Time: 10:09:52
Outcome By: JF

Euth information: **Authorized By:** BM / JF
Bottle No.: 116-04
Dose: 0.00 1-50
Reason for Euth: LL

INITIALS: [illegible] DATE: 1-29-17

TREATMENT REQUEST

Animal Name: K9/Feline Sex: F

Animal #: A159182 Kennel/Cage#: UC 08 Feral

HEALTH CONCERN: URI bloody snot on walls, dripping from nose

WHEN NOTICED: 1-29-17 **BY WHOM:** Sarah

Is the animal:

EATING (Y) N DRINKING (Y)

COMMENTS:

SNEEZING (Y) N COUGHING Y (N)

COMMENTS:

Does the animal have:

NORMAL STOOLS DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?

Dr Exam notes: **Date seen:**

DR INITIALS

Treatment plan:

Kennel Card

UC 119 ISO 2-25-17 ~~Fixed~~ #46

Kennel No: ~~UC102~~

PENRYL

Animal ID: A159206 Previous Bite:

Breed: DOMESTIC SH MIX

Color: ~~BRN MERLE~~ Ticked tab/white

Age: AND 3 MOS **DOB:** 08/02/2016

Sex: F M ~~UNKNE~~ **Surgery Date:** 1-5-17 COOKee

License No.:

Scan Date: 12-18-16

7#

Sorry No Photo

Rattles

UNKNOWN CAT

~~UC34~~ ~~12/14~~ ~~UC105~~ ~~12-18-16~~

Intake Information:

Intake Type: STRAY **Intake Date:** 11/02/2016

Source ID: **Intake By:** LP

Address:

WILLITS, CA 95490

Owner ID: P1077107

Address:

Crossing: 92 NORTHBROOK WAY WILLITS

Comments: 2-25-17 moved to ISO started 1.4 Mi 10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Se		Date Given
$	Rabies	RABIES VACCINE, Killed Virus	12-18-16
$	DHLPPC		
$	Bordatella		1-5-17
$	FVRCP		12-18-16
$	Microchip		
$	Felv/Fiv Test	(-) NEG	12-18-16
$	HW Test/Prevention	Subtotal $	

Fees & Charges:

Vaccination Subtotal: $

Adoption: $

Impound: $

Board: $

License: $

S/N Deposit: $

Other: $

Receipt No. R17-001587

985 112 008 311 343

GRAND TOTAL: $

Outcome Type: Adopt ISO CAH

Outcome Subtype:

Outcome Date: 2/28/17

Outcome Time:

Outcome By:

Euth information: Authorized By: /

Bottle No.:

Dose: 0.00

Reason for Euth:

INITIALS: SO DATE: 1-24-17

TREATMENT REQUEST

Animal Name: Rattles K9/~~Feline~~ Sex: N

Animal #: A1592060 Kennel/Cage#: Colony

HEALTH CONCERN: limping on left front

WHEN NOTICED: 11:00 1-24-17 BY WHOM: public

Is the animal:

EATING (Y) N DRINKING (Y) N

COMMENTS:

SNEEZING Y (N) COUGHING Y (N)

COMMENTS:

Does the animal have:

NORMAL STOOLS DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?

Dr Exam notes: Date seen:

1/25/17 No Longer limping

DR INITIALS

Treatment plan:

Kennel Card

Kennel No: UC52

mcmanuss

Animal ID: A159277 Previous Bite:

Breed: DOMESTIC SH MIX

Color: ORG TABBY

Age: 1 YR **DOB:** 11/10/2015

Sex: ~~UNKNC~~ S/F **Surgery Date:** 12-11-16

License No.: DR POWERS

Scan Date: 12-11-16

Feral

Sorry No Photo

BARN CAT

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 11/10/2016

Source ID: **Intake By:** SAM

Address:

UKAIH, CA 95482

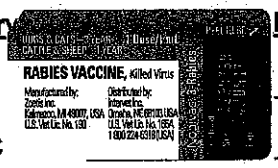
Owner ID: _____

Address: _____

Crossing: CLARA AVE

Comments: 0.16 cc PRAZIQUANTEL - SQ
12-11-16 0.5 cc PARASTAR APPLIED

10 Day Certified Letter Sent: _____
Hold thru date: _____
Signed for: _____
Returned: _____

Amt.	Vacc/Ser		Date Given
$____	Rabies		12-11-16
$____	DHLPPC	_____	_____
$____	Bordatella	_____	_____
$____	FVRCP	_____	_____
$____	Microchip	_____	_____
$____	Felv/Fiv Test	_____	_____
$____	HW Test/Prevention	**Subtotal** $_____	

Fees & Charges: _____

Vaccination Subtotal: $_____

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

Receipt No. _____

GRAND TOTAL: $_____

Outcome Type: Transfer - Feral

Outcome Subtype: P0855886

Outcome Date: _____

Outcome Time: 1-11-17

Outcome By: JF

Euth information: Billed CAS X IV

Authorized By: _____/_____

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

Daniel

71

Kennel Card

Kennel No: ~~UC49~~ UC 10

PENRYL

Animal ID: A159361 Previous Bite:

Breed: DOMESTIC SH MIX

Color: ~~BLK~~ TABBY

Age: 9 mos AND 2 MOS **DOB:** 09/17/2016

Sex: N MALE **Surgery Date:** 12-11-16

License No.: DR POWERS

Scan Date: 11/17/2016

Sorry No Photo

MALE CAT

Fixed
12-6-1
UC
~~Lobby~~
150 1-3-
Hold
1-8-17
~~Adopt~~
1/12/17
Lobby
1-31-17

Intake Information:

Intake Type: STRAY **Intake Date:** 11/17/2016

Source ID: **Intake By:** LP

Address:

REDWOOD VALLEY, CA 95

Owner ID: P1199987

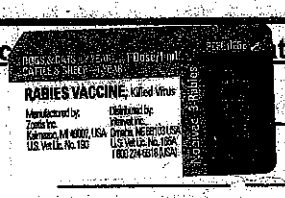
Address:

Crossing: 2280 ROAD K REDWOOD VALLEY

Comments: .3 strongid 11-23-16
0.2cc PRAZIQUANTEL SQ 12-11-16
0.5cc PARASITER APPLIED

10 Day Certified Letter Sent:
Hold thru date:
Signed for:
Returned:

Amt.	Vacc/Servic	te Given
$___	Rabies	12-11-16 BS
$___	DHLPPC	
$___	Bordatella	11-23-16
$___	FVRCP	
$___	Microchip	12-11-16
$___	Felv/Fiv Test NEG	12-11-16
$___	HW Test/Prevention	**Subtotal** $___





Fees & Charges:

Vaccination Subtotal: $___

Adoption: $___

Impound: $___

Board: $___

License: $___

S/N Deposit: $___

Other: $___

Receipt No. R17-000980

985 112 008 427 295

GRAND TOTAL: $___

Outcome Type: Adopt Cat

Outcome Subtype:

Outcome Date: 2/4/17

Outcome Time:

Outcome By: Karen Litchfield

Euth information: **Authorized By:** ___/___

Bottle No.:

Dose: 0.00

Reason for Euth:

Kennel Card

Feral

Kennel No: UC16

PENRYL

Animal ID: A159362 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK

Age: AND 7 MOS **DOB:** 04/17/2016

Sex: S FEMALE **Surgery Date:** 12-11-16

License No.: _____ DR POWERS

Scan Date: 11/17/2016

S

Sorry No Photo

BARN CAT

FEMALE CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 11/17/2016

Source ID: D **Intake By:** LP

Address: [redacted] ROAD K

REDWOOD VALLEY, CA 95

Owner ID: P0059886

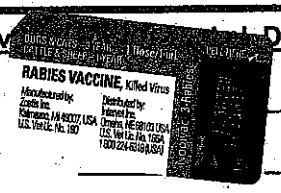
Address: _____

Crossing: 2280 ROAD K REDWOOD VALLEY

Comments: NOT Feral
12-11-16 0.4cc PRAZIQUANTEL SQ
0.5cc PARASTAR APPLIED

10 Day Certified Letter Sent: _____
Hold thru date: _____
Signed for: _____
Returned: _____

Amt.	Vacc/Serv	Date Given
$____	Rabies	12-11-16
$____	DHLPPC	_____
$____	Bordatella	_____
$____	FVRCP	_____
$____	Microchip	_____
$____	Felv/Fiv Test	_____
$____	HW Test/Prevention	**Subtotal** $_____



Fees & Charges: _____

Vaccination Subtotal: $_____

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

Receipt No. _____

GRAND TOTAL: $_____

Outcome Type: TRANSFER

Outcome Subtype: _____

Outcome Date: _____

Outcome Time: _____

Outcome By: _____

Euth information: **Authorized By:** _____/_____

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

Kennel Card

Feral

Kennel No: UC63

PENRYL

Animal ID: A159364 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLK TABBY

Age: AND 7 MOS **DOB:** 04/17/2016

Sex: S FEMALE **Surgery Date:** 12-11-16

License No.: DR POWERS

Scan Date: 11/17/2016

Sorry No Photo

BARN CAT

FEMALE CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 11/17/2016

Source ID: **Intake By:** LP

Address:

REDWOOD VALLEY, CA 95

Owner ID: P0858806

Address:

Crossing: 2280 ROAD K REDWOOD VALLEY

Comments: Not Feral

12-11-16 0.4 cc PRAZIQUANTEL SQ

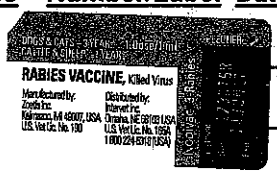
0.5 cc PARASTAR APPLIED

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies		12-11-16 B
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No.

GRAND TOTAL: $____

Outcome Type: Transfer

Outcome Subtype:

Outcome Date: 1/21/17

Outcome Time:

Outcome By:

Euth information: **Authorized By:** ____ / ____

Bottle No.:

Dose: 0.00

Reason for Euth:

Jaxson

Kennel Card

Kennel No: UC04

mcmanuss

Animal ID: A159372 Previous Bite:

Breed: DOMESTIC SH MIX

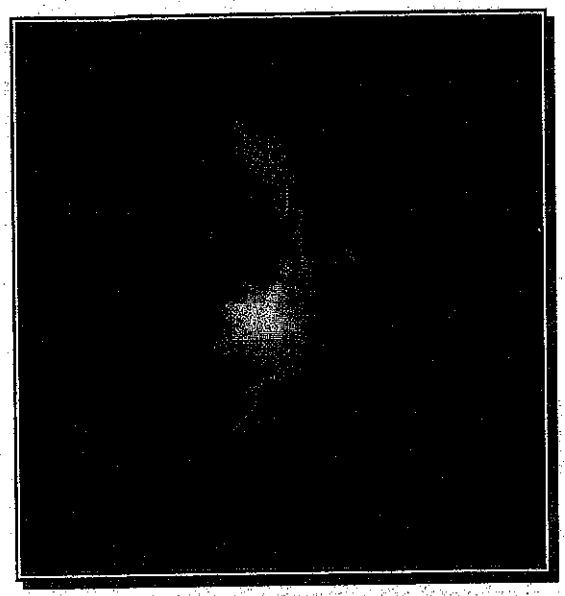
Color: LILAC PT

Age: 3 YRS **DOB:** 11/18/2013

Sex: NEUTE **Surgery Date:** 12/11/2016 12:00:00AM

License No.:

Scan Date: 12/23/2016



NEUTERED MALE

Intake Information:

Intake Type: OWNER SURR **Intake Date:** 12/23/2016

Source ID: **Intake By:** SAM

Address:

UKIAH, CA 95482

Owner ID: - P092277

Address:

Crossing:

Comments:

See attached email
Wants Cat
If PTS is considered per step 1/12

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Service	Number/Label	Date Given
$___	Rabies		
$___	DHLPPC		
$___	Bordatella		
$___	FVRCP		12/11/16 (2nd vacc)
$___	Microchip		
$___	Felv/Fiv Test		12/11/16 POS (+)
$___	HW Test/Prevention	**Subtotal** $___	

Fees & Charges:

Vaccination Subtotal:	$ 13	
Adoption:	$ 40	
Impound:	$	
Board:	$	10 8
License:	$	
S/N Deposit:	$	
Other:	$ 20 25	

Receipt No. R17-001896

GRAND TOTAL: $ 0

Outcome Type: Adopt Cat

Outcome Subtype:

Outcome Date: 3/7/17

Outcome Time: 1:30

Outcome By: LP

Euth information: **Authorized By:**

Bottle No.:

Dose: 0.00

Reason for Euth:

Kennel Card

Kennel No: UC75

mcmanuss

Animal ID: A159383 Previous Bite:

Breed: DOMESTIC SH MIX

Color: ORG TABBY & WHITE

Age: 1 YR **DOB:** 11/18/2015

Sex: N MALE **Surgery Date:** 12-1-16

License No.: Dr Humphrey

Scan Date: 12-1-16

Sorry No Photo

MALE CAT

Hold 11-18

ISO TO Hold 12/21/16 MTB

Intake Information:

Intake Type: FERAL **Intake Date:** 11/18/2016

Source ID: ANGELA TOMPKINS **Intake By:** SAM

Address: 298 PLANT RD

UKIAH, CA 95482

Owner ID: _____

Address: _____

Crossing: SOUTH STATE STREET

Comments: 12-1-16 ectoadvance applied

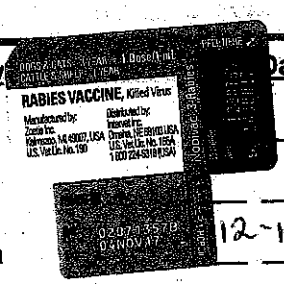
10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____

Amt.	Vacc/Serv	Date Given
$____	Rabies	12-1-16 BS
$____	DHLPPC	
$____	Bordatella	12-1-16
$____	FVRCP	C Vac-T IL-011857
$1	Microchip	Vac FVRCP 011857 Test 011857
$1	Felv/Fiv Test	Neg 12-2-16
$____	HW Test/Prevention	**Subtotal** $____



Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No. _____

985 112 008 002 169

GRAND TOTAL: $____

Bill $73

Outcome Type: Transfer

Outcome Subtype Mendo Shelter Pets

Outcome Date: 1/11/17

Outcome Time: _____

Outcome By: _____

NO fee for Neuter Billed 1/11/17

Euth information: **Authorized By:** _____/_____

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

Softee

Kennel Card

Adoption ~~Hold~~

Kennel No: UC103

campbela

Animal ID: A159388 Previous Bite:

Breed: ~~EUROPEAN SH~~ MIX DSH

Color: ~~BLK TABBY~~ tortie tabby

Age: ~~2 YRS~~ **DOB:** 11/18/2014

Sex: ~~Male~~ Female **Surgery Date:** _____

License No.: _____ VERIFIED

Scan Date: 12-4-16 DR HANCE 1-14-17

7 years Seniordisaunt

Sorry No Photo

Intake Information:

Intake Type: FERAL **Intake Date:** 11/18/2016

Source ID: **Intake By:** AC

Address:

UKIAH, CA 95482

UNKNOWN CAT

Owner ID: P0068879

Address: _____

Crossing: CLARA AVE

Comments: ISO 12/2/16

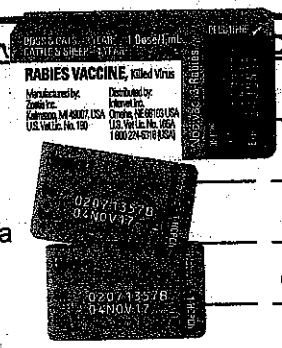
10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____

Amt.	Vacc/Ser	Date Given
$____	Rabies	12-15-16
$____	DHLPPC	_____
$____	Bordatella	1-14-17
$____	FVRCP	12-15-16
$____	Microchip	_____
$____	Felv/Fiv Test	Neg 12-15-16
$____	HW Test/Prevention	Subtotal $_____



Fees & Charges:

Vaccination Subtotal: $_____ Receipt No: RF-002299

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____ 985 112 008 314 667

S/N Deposit: $_____

Other: $_____ **GRAND TOTAL:** $_____

Outcome Type: Adopt Cat

Outcome Subtype: _____

Outcome Date: 3/10/17

Outcome Time: _____

Outcome By: Karen Lockhart

Euth information: **Authorized By:** ~~Strange DVM~~

Bottle No.: ~~116-02~~

Dose: ~~0.00 Tech~~

Reason for Euth: ~~Sick~~

~~See BVM Notes~~

INITIALS: [illegible] DATE: 12-2-16

TREATMENT REQUEST

Animal Name:	K9/Feline	Sex:
Animal #: A159388	Kennel/Cage#: UC103	

HEALTH CONCERN: Hasn't been eating or drinking and developing URI. Semi Feral

WHEN NOTICED: 12-2-16 **BY WHOM:** Susan

Is the animal:

EATING Y (N) DRINKING Y (N)

COMMENTS:

SNEEZING (Y) N COUGHING Y (N)

COMMENTS:

Does the animal have:

NORMAL STOOLS DIARRHEA

DIFFICULTY URINATING (minimal)

COMMENTS: no feces or urine in litter since intake

Have any treatments been started? What? When?

12/2/16 Moved to ISO - start Doxy

Dr Exam notes: **Date seen:**

DR INITIALS

Treatment plan:

INITIALS: SO DATE: 12-3

TREATMENT REQUEST

Animal Name: K9/Feline Sex:

Animal #: A159388 Kennel/Cage#: UC103

HEALTH CONCERN: Not eating and not handleable to force meds. Won't eat dry or wet food

WHEN NOTICED: 12-3 BY WHOM: Sarah

Is the animal:

EATING Y (N) DRINKING Y (N)

COMMENTS:

SNEEZING (Y) N COUGHING Y N

COMMENTS:

Does the animal have:

NORMAL STOOLS DIARRHEA

DIFFICULTY URINATING

COMMENTS: minimal urine No feces

Have any treatments been started? What? When?

Dr Exam notes: QAR, 5% dehydrated MUCOID Date seen: 12/4/16
DISCHARGE OU + FROM NARES. CLEAN TEETH, MM PINK. H/L AUSCULTATION NORMAL. ABD. PALPATION NORMAL. MILDLY PROMINENT SPINE.
T - 103.8 (RECTAL)
A! VIRAL URI, SUSPECT 2° BACTERIAL COMPONENT

DR INITIALS SE/H

Treatment plan: 100 ml LRS SQ. REPEAT TOMORROW. START DOXYCYCLINE. TEMPT TO EAT CANNED FOOD

Suzanne Hawes, VMD

ROSE

~~Hold~~

Kennel Card

Kennel No: UC21

PENRYL

Animal ID: A159601 Previous Bite:

Breed: DOMESTIC SH MIX

Color: GRAY TABBY

Age: AND 2 MOS **DOB:** 09/29/2016

Sex: S ~~UNKNC~~ **Surgery Date:** 1-27-17

License No.: Female Cookee

Scan Date: 11/29/2016 ~~0~~ JF

Sorry No Photo

UNKNOWN CAT

~~180~~
~~123~~
Adoption
1/5/17
180
1-11-17
Adoption

Intake Information:

Intake Type: STRAY **Intake Date:** 11/29/2016

Source ID: **Intake By:** LP

Address:

UKIAH, CA 95482

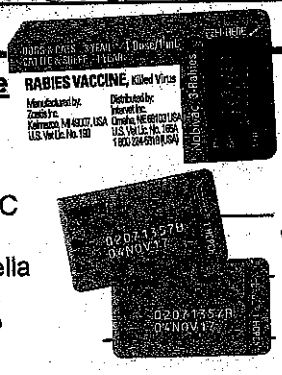
Owner ID: P119875

Address:

Crossing:

Comments: ISO 12-3 started on Doxy
12-17-16 switched to Clavamox
1-11-17 started on minocycline

10 Day Certified Letter Sent:
Hold thru date:
Signed for:
Returned:



Amt.	Vacc/Se		Date Given
$____	Rabies		1-5-17 JF
$____	DHLPPC		1-27-17
$____	Bordatella		
$____	FVRCP		1-5-17 JF
$____	Microchip		
$____	Felv/Fiv Test	Neg (-)	1-5-17 JF
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No: R17-000628

985 112 008 314 417

GRAND TOTAL: $133

Outcome Type: Adopt ~~Dog~~ Cat

Outcome Subtype:

Outcome Date: 1/21/17

Outcome Time:

Outcome By: Karen Hoffman

Euth information: **Authorized By:** ____/____

Bottle No.:

Dose: 0.00

Reason for Euth:

Benson

Adopted 12/27/16

Kennel Card

~~Kennel No: UC126~~

mcmanuss

Animal ID: A159617 Previous Bite:

Breed: DOMESTIC SH MIX

Color: ORG TABBY & WHITE

Age: 1 YR **DOB:** 11/30/2015

Sex: UNKNC **Surgery Date:** 12/9/16

License No.:

Scan Date: 11/30/2016

Sorry No Photo

Benson

~~Adoption 12/9/16~~

UC60

Adoption 1-18-17

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 11/30/2016

Source ID: **Intake By:** SAN

Address:

UKIAH, CA 95482

Owner ID: P093351

Address:

Crossing: SUNSET VIEW MOBILE HOME PARK

Comments: 12-14-16 0.4cc PRAZIQUANTEL SQ AND ECTOADVANCE APPLIED

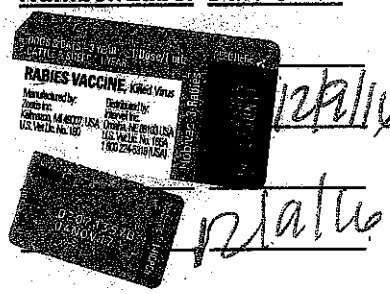
10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies		
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $____	



12/9/16

12/9/16

12/9/16

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No.

985 112 007 975 677

GRAND TOTAL: $____

Outcome Type: Adopt Cat

Outcome Subtype:

Outcome Date: 1/31/17

Outcome Time:

Outcome By:

Euth information: **Authorized By:** ____/____

Bottle No.:

Dose: 0.00

Reason for Euth:

Possible Duplicate
Cat was not in system

Kennel Card

Kennel No: UC20

mcmanuss

Animal ID: A159638 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK

Age: 2 YRS **DOB:** 12/02/2014

Sex: S UNKNC **Surgery Date:** 12-11-16

License No.: DR POWERS

Scan Date:

Feral

Sorry No Photo

BARN CAT

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 11/23/2016

Source ID: MENDOCINO CO AN CARE SER **Intake By:** SAM

Address: 298 PLANT RD

UKIAH, CA 95482

Owner ID: P0058806

Address:

Crossing:

Comments:

0.6cc PRAZIQUANTEL SQ 12-11-16

0.5cc PARASTAR APPLIED 12-11-16

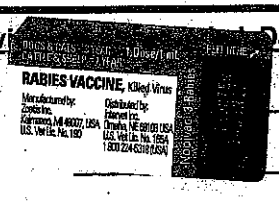
10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:

Amt.	Vacc/Serv		Date Given
$	Rabies		12-11-16
$	DHLPPC		
$	Bordatella		
$	FVRCP		
$	Microchip		
$	Felv/Fiv Test		
$	HW Test/Prevention	**Subtotal** $	



Fees & Charges:

Vaccination Subtotal: $

Adoption: $

Impound: $

Board: $

License: $

S/N Deposit: $

Other: $

Receipt No.

GRAND TOTAL: $

Outcome Type: TRANSFER

Outcome Subtype: BARN CAT

Outcome Date: 1/31/17

Outcome Time:

Outcome By:

Euth information: **Authorized By:** /

Bottle No.:

Dose: 0.00

Reason for Euth:

possible duplicate cat was not in system

Kennel Card

Kennel No: UC04

mcmanuss

Animal ID: A159639 **Previous Bite:**

Breed: DOMESTIC SH MIX

Color: BLACK & WHITE

Age: 3 YRS **DOB:** 12/02/2013

Sex: ~~S~~ FEMALE **Surgery Date:** 12-4-16

License No.: _____ Dr Hanagl

Scan Date: 12/02/2016

2

Feral

Sorry No Photo

FEMALE CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 10/23/2016

Source ID: MENDOCINO CO AN CARE SER **Intake By:** SAM

Address: 298 PLANT RD

UKIAH, CA 95482

Owner ID: P0085822

Address: _____

Crossing: _____

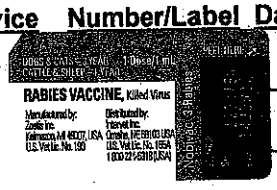
Comments: ORIGINALLY CAME IN WITH KITTENS

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies		12-4-16
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges: _____

Vaccination Subtotal: $_____

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

Receipt No. _____

GRAND TOTAL: $_____

Outcome Type: TRANSFER

Outcome Subtype: _____

Outcome Date: _____

Outcome Time: _____

Outcome By: _____

Euth information: **Authorized By:** _____/_____

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

Possible duplicate
Cat was not in system

Kennel Card

Kennel No: UC94

mcmanuss

Animal ID: A159640 Previous Bite:
Breed: DOMESTIC SH MIX
Color: BLACK
Age: 2 YRS **DOB:** 12/02/2014
Sex: N UNKNC **Surgery Date:** 12-11-16
License No.: DR POWERS
Scan Date:

Feral

Sorry No Photo

BARN CAT

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 11/23/2016
Source ID: MENDOCINO CO AN CARE SER **Intake By:** SAM
Address: 298 PLANT RD
UKIAH, CA 95482

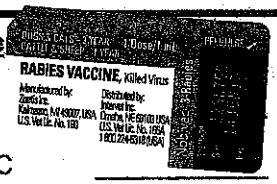
Owner ID: P0058804
Address:

Crossing:

Comments: 12-11-16 0.16 cc PRAZIQUANTEL SQ
0.5 cc PARASTAR APPLIED

10 Day Certified Letter Sent:
Hold thru date:
Signed for:
Returned:

Amt.	Vacc/Se	Date Given
$____	Rabies	12-11-16
$____	DHLPPC	
$____	Bordatella	
$____	FVRCP	
$____	Microchip	
$____	Felv/Fiv Test	
$____	HW Test/Prevention	**Subtotal** $____



Fees & Charges:

Vaccination Subtotal:	$____	**Receipt No.**
Adoption:	$____	
Impound:	$____	
Board:	$____	
License:	$____	
S/N Deposit:	$____	
Other:	$____	**GRAND TOTAL:** $____

Outcome Type: TRANSFER
Outcome Subtype:
Outcome Date:
Outcome Time:
Outcome By:

Euth information: **Authorized By:** ____/____
Bottle No.:
Dose: 0.00
Reason for Euth:

Possible Duplicate
Cat was not in system

Kennel Card

Kennel No: UC74

mcmanuss

Animal ID: A159641 Previous Bite:
Breed: DOMESTIC SH MIX
Color: ORANGE & WHITE
Age: 2 YRS **DOB:** 12/02/2014
Sex: N MALE **Surgery Date:** 12/9/16 Dr. Humphrey
License No.:
Scan Date:

~~Hold~~ Adopt 12/3

Sorry No Photo

Carlton

MALE CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 10/21/2016
Source ID: MENDOCINO CO AN CARE SER **Intake By:** SAM
Address: 298 PLANT RD
UKIAH, CA 95482

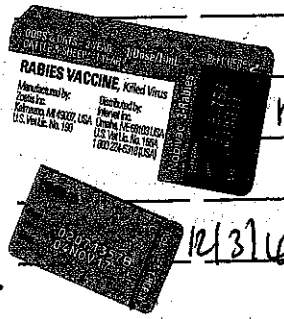
Owner ID: P1196560
Address:

Crossing:

Comments: POSSIBLY CAME IN WITH CATS FROM ALICE CARLSON
12/3/16 Applied Petroadvance
12-14-16 0.4cc PRAZIQUANTEL SQ

10 Day Certified Letter Sent:
Hold thru date:
Signed for:
Returned:

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies		
$____	DHLPPC		
$____	Bordatella		12/3/16
$____	FVRCP		
$____	Microchip @12/3/16		12/3/16
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $____	



Fees & Charges:

Vaccination Subtotal: $____
Adoption: $____
Impound: $____
Board: $____
License: $____
S/N Deposit: $____
Other: $____

Receipt No. R16-009486

985 112 008 002 479

GRAND TOTAL: $5.00

Outcome Type: Adopt Cat
Outcome Subtype:
Outcome Date: 12/17/16
Outcome Time:
Outcome By: ElightMerb

Euth information: **Authorized By:** ____/____
Bottle No.:
Dose: 0.00
Reason for Euth:

Kennel Card

Hold
Kennel No: UC108
PENRYL

Animal ID: A159643 Previous Bite:
Breed: SIAMESE MIX
Color: SEAL PT
Age: DOB: 7 yrs
Sex: S ~~FEMALE~~ **Surgery Date:** ~~1~~ 1/14/17 Hange
License No.: Petlink.Net
Scan Date: 12/02/2016 981020003836194

ISO 12/22
Changed meds to 2pack per Dim 12/27/16

Sorry No Photo

Senior Discount

~~ISO~~ to hold 1-8-17
~~Adoption~~ 1/12/17 Lobby

Intake Information:

Intake Type: STRAY **Intake Date:** 12/02/2016
Source ID: **Intake By:** LP
Address:

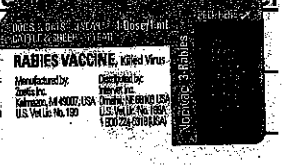
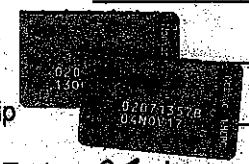
UKIAH, CA 95482

FEMALE CAT Regie

Owner ID: P1198412
Address: ~~dup~~, #

Crossing: SAFEWAY PARKING LOT

Comments: 0.4 cc PRAZIQUANTEL SQ 12-11-16 **10 Day Certified Letter Sent:** 12/3/16
0.5 cc PARASTAR APPLIED **Hold thru date:**
0.09 cc IVERMECTIN SQ EARS CLEANED W/ OTOMITE **Signed for:**
Returned:

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies		12-11-16
$____	DHLPP		
$____	Bordatella		
$____	FVRCP		12/2/16
$____	Microchip		1/12/17
$____	Felv/Fiv Test	~~0~~ Neg	1/12/17
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal:	$____	**Receipt No.** R17-000055
Adoption:	$____	
Impound:	$____	
Board:	$____	
License:	$____	985 112 008 312 256
S/N Deposit:	$____	
Other:	$____	**GRAND TOTAL:** $45

Outcome Type: Adopt Cat
Outcome Subtype:
Outcome Date: 1/21/17
Outcome Time:
Outcome By:

Euth information: **Authorized By:** ____/____
Bottle No.:
Dose: 0.00
Reason for Euth:

INITIALS: BS DATE: 12-11-16

TREATMENT REQUEST

Animal Name: REGIE K9/Feline Sex: F

Animal #: 159643 Kennel/Cage#: UC 108

HEALTH CONCERN: swollen (R) forhead

WHEN NOTICED: 12-11-16 BY WHOM: Sarah

Is the animal:

EATING (Y) N DRINKING (Y) N

COMMENTS:

SNEEZING Y (N) COUGHING Y (N)

COMMENTS:

Does the animal have:

NORMAL STOOLS ? DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?

Dr Exam notes: Swollen (L) side of head. Date seen: 12/11/16

Sedated, clipped & cleaned. Lanced abscess & flushed well. Convenia 0.40 ml given SQ.

Sedated 4 0.10 ml TTD IV. (16-80)

DR INITIALS BB

Treatment plan:

INITIALS: [illegible] DATE: 12.15.16

TREATMENT REQUEST

Animal Name: Regie K9/Feline Sex: F

Animal #: A159643 Kennel/Cage#: UC108 Hold

HEALTH CONCERN: Cat Treated for abscess 12-11-16 given convenia - now Post URI add ABX? or not

WHEN NOTICED: 12.15.16 BY WHOM: Sarah

Is the animal:

EATING (Y) N DRINKING (Y) N

COMMENTS:

SNEEZING (Y) N COUGHING Y (N)

COMMENTS:

Does the animal have:

(NORMAL STOOLS) DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?

Dr Exam notes: Date seen:

Ok to add doxycline to AB regimen for URI.

DR INITIALS

Treatment plan:

Kennel Card

Kennel No: UC47

CURULLAE

Animal ID: A159700 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK

Age: DOB: 3YR

Sex: N MALE **Surgery Date:** 12-11-16

License No.: DR POWERS

Scan Date: 12/08/2016

ISO 12-22-16
Changed meds to 7pack per tvmorders 12/27/16

~~Hold~~ 12/8 emc

Adoption 12-17-16

Sorry No Photo

Intake Information:

Intake Type: STRAY **Intake Date:** 12/08/2016

Source ID: E **Intake By:** EC

Address:

UKIAH, CA 95482

Rusty is spons. for full adoption fee.

MALE CAT

Owner ID: P118262

Address:

Crossing: UKIAH AIRPORT

Comments: found at airport, back right leg seems hurt.

12-11-16 0.4cc PRAZIQUANTEL SQ 0.5cc PARASTAR APPLIED

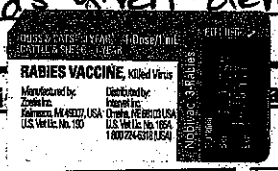
12-27-16 Fluids given - dehydrated

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:





Amt.	Vacc/Servi	ate Given	
$___	Rabies	12-11-16	
$___	DHLPPC	12-11-16	
$___	Bordatella		
$___	FVRCP		
$___	Microchip		
$___	Felv/Fiv Test	NEG	12-11-16
$___	HW Test/Prevention	**Subtotal $**	

Fees & Charges:

Vaccination Subtotal:	$
Adoption:	$
Impound:	$
Board:	$
License:	$
S/N Deposit:	$
Other:	$

Receipt No. R17-000318

985 112 008 315 237

GRAND TOTAL: $ 0

Outcome Type: Transfer P118262 **Euth information:** **Authorized By:**

Outcome Subtype:

Outcome Date: 1/13/17

Outcome Time:

Outcome By: LP

Bottle No.:

Dose: 0.00

Reason for Euth:

INITIALS: EMC DATE: 12/8

TREATMENT REQUEST

Animal Name: A159700 K9/Feline Sex: M

Animal #: 159700 Kennel/Cage#: UC47

HEALTH CONCERN: possible injury right back leg. Was limping, wouldn't let me or Josh touch it

WHEN NOTICED: 12/8 BY WHOM: Elizabeth

Is the animal:

EATING (Y) N DRINKING (Y) N

COMMENTS:

SNEEZING Y (N) COUGHING Y (N)

COMMENTS:

Does the animal have:

NORMAL STOOLS DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?

Dr Exam notes: Called at Vista for W/I Date seen: 12/9

non weight bearing RH hind leg. Hard swelling of knee, slight pain on palpation. Lg open wound on lateral aspect of knee. Old dried blood. Puncture vs bite wound. Rx

DR INITIALS:

Treatment plan: 0.23ml Convenia SQ

T=102.6 Right hind: Enlargement of (R) knee joint with tissue but bending & extension of joint possible. 2 pinpoint holes present on medial aspect of swelling. Condition guarded

68

INITIALS: JF DATE: 12-19-16

TREATMENT REQUEST

Animal Name: K9/Feline Sex: U/m

Animal #: A159700 Kennel/Cage#: UC347

HEALTH CONCERN: Re-V possible fractured Tibia
IS Now weight bearing
WHEN NOTICED: 12/8/16 BY WHOM: Intake

Is the animal:

EATING (Y) N DRINKING (Y) N

COMMENTS:

SNEEZING (Y) N COUGHING Y (N)

COMMENTS:
8# 12/9 URI MOVED TO ISO - STARTED 4.0 DOXY BID 7D

Does the animal have:

(NORMAL STOOLS) DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?
Convenia - 0.23mL - Strict CAGE REST 12/9/16
See previous health check

Dr Exam notes: Leg all OK. pr Date seen: 12/22/16
URI mild.

DR INITIALS

Treatment plan:

Kennel Card

Kennel No: UC78

PENRYL

Animal ID: A159737 Previous Bite:

Breed: DOMESTIC SH MIX

Color: ORANGE

Age: **DOB:**

Sex: ~~UNKNO~~ Male **Surgery Date:** _____

License No.: _____

Scan Date: ~~0~~ 1/3/17 JF

Intake Information:

Intake Type: STRAY **Intake Date:** 12/13/2016

Source ID: **Intake By:** LP

Address:

UKIAH, CA 95482

B/C Level 2

Sorry No Photo

UNKNOWN CAT

I80

12-15-16

I80 To Next

12/22/16

MTTS

Owner ID: _____

Address: _____

Crossing: 325 CLARA AVE UKIAH

Comments: Moved to I80 started on Doxy 12-15-16
Bilateral ocular discharge
T° 102.5 (pf)

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies		
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No. _____

GRAND TOTAL: $____

Outcome Type: Euth

Outcome Subtype: ILL

Outcome Date: 1/3/17

Outcome Time: _____

Outcome By: JF

Euth information: **Authorized By:** BJ / JF

Bottle No.: 16703

Dose: 0.00 2.0mL

Reason for Euth: ILL

Kennel Card

Kennel No: UC44

PENRYL

Animal ID: A159744 Previous Bite:

Breed: DOMESTIC SH MIX

Color: GRAY TABBY

Age: ~~female~~ N Male **DOB:**

Sex: UNKNC **Surgery Date:** 3-7-17

License No.: Fan

Scan Date:

B/C
level 1

Sorry No Photo

TNR Dean Carrell

180
12-14-1
Iso to Hoc
12/21/16
MB3

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 12/13/2016

Source ID: GEORGE HODGSON **Intake By:** LP

Address: 298 PLANT RD
UKIAH, CA 95482

PU19938

Owner ID: Cleaned ears tapplied Revolution 3/7/17

Address:

Crossing: CROPLEY LN WILLITS

12-14-16

Comments: moved to 180 and started on Doxy 10 Day Certified Letter Sent:
12-26-16 vomiting roundworms + 8 strongid Hold thru date:
1/5/17 - Panleuk (+) giardia (-) Signed for:
diag Returned:

Amt.	Vacc/Ser	Date Given
$___	Rabies	3-7-17
$___	DHLPPC	
$___	Bordatella	
$___	FVRCP	
$___	Microchip	
$___	Felv/Fiv Test	
$___	HW Test/Prevention	Subtotal $

Fees & Charges:

Vaccination Subtotal: $

Adoption: $

Impound: $

Board: $

License: $

S/N Deposit: $

Other: $

Receipt No.

GRAND TOTAL: $

Outcome Type: Adopt cat

Outcome Subtype: Barn Cat

Outcome Date:

Outcome Time:

Outcome By:

Billed on SX form

Euth information: **Authorized By:** /

Bottle No.:

Dose: 0.00

Reason for Euth:

Kennel Card

Kennel No: UC82

PENRYL

Animal ID: A159747 Previous Bite:
Breed: DOMESTIC SH MIX
Color: BRN TABBY
Age: N DOB:
Sex: UNKNC **Surgery Date:** 12-22-16
License No.:
Scan Date:

interest

1312

Sorry No Photo
12/12/17 submitting app. No Hold

180
12-15
Hold x2/22 Adoption
12/23 &
Lobby 12-28

Intake Information:

Intake Type: STRAY **Intake Date:** 12/13/2016
Source ID: GEORGE HODGSON **Intake By:** LP
Address: 298 PLANT RD
UKIAH, CA 95482

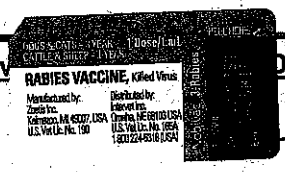
UNKNOWN CAT
Arthur

Owner ID: P023079
Address:

Crossing: CROPLEY LN WILLITS
Comments: ISO 12-15-16 started on Doxy out 12-22

10 Day Certified Letter Sent:
Hold thru date:
Signed for:
Returned:

Amt.	Vacc/Serv	Date Given
$	Rabies	12-22-16
$	DHLPPC	
$	Bordatella	
$	FVRCP	12-22-16
$	Microchip	
$	Felv/Fiv Test	Neg 12-22-16
$	HW Test/Prevention	Subtotal $





Fees & Charges:

Vaccination Subtotal:	$
Adoption:	$
Impound:	$
Board:	$
License:	$
S/N Deposit:	$
Other:	$

Receipt No: R17-001053

985 112 008 311 312

GRAND TOTAL: $ 133

Outcome Type: Adopt Cat
Outcome Subtype
Outcome Date: 7.1.17
Outcome Time:
Outcome By: Karen Fahrney

Euth information: **Authorized By:** /
Bottle No.:
Dose: 0.00
Reason for Euth:

INITIALS: SO DATE: 12-19-16

TREATMENT REQUEST

Animal Name: K9/~~Feline~~ **Sex:**

Animal #: A159747 **Kennel/Cage#:** UC82 ISO

HEALTH CONCERN: pus around outside of right ear. Possible ear mites?

WHEN NOTICED: 12-19-16 **BY WHOM:** Sarah

Is the animal:

EATING (Y) N DRINKING (Y) N

COMMENTS:

SNEEZING (Y) N COUGHING Y (N)

COMMENTS:

Does the animal have:

(NORMAL STOOLS) DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?

Been on doxycycline since 12.15.16 for URF

Dr Exam notes: **Date seen:** 12-22-16

• Ic tiegot in (R+) ear mgnt otitis w/ pain-veyed + inflamed. Inflamed polyp close to depth class of ceforacen SQ per x 2 wks AD.

DR INITIALS PH

Treatment plan:

Inflamed polyp (2) ear cleaned w/epiotic dosed w/Cldiro

Kennel Card

Kennel No: UC18

mcmanuss

Animal ID: A159763 Previous Bite:

Breed: DOMESTIC SH MIX

Color: TORTIE

Age: 1 YR S **DOB:** 12/16/2015

Sex: FEMALE **Surgery Date:** 1-5-17

License No.: Cookie

Scan Date: 1-5-17

Sorry No Photo

FEMALE CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 12/16/2016

Source ID: **Intake By:** SAM

Address:

UKIAH, CA 95482

Owner ID: P0858816

Address:

Crossing: SOUTH STATE STREET, UKIAH

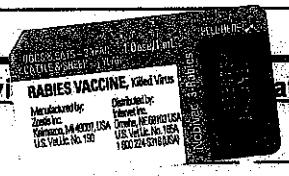
Comments: advantage II 1/5/16

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:



Amt.	Vacc/Servi	ate Given	
$____	Rabies		1-5-17
$____	DHLPPC		
$____	Bordatella		
$____	FVRCP		
$____	Microchip		
$____	Felv/Fiv Test		
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal: $____

Adoption: $____

Impound: $____

Board: $____

License: $____

S/N Deposit: $____

Other: $____

Receipt No.

GRAND TOTAL: $____

Outcome Type: TRANSFER

Outcome Subtype: BARN CAT

Outcome Date: 1/31/17

Outcome Time:

Outcome By:

Euth information: **Authorized By:** ____/____

Bottle No.:

Dose: 0.00

Reason for Euth:

Kennel Card

Kennel No: C U019

mcmanuss

Animal ID: A159765 Previous Bite:

Breed: DOMESTIC LH MIX

Color: BLUE

Age: 1 YR **DOB:** 12/16/201

Sex: ~~F~~ ~~UNKNC~~ **Surgery Date:** _____

License No.: _____

Scan Date: ~~0~~ 1/3/17 JF

Sorry No Photo

UNKNOWN CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 12/16/2016

Source ID: **Intake By:** SAM

Address:

UKIAH, CA 95482

Owner ID: _____

Address: _____

Crossing: SOUTH STATE STREET, UKIAH

Comments: _____

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies	_____	_____
$____	DHLPPC	_____	_____
$____	Bordatella	_____	_____
$____	FVRCP	_____	_____
$____	Microchip	_____	_____
$____	Felv/Fiv Test	_____	_____
$____	HW Test/Prevention	**Subtotal** $_____	

Fees & Charges: _____

Vaccination Subtotal: $_____

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

Receipt No. _____

GRAND TOTAL: $_____

Outcome Type: Euth

Outcome Subtype: FLL

Outcome Date: 1/3/17

Outcome Time: _____

Outcome By: JF

Euth information: **Authorized By:** JF

Bottle No.: 1E03

Dose: 0.00 2.0mL

Reason for Euth: FLL

Kennel Card

Kennel No: UC72

mcmanuss

Animal ID: A159788 Previous Bite:

Breed: DOMESTIC SH MIX

Color: BLACK & WHITE

Age: AND 9 MOS **DOB:** 03/20/2016

Sex: M ~~UNKNC~~ **Surgery Date:** _____

License No.: _____

Scan Date: ~~0~~ 1/3/17 JF

Sorry No Photo

UNKNOWN CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 12/20/2016

Source ID: **Intake By:** SAM

Address:

UKIAH, CA 95482

Owner ID: _____

Address: _____

Crossing: SOUTH STATE, UKIAH

Comments: _____

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies	_____	_____
$____	DHLPPC	_____	_____
$____	Bordatella	_____	_____
$____	FVRCP	_____	_____
$____	Microchip	_____	_____
$____	Felv/Fiv Test	_____	_____
$____	HW Test/Prevention	**Subtotal** $_____	

Fees & Charges: _____ **Receipt No.** _____

Vaccination Subtotal: $_____

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

GRAND TOTAL: $_____

Outcome Type: Euth

Outcome Subtype: ILL

Outcome Date: 1/3/17

Outcome Time: _____

Outcome By: JF

Euth information: **Authorized By:** JF

Bottle No.: 16003

Dose: 0.00 20 ML

Reason for Euth: ILL

Kennel Card

Kennel No: UC125

mcmanuss

Animal ID: A159789 **Previous Bite:**

Breed: DOMESTIC SH MIX

Color: GRAY & WHITE

Age: 2 YRS **DOB:** 12/20/2014

Sex: N UNKNC **Surgery Date:** 1/31/17

License No.:

Scan Date:

TNR TO

354-4896

Sorry No Photo

UNKNOWN CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 12/20/2016

Source ID: **Intake By:** SAM

Address:

UKIAH, CA 95482

Owner ID: P0859860

Address:

Crossing: SEISI ROAD, UKIAH

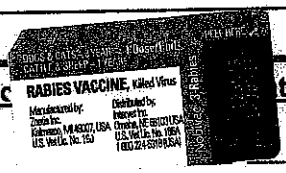
Comments:

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:



Amt.	Vacc/Servic	te Given
$____	Rabies	1/31/17
$____	DHLPPC	
$____	Bordatella	
$____	FVRCP	
$____	Microchip	
$____	Felv/Fiv Test	
$____	HW Test/Prevention	**Subtotal** $____

Fees & Charges:

Vaccination Subtotal:	$____	**Receipt No.**
Adoption:	$____	
Impound:	$____	
Board:	$____	
License:	$____	
S/N Deposit:	$____	
Other:	$____	**GRAND TOTAL:** $____

Outcome Type: TRANSFER

Outcome Subtype:

Outcome Date: 2/25/17

Outcome Time:

Outcome By: SAM

Euth information: **Authorized By:**____/____

159789 - TAG ID

Clin-Sx - T17-002263

NCAT - 2264

$50

Bottle No.:

Dose: 0.00

Reason for Euth:

R17-1709

feral

Kennel Card

Kennel No: UC33

PENRYL

Animal ID: A159790 Previous Bite:

Breed: DOMESTIC SH MIX

Color: GRAY

Age: F AND 7 MOS **DOB:** 05/20/2016

Sex: ~~UNKNC~~ **Surgery Date:** _____

License No.: _____

Scan Date: ~~0~~ JF 1/3/17

Sorry No Photo

UNKNOWN CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 12/20/2016

Source ID: **Intake By:** LP

Address:

UKIAH, CA 95482

Owner ID: _____

Address: _____

Crossing: 2101 S STATE ST UKIAH

Comments: _____

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____

Amt.	Vacc/Service	Number/Label	Date Given
$____	Rabies	_____	_____
$____	DHLPPC	_____	_____
$____	Bordatella	_____	_____
$____	FVRCP	_____	_____
$____	Microchip	_____	_____
$____	Felv/Fiv Test	_____	_____
$____	HW Test/Prevention	**Subtotal** $_____	

Fees & Charges: _____ **Receipt No.** _____

Vaccination Subtotal: $_____

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

GRAND TOTAL: $_____

Outcome Type: Euth

Outcome Subtype: Ill

Outcome Date: 1-3-17

Outcome Time: _____

Outcome By: JF

Euth information: **Authorized By:** [signature] / JF

Bottle No.: 110-03

Dose: 0.00 2.0 ML

Reason for Euth: Ill

Sheila (80) ~~Hold~~

Kennel Card

Kennel No: ~~UC80~~

PENRYL

Animal ID: A159798 Previous Bite:

Breed: DOMESTIC SH MIX

Color: SL LYNX PT

Age: DOB:

Sex: S FEMALE **Surgery Date:** 1/14/2017 Hange

License No.:

Scan Date: 12/21/2016

UC ~~87~~ ~~150~~ [redacted]

Sorry No Photo

FEMALE CAT

Intake Information:

Intake Type: STRAY **Intake Date:** 12/21/2016

Source ID: **Intake By:** LP

Address:

UKIAH, CA 95482

Owner ID:

Address:

Crossing: 45 N MAIN ST UKIAH Ukiah CA 95482

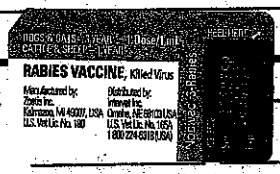
Comments: Brought in shaved frontline 12/28/16

10 Day Certified Letter Sent:

Hold thru date:

Signed for:

Returned:



Amt.	Vacc/Service	Given
$____	Rabies	12/28/16
$____	DHLPPC	
$____	Bordatella	
$____	FVRCP	12/21/16
$____	Microchip	
$____	Felv/Fiv Test	Neg 12/28/16
$____	HW Test/Prevention	Subtotal $____



Fees & Charges:

Vaccination Subtotal:	$____
Adoption:	$____
Impound:	$____
Board:	$____
License:	$____
S/N Deposit:	$____
Other:	$____

Receipt No. R17-583

985 112 008 314 412

GRAND TOTAL: $133

Outcome Type: adopt cat

Outcome Subtype:

Outcome Date: 1/19/17

Outcome Time:

Outcome By:

Euth information: **Authorized By:** /

Bottle No.:

Dose: 0.00

Reason for Euth:

"Bentley"

Kennel Card

Kennel No: UC101

PENRYL

Animal ID: A159848 Previous Bite:
Breed: DOMESTIC SH MIX
Color: ORG TABBY
Age: **DOB:**
Sex: NEUTE **Surgery Date:** Verified 12/22/16
License No.:
Scan Date: 12/22/2016

Sorry No Photo

Intake Information:

Intake Type: STRAY **Intake Date:** 12/22/2016
Source ID: **Intake By:** LP
Address:

LAYTONVILLE, CA 95454

NEUTERED MALE

Owner ID: _____
Address: _____

NOTES →

Crossing: 4875 WOODMAN CREEK RD LAYTONVILLE
Comments: 150 12/30/16

10 Day Certified Letter Sent: _____
Hold thru date: _____
Signed for: _____
Returned: _____

Amt.	Vacc/Se		Date Given
$____	Rabies	RABIES VACCINE, Killed Virus	1-26-17
$____	DHLPPC		
$____	Bordatella		1-26-17
$____	FVRCP		12/22/16
$____	Microchip		
$____	Felv/Fiv Test	Neg	1-26-17
$____	HW Test/Prevention	**Subtotal** $____	

Fees & Charges:

Vaccination Subtotal:	$____	**Receipt No.** R17-00081 3
Adoption:	$____	
Impound:	$____	
Board:	$____	985 112 008 311 604
License:	$____	
S/N Deposit:	$____	
Other:	$____	**GRAND TOTAL:** $106.00

Outcome Type: Adopt Cat
Outcome Subtype:
Outcome Date: 1/28/17
Outcome Time: 3:30
Outcome By: LP

Euth information: **Authorized By:** _____/_____
Bottle No.: _____
Dose: 0.00
Reason for Euth: _____

INITIALS: AH DATE: 12/29/22

TREATMENT REQUEST

Animal Name: A159818 K9/Feline Sex: M/

Animal #: A159895 Kennel/Cage#: 101

HEALTH CONCERN: Vomiting & Diarrhea

WHEN NOTICED: 12/28 AM BY WHOM: Heather & Sarah

Is the animal:

EATING Y N DRINKING Y N

COMMENTS: Keeps on himself, pacing around & diarrhea

SNEEZING Y N COUGHING Y N

COMMENTS: Urine in vial - strong smell instead of Dawn Dog

Does the animal have:

NORMAL STOOLS DIARRHEA

DIFFICULTY URINATING

COMMENTS:

Have any treatments been started? What? When?

Pan Leuk (1) Injection 12/29 - BAR: Solid BM

Hopes (2) Iv - flushed w/c Scrubbed w/Chlorhex/Saline 12/22

0.40mL Convenia SQ - 12/22

Dr Exam notes: Date seen:

T° 104.6 open mouth breathing, possibly painful

Hard palp (?)

Rx: 40mg (1cc) azithromycin PO SID x 5 days

DR INITIALS: AH

Treatment plan: per Rx 5 days

47555 707-463-4652
MENDOCINO COUNTY ANIMAL
298 PLANT RD.
UKIAH, CA 95482

FOR LAB USE ONLY

COLLECTION DATE 01 12 16

Mark an "X" here for ASAP ☐

IDEXX LABORATORIES
Customer Service
888-433-9987

Please send duplicate results to:
Account # _____
Practice Name _____
Patient ID# (optional)

7633724

OWNER LAST NAME: MCH
PATIENT NAME: BIG RED A19848

SEX: ☒ Male ☐ Female ☒ Spay/Neut.

SPECIES: ☐ Canine ☐ Equine ☒ Feline ☐ Other ☐ Avian

AGE: 5+ Years ____ Months

BREED DLH

VETERINARIAN(S)
☐ LAPUE
☐ SHUBART
☒ HUMPHREY

☐ Check here for BASIC CBC

CANINE / FELINE GENERAL PROFILES
All profiles require serum and lavender top

- ☐ 53 Comprehensive Canine (R/S, L) — *Chem 25, Amyl/Lip, CBC, T4, HW*
- ☐ 66 Feline Viral Plus (R/S, L) — *Chem 25, CBC, T4, FeLV, FIV, FIP*
- ☐ 54 Feline Combo (R/S, L) — *Chem 25, CBC, FeLV, FIV*
- ☐ 74 Feline Combo Plus (R/S, L) — *Chem 25, CBC, T4, FeLV, FIV*
- ☐ 885 Comprehensive Feline (R/S, L) — *Chem 25, Amy/Lip, CBC, T4, FeLV, FIV, FIP*
- ☐ 75 Total Health Plus (R/S, L) — *Chem 25, Amyl/Lip, CBC, T4*
- ☒ 46 HealthChek Plus *Chem 25, CBC, T4* (R/S, L)
- ☐ 1 HealthChek *Chem 25, CBC* (R/S, L)
- ☐ 1013 Total Health *Chem 25, Amyl/Lip, CBC* (R/S, L)
- ☐ 1294 Chem 11, CBC (R/S, L)
- ☐ 1272 Chem 21, CBC (R/S, L)
- ☐ 1850 Adult Screen *-Chems 25, CBC, UA* (R/S, L, U)
- ☐ 865 Senior Screen *-Chems 25, T4, CBC, UA* (R/S, L, U)

SPECIAL TEST REQUESTS
Code # Test Name
Canine #858

SPECIALTY TESTING and PARASITOLOGY
- ☐ 7246 Lyme Quant C6 (K9) (R/S)
- ☐ 72461 Lyme Quant C6 Add On (R/S)
- ☐ 1849 Spec cPL (K9) (R/S)
- ☐ 18491 Spec cPL Add On (R/S)
- ☐ 2337 Pancreatitis Profile 1 (R/S. L) — *Chem 25, CBC, Spec cPL*
- ☐ 501 Fecal Ova & Parasites (zinc/float) (F) — *If you submit multiple fecal O&P tests, please use code 5010 and a batch form*
- ☐ 513 Giardia (ELISA) (F)
- ☐ 1519 O&P, Giardia, Crypto (F)

HEMATOLOGY
- ☐ 300 CBC - Comprehensive (L)
- ☐ 319 Buffy Coat Smear (L)
- ☐ 309 Platelet Count (L)
- ☐ 6 Coag Profile (BTT, L) — *(CBC, PT, PTT, PLT, FIB Quant)*
- ☐ 56 Coag Panel #1 *(PT, PTT, PLT)* (BTT, L)
- ☐ 311 PT (BTT)
- ☐ 312 PTT (BTT)

ENDOCRINOLOGY
- ☐ 13 Thyroid Panel #1 *(T3, T4)* (R/S)
- ☐ 851 Thyroid Panel #2 *(T4, FT4 ED)* (R/S)
- ☐ 804 T4 (R/S)
- ☐ 849 FT4 ED (R/S)
- ☐ 119 ACTH Stimulation (pre & post) (R/S)
- ☐ 274 Dex Suppression (pre & post 8 hr.) (R/S)
- ☐ 275 Dex Suppression (pre & post 4 & 8 hr.) (R/S)
- ☐ 245 Fructosamine (R/S/L/GN)
- ☐ 806 Progesterone (R)

GENERAL CHEMISTRIES
- ☐ 257 Bile Acids Panel (Pre & 2 hr Post) (R/S)
- ☐ 111 Chem25 (R/S)
- ☐ 1113 Chem27 (R/S)
- ☐ 1271 Chem21 (R/S)
- ☐ 1293 Chem11 (R/S)

LARGE ANIMAL PROFILES
- ☐ 11 Large Animal Profile (R/S, L) — *Chems, CBC, FIB*
- ☐ 316 Inflammatory Profile (R/S, L) — *CBC, Plasma Protein, FIB*

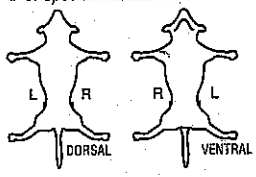
FOLLOW UP PROFILES
PREVIOUS ACC # _____ DATE _____
- ☐ 42 Follow-up HealthChek (R/S, L)
- ☐ 43 Follow-up Chem 25 (R/S)
- ☐ 326 Follow-up CBC (L)
- ☐ 8041 Follow-up T4 (R/S)
- ☐ 418 Follow-up Urine Culture (U) — ☐ Cysto ☐ Other *Growth / No Growth*

ADD TO ANY PROFILE *(R/S unless otherwise indicated)*
- ☐ 8531 TSH
- ☐ 2032 Amylase/Lipase
- ☐ 7231 Canine Heartworm Antigen
- ☐ 850 Free T4 ED
- ☐ 1045 FeLV Ag + FIV Ab
- ☐ 2570 Bile Acids (single)
- ☐ 997 Urine Pro/Creat Ratio (U)
- ☐ 9101 Urinalysis ☐ Cysto ☐ Other (U)
- ☐ 22 T4
- ☐ 18 FeLV Ag
- ☐ 1043 FIV Ab
- ☐ 7101 FeCoV (FIP)
- ☐ 72461 Lyme Quant C6
- ☐ 18491 Spec cPL

IMPORTANT! Please provide history:

HISTOPATHOLOGY
- ☐ 601 Biopsy with Microscopic Description
- ☐ 608 Biopsy (No Microscopic Description)

# of sites/lesions/organs _____
# of specimens/tissues submitted _____



Prev. Date & Accession # _____

CYTOLOGY
Source required: _____
- ☐ 605 Cytology with Microscopic Description
- ☐ 600 Cytology (No Microscopic Description)
- ☐ 607 Bone Marrow with Microscopic Description
- ☐ 900 CSF Analysis (Includes Cytology)
- ☐ 905 Fluid Analysis, Body (Includes Cytology)
- ☐ 906 Fluid Analysis, Joint (Includes Cytology)

THERAPEUTIC DRUG MONITORING
- ☐ 1000 Phenobarbitol (red top only)
- ☐ 1001 Digoxin (red top only)

URINE / STONE ANALYSIS
- ☐ 909 Stone Analysis (Chemical) (STN)
- ☐ 90900 Stone Analysis (Crystallographic) (STN)
- ☐ 910 Urinalysis ☐ Cysto ☐ Other (U)
- ☐ 910 U/A ☐ 943 Culture if indicated (check both boxes) ☐ Cysto ☐ Other
- ☐ 4035 Culture ONLY ☐ Cysto ☐ Other
- ☐ 994 Urine Protein / Creatinine Ratio (U)
- ☐ 946 Urine Cortisol / Creatinine Ratio (U)

MICROBIOLOGY
Source required: _____
- ☐ 400 Aerobic Culture & Suscept (C)
- ☐ 402 Add Direct Gram Stain (C)
- ☐ 427 Aerobic Culture ID only (C)
- ☐ 401 Anaerobic & Aerobic C & S (ANC, C)
- ☐ 4022 Salmonella & Campylobacter Fecal Culture (F)
- ☐ 4035 Urine Culture & MIC ☐ Cysto ☐ Other (U)
- ☐ 405 Fungal Culture (C/SC)
- ☐ 1394 Comprehensive UA & Culture ☐ Cysto ☐ Other (U)

IMMUNOLOGY / SEROLOGY
- ☐ 24 FeLV Ag (ELISA) & FIV Ab (ELISA) (R/S)
- ☐ 723 Heartworm Ag - Canine (R/S, L)
- ☐ 707 Coggins, EIA (AGID) (R/S)
- ☐ 7077 Coggins, EIA (ELISA) (R/S)
- ☐ 303 Coombs (L)
- ☐ 709 FeLV Ag (ELISA) (R/S)
- ☐ 717 FeLV Ag (IFA) (L)
- ☐ 710 FeCoV (FIP) (R/S)
- ☐ 1039 FIV Ab (ELISA) (R/S)
- ☐ 702 Brucella Screen (K9) (R/S)
- ☐ 7246 Lyme Quant C6 (K9) (R/S)
- ☐ 1849 Spec cPL (K9) (R/S)

AVIAN / EXOTIC
- ☐ Panel # _____
- ☐ 435 Avian / Reptile Aerobic C&S (C)
- ☐ 415 Exotic Respiratory Screen (C&S, Fungal) (C)
- ☐ 4023 Avian Fecal Culture (C&S, Gram Stain) (C/F)

IDEXX LABORATORIES

1-888-433-9987
Click the RED BANNER on
VetConnect.com for a new view

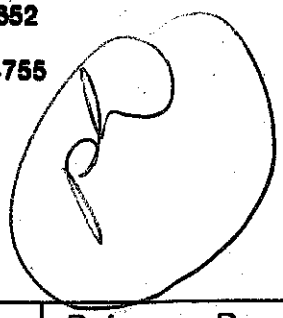
MENDOCINO COUNTY ANIMAL CARE AND CONTROL
298 PLANT RD.
UKIAH, CA 95482

707-463-4652

Account: 4755

Owner: MCAC
Patient: BIG RED A159848
Species: FELINE
Breed: DLH
Age: 5
Gender: M

Requisition #: 7633724
Accession #: B6902413
Order recv'd: 01/13/2017
Ordered by: HUMPHREY
Reported: 01/13/2017



HEALTHCHEK PLUS | CHEM 25 w/ SDMA

Test	Result	Reference Range	Flag	Bar Graph
ALP	33	12 - 59 U/L		
ALT	84	27 - 158 U/L		
AST	24	16 - 67 U/L		
CREATINE KINASE	110	64 - 440 U/L		
GGT	0	0 - 6 U/L		
ALBUMIN	**2.5**	**2.6 - 3.9 g/dL**	**L**	
TOTAL PROTEIN	8.1	6.3 - 8.8 g/dL		
GLOBULIN	5.6	3.0 - 5.9 g/dL		
TOTAL BILIRUBIN	0.1	0.0 - 0.3 mg/dL		
BILIRUBIN - CONJUGATED	0.0	0.0 - 0.2 mg/dL		
BUN	24	16 - 37 mg/dL		
CREATININE	**0.7**	**0.9 - 2.5 mg/dL**	**L**	
CHOLESTEROL	113	91 - 305 mg/dL		
GLUCOSE	77	72 - 175 mg/dL		
CALCIUM	8.6	8.2 - 11.2 mg/dL		
PHOSPHORUS	5.1	2.9 - 6.3 mg/dL		
TCO2 (BICARBONATE)	19	12 - 22 mmol/L		
CHLORIDE	118	114 - 126 mmol/L		
POTASSIUM	4.6	3.7 - 5.2 mmol/L		
SODIUM	152	147 - 157 mmol/L		
ALB/GLOB RATIO	**0.4**	**0.5 - 1.2**	**L**	
BUN/CREATININE RATIO	34.3			
BILIRUBIN - UNCONJUGATED	0.1	0.0 - 0.2 mg/dL		
NA/K RATIO	33	29 - 42		
HEMOLYSIS INDEX	N			
Index of N,+,++ exhibits no significant effect on chemistry values.				
LIPEMIA INDEX	+			
Index of N,+,++ exhibits no significant effect on chemistry values.				
ANION GAP	20	12 - 25 mmol/L		
SDMA	8	0 - 14 ug/dL		

FINAL REPORT - CONTINUED ON NEXT PAGE

SDMA IS WITHIN THE REFERENCE INTERVAL AND CREATININE IS LOW which indicates kidney function is likely good. Evaluate a complete urinalysis to confirm there is no other evidence of kidney disease.

HEALTHCHEK PLUS | T4

Test	Result	Reference Range	Flag	Bar Graph
T4	1.5	0.8 - 4.7 ug/dL		

Interpretive ranges:

<0.8 Subnormal

0.8-4.7 Normal

2.3-4.7 Grey zone in old or symptomatic cats

>4.7 Consistent with hyperthyroidism

Cats with subnormal T4 values are almost exclusively euthyroid sick or overtreated for their hyperthyroidism. Older cats with consistent clinical signs and T4 values in the grey zone may have early hyperthyroidism or a concurrent non-thyroidal illness. Hyperthyroidism may be confirmed in these cats by adding on a free T4 or by performing a T3 suppression test. Following treatment with methimazole, T4 values will generally fall within the lower end of the reference range (0.8 - 2.3).

HEALTHCHEK PLUS | CBC COMPREHENSIVE

Test	Result	Reference Range	Flag	Bar Graph
WBC	12.4	3.9 - 19.0 K/uL		
RBC	**7.05**	**7.12 - 11.46 M/uL**	**L**	
HGB	**9.0**	**10.3 - 16.2 g/dL**	**L**	
HCT	**28.1**	**28.2 - 52.7 %**	**L**	
MCV	40	39 - 56 fL		
MCH	12.8	12.6 - 16.5 pg		
MCHC	32.0	28.5 - 37.8 g/dL		
% RETICULOCYTE	0.3	- %		
RETICULOCYTE	21	3.0 - 50.0 K/uL		
RETICULOCYTE COMMENT				

A reticulocyte count of greater than 50 K/uL of blood is considered evidence of bone marrow response to an increased peripheral demand. Depending on the degree of anemia, a reticulocyte count <50 K/uL may indicate an inadequate bone marrow response. Serial monitoring of the erythrogram and absolute reticulocyte count may be useful to evaluate

bone marrow responsiveness over time.

The following chart can be used as a guideline to determine appropriateness of regenerative response.

Degree of bone marrow response (K/uL):

Mild	50-75
Moderate	75-175
Marked	>175

% NEUTROPHIL	56.1	- %		
% LYMPHOCYTE	27.3	- %		
% MONOCYTE	5.2	- %		
% EOSINOPHIL	11.3	- %		
% BASOPHIL	0.1	- %		
AUTO PLATELET	353	155 - 641 K/uL		
REMARKS	SLIDE REVIEWED MICROSCOPICALLY.			
NEUTROPHIL	6956	2620 - 15170 /uL		
LYMPHOCYTE	3385	850 - 5850 /uL		
MONOCYTE	**645**	**40 - 530 /uL**	**H**	
EOSINOPHIL	1401	90 - 2180 /uL		
BASOPHIL	12	0 - 100 /uL		

INITIALS: JF DATE: 1-11-17

TREATMENT REQUEST

Animal Name: A159848 K9/Feline Sex: N

Animal #: Kennel/Cage#: UC 101 HOLD

HEALTH CONCERN: PU/PD

WHEN NOTICED: 1/11/17 BY WHOM: Julie

Is the animal:

EATING (Y) N DRINKING (Y) N

COMMENTS:

SNEEZING (Y) N COUGHING Y (N)

COMMENTS:

Does the animal have:

NORMAL STOOLS DIARRHEA

DIFFICULTY URINATING

COMMENTS: See attached Health V's

Have any treatments been started? What? When?

See attached Health V's

Health V (+) to Idexx. 1/12/17 - Results Attached

Dr Exam notes: Date seen: 1/13/17

Slight V PCV @ 28. all else ok renal

Urine tap - SG 1030 4+ Bld + prot ph 6.0

micro: pi crystals in urine. 4+ RBCs 4+ debris, 2+ WBCs

DDx: UTI - poss renal organ

DR INITIALS

Treatment plan:

Start Ortax

re Renal x 5 days.

Kennel Card

Kennel No: UC31

ADAMSC

Animal ID: A159883 Previous Bite:

Breed: DOMESTIC SH MIX

Color: GRAY TABBY

Age: AND 6 MOS **DOB:** 06/28/2016

Sex: ~~FEMALE~~ N **Surgery Date:** 1-27-17

License No.: _____ Cookie

Scan Date: _____

Sorry No Photo

FEMALE CAT

Intake Information:

Intake Type: FERAL **Intake Date:** 12/28/2016

Source ID: **Intake By:** SA

Address:

UKIAH, CA 95482

Owner ID: _____

Address: _____

Crossing: _____

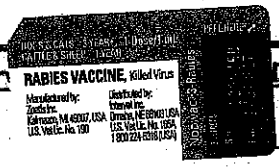
Comments: _____

10 Day Certified Letter Sent: _____

Hold thru date: _____

Signed for: _____

Returned: _____



Amt.	Vacc/Ser		Date Given
$____	Rabies		1-27-17
$____	DHLPPC	_____	_____
$____	Bordatella	_____	_____
$____	FVRCP	_____	_____
$____	Microchip	_____	_____
$____	Felv/Fiv Test	_____	_____
$____	HW Test/Prevention	**Subtotal** $_____	

Fees & Charges: _____

Vaccination Subtotal: $_____

Adoption: $_____

Impound: $_____

Board: $_____

License: $_____

S/N Deposit: $_____

Other: $_____

Receipt No. _____

GRAND TOTAL: $_____

Outcome Type: Transfer

Outcome Subtype: P0855886

Outcome Date: 1-27-17

Outcome Time: _____

Outcome By: JF

Euth information: **Authorized By:** _____/_____

Billed to P0855886 ons x form

Bottle No.: _____

Dose: 0.00

Reason for Euth: _____

Kennel Card

Kennel No: UC76

PENRYL

Animal ID: A159898 Previous Bite:

Breed: DOMESTIC SH MIX

Color: WHITE & BLACK

Age: 3 YR **DOB:**

Sex: S UNK/NC **Surgery Date:** 1-14-17

License No.: DR HANGE

Scan Date:

Sorry No Photo

Adopt 1/12/17 SA

1-18-17 ISO

2/9/17 ISO Pend Notes

Lobby 2-12-17

UNKNOWN CAT

Intake Information:

Intake Type: IN CUSTODY **Intake Date:** 12/31/2016

Source ID: S.O. DISPATCH MENDOCINO C(**Intake By:** LP

Address: 501 LOW GAP

UKIAH, CA 95482

Owner ID: ~~JN~~ PO41375

Address: [redacted]

Crossing: - 951 LOW GAP RD UKIAH

Faxed to Jail 12/31/16
Returned signed 1/3/17

Comments: 1 0.08cc IVERMECTIN 1/12/17 SQ - EARS CLEANED W/ OTOMITE

BRAVECTO (fluralaner) Topical Solution

10 Day Certified Letter Sent:

Hold thru date:

Signed for: 1/3/17

Returned:

1-18-17 ISO started on minocycline

Amt.	Vacc/Ser	Date Given
$____	Rabies	1/12/17
$____	DHLPPC	
$____	Bordatella	1/12/17
$____	FVRCP	12/31
$____	Microchip	
$____	Felv/Fiv Test - Neg 1/12/17 SA	
$____	HW Test/Prevention	**Subtotal** $____

Fees & Charges:

Vaccination Subtotal:	$____
Adoption:	$____
Impound:	$____
Board:	$____
License:	$____
S/N Deposit:	$____
Other:	$____

Receipt No. R17-00142

985 112 008 311 771

GRAND TOTAL: $146.00

Outcome Type: Adopt Cat

Outcome Subtype:

Outcome Date: 2/21/17

Outcome Time:

Outcome By: LP

Euth information: **Authorized By:**

Bottle No.:

Dose: 0.00

Reason for Euth: