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UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

UNITED STATES INTERSTATE AND INTERNATIONAL  
CERTIFICATE OF HEALTH EXAMINATION  
FOR SMALL ANIMALS

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)  
Cheryl Gallant  
2210 Wingate Rd - 04  
Fayetteville, NC  
28304  
(910) 583-9007  
USDA License/Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

NAME, AND/OR IDENTIFICATION NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE - SEX	COLOR OR MARKS OR MICROCHIP
(1) Trooper	Lab	2 M	Black
(2)			
(3)			
(4)			
(5)			
(6)			

8. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)  
Grace Cooper  
5245 Dickinson St.  
Madison, WI  
53703  
(608) - 628-7511

9. ANIMAL IDENTIFICATION

OTHER VACCINATIONS, TESTS, AND/OR RESULTS	Product	Date	Product Type and/or Results
	Rabies-8-11-16 Nobivac 3	8-1-16	Fecal - Hook Worms
		8-3-16	DHPP - Nobivac 1-DAPP
		8-3-16	BORD - Intra-Trac 3

10. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)  
Microchip # 985 112 007 480 241

VETERINARY CERTIFICATION: I certify that the animal described in box 7 has been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

I have verified the presence of the microchip, if a microchip is listed in box 7.

I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.

To my knowledge, the animal(s) described above and on continuation sheet(s), if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)  
PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN  
Sally Whitworth, DVM  
HIGHLAND ANIMAL HOSPITAL  
3002 Raeford Rd.  
Fayetteville, NC  
28304  
910-484-2131

SIGNATURE OF USDA VETERINARIAN Apply USDA Seal or Stamp here  
DATE 8/11/16

11. CERTIFICATE NUMBER - OFFICIAL USE ONLY  
4. PAGE

UMS APPROVED  
0579-0008  
0579-0333

This certificate is valid for 30 days after issuance

"IKOOPERK"

8/8/16

Boored till ???

✓ leg bleeding - severe type fluid

\*has meds x2 no missing sutures, looks good

8/8 ✓ 8/9 ✓✓ 8/10 ✓✓ 8/11 ✓✓ 8/12 ✓✓

8/13 ✓✓ 8/14 - - 8/15 ✓ - 8/16 - - 8/17 - -

8/18 - - 8/19 - -

fecal (for health cert) dental + redose 2w

Chooks

(8-12-16)

noticed a bad bilateral ear infection

JOB said cytology - cocci +++  
Mal +++

Rx Posatec 6 drops SID x 14 days

CPRO ttw - Neg

TROOPER	M	Blk	no microchip
PATIENT NAME	SEX	COLOR	985 112 007 480 241
Lab	N Dur	PHONE#	GALLANT
BREED	DOB		OWNER'S NAME



8/3/16 AWC 9:00 PM HBC  
 cath Dex SP 3cc L's 1000 IN  
 stay S6 1/2# Long i Bayl

1000-1500  
 (3) Keys - Chest - some blood - very little  
 Rt rear leg - NAF  
 Rt hip - Dislocated  
 cut on Rt front leg, epistaxis, teeth appear OK  
 - bleeding in Rt ear canal (hemine letters of put under anal)

Jonathan  
 910-745-2498  
 MIT DOG

Miss Gallant said couldn't afford surgery - will try to find owner; call us @ 9:30 AM.

Grace Cooper  
 608-628-7511

Maybe able to afford ones; try to pop back w/out surgery???

Madison WI 53703  
 700-1800

NO LEFT TO  
 only

Madison WI 53703  
 700-1800

(8/5) 18 - 25 xyl / 0.6 cath  
 unable to reduce the hip and done if  
 stay - 2 a location SQ  
 Sa - Toggle w/ recurved system  
 femoral say 1-2 (40) Quad 150g 1-2 (28)

Nice results - feel great, aneurysm what was still available of joint capsule  
 meds: 8/5 ✓ 8/6 ✓ 8/7 ✓ 8/8 ✓ 8/9 ✓ 8/10 ✓ 8/11 ✓

Grace Microchip 985112007480241  
 \*wanted to wait on labels - will get on recheck - dog had dog wanted that to kick in  
 8/8/16 Rest, no jumping, no running, no playing  
 of other dogs No exercise!!  
 cal 10 days for aneurysm

walking well, looks great  
 (8/11/16) up PAPER Health Certificate

# Highland Animal Hospital

3602 Raeford Road  
Fayetteville, NC 28304-2199  
910-484-2131

## Patient Chart

Printed: 08-15-16 at 1:53p

### CLIENT INFORMATION

**Name** Cheryl Gallant (24410)  
**Address** 2210 Wingate Road  
Fayetteville, NC 28304  
**Phone** 910 583-9007 **Work:** #3 910-261-8972

### PATIENT INFORMATION

<b>Name</b>	Trooper	<b>Species</b>	Canine
<b>Sex</b>	Male	<b>Breed</b>	Lab
<b>Birthdate</b>	08-04-14	<b>Age</b>	2y
<b>ID</b>	985112007480241	<b>Rabies</b>	16-4184
<b>Color</b>	Black	<b>Weight</b>	56.50 lbs
<b>Reminded</b>	(none)	<b>Codes</b>	

Reminders for: Trooper		Last done
08-12-17	Heartworm test - 4Dx parasite	08-12-16
08-11-17	Rabies 3yr	
08-11-17	Fecal Exam	08-11-16
08-05-17	DHLPPC, Booster	08-05-16

### MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Photo
08-15-16	KT	6516	Boarding - Canine 31-60lbs	7	
08-12-16	SAW	IVLSO	Requisition 78296-1561438		
<u>Test</u>	<u>Result</u>	<u>Flag</u>	<u>Normal Range</u>	<u>Measure</u>	
			<u>Low</u> <u>High</u>		
SNAP 08-12-16 1:48p					
AP_spp	Negative				
EC-EE	Negative				
HW	Negative				
Lyme	Negative				
		4162	Attachments\24410\Trooper\20160812_133659_12535.pdf Heartworm test - 4Dx parasite screen		
08-12-16	KT	POSA15 4170	Posatex Otic Suspension 15g Ear Cytology		
08-11-16	SAW	2666 1131	Drontal 136mg Rabies 1yr, #16-4184	2	
ID: 16-4184	Serial: S414945	4220 2480	Expires: 8/9/16 Fecal Exam Health Certificate	Type: KV Mfg: PFIZE Admin: SQ	
08-08-16	JB	RESQ	HomeAgain 985112007480241		
08-07-16	DB		board/medicate		

Patient Chart for Trooper  
Date: 08-15-16, Time: 1:53p

Date	By	Code	Description	Qty (Variance)	Photo
08-06-16	DB		board/medicate		
08-05-16	DB	6040	Hospitalization		
08-05-16	JB	1040	DHPP - no lepto		
		09624	Elizabethan Collar - Large		
		LOX>	Loxicom injection >30 lbs		
		5060	Anesthesia- extended		
			Hip surgery - Securos toggle	40	
		2526	Tramadol 50mg	28	
		02242	Clindamycin 150mg capsules		
08-04-16	DB	6040	Hospitalization		
08-03-16	DB	2483	Professional Time		2
		5570	Xray (radiograph)		
		5569	1st Xray (Radiograph)		
		6040	Hospitalization		
		2756	Longicillin & Baytril injection C		
		6438	Dexamethasone SP		
		6020	IV Catheter		
		6021	IV fluid line		
		6160	Fluids - LRS lactated ringers		
		2391	Emergency, Fee B		