



Animal Care Clinic of Pingree Grove  
 2401 W US HWY 20 Suite 106  
 Pingree Grove, IL 60140  
 United States  
 (847) 683-9640

GENERATED: 4/5/2022 8:05 AM

**Client Information**

Hoof Woof Meow Rescue  
 440J Airport Rd  
 Elgin, IL 60123  
 (847) 857-0453 xMed Con

**Patient Information**

|               |               |                |                    |                  |         |
|---------------|---------------|----------------|--------------------|------------------|---------|
| <u>Name</u>   | Tina          | <u>Species</u> | Feline             | <u>Weight</u>    | 4.5 LBS |
| <u>Sex</u>    | Female Spayed | <u>Breed</u>   | DOMESTIC SHORTHAIR | <u>Microchip</u> | NONE    |
| <u>Status</u> | Active        | <u>DOB</u>     | 7/28/2021          |                  |         |
| <u>Id</u>     | 11935         | <u>Age</u>     | 8 months 7 days    |                  |         |
| <u>Color</u>  | 0             | <u>Tag</u>     | Kane               |                  |         |

**Weight History**

|             |               |
|-------------|---------------|
| <b>Date</b> | <b>Weight</b> |
| 3/8/2022    | 4.5 LBS       |

**Reminders**

|                              |                 |
|------------------------------|-----------------|
| <b>Description</b>           | <b>Due Date</b> |
| FVRCP (3 week)               | 11/16/2021      |
| Rabies Feline 1 Year Vaccine | 3/8/2023        |

**Medical Chart from 7/28/2021 - 4/4/2022**

Service on 3/18/2022

3/18/2022 9:46 PM Document Specialist report

**Patient History Report**

|   |                              |                                    |
|---|------------------------------|------------------------------------|
| <b>Client:</b> Hoof Woof Meow, HWM (4427) | <b>Patient:</b> Tina (21469) |                                    |
| <b>Phone:</b> (847) 366-0164              | <b>Species:</b> Feline       | <b>Breed:</b> Mediumhair, Domestic |
| <b>Address:</b> 180 S WESTERN AVE #143    | <b>Age:</b> 13 Wks. 0 Days   | <b>Sex:</b> Female                 |
| CARPENTERSVILLE, IL 60110                 | <b>Color:</b> Tortoise Shell |                                    |

| Date       | Type | Staff | History   |
|------------|------|-------|---|
| 10/26/2021 | B    | 2     | 1.00 HWM Microchip (1821) by STA                            |
| 10/26/2021 | B    | 2     | 1.00 1ST FELINE DIST/RHINO/CALICI (250) by STA              |
| 10/26/2021 | B    | 2     | 1.00 RK - Have a nice day! (1386) by STA                    |
| 10/21/2021 | TC   | KT    | corrected auth form: DRC, wellness, fecal. chip - TENTATIVE |

10/21/2021

Client name: HWM Hoof Woof Meow

Pet name: Tina

Microchip #:

Other auth form was for a different pet from the liter

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10/12/2021 C SM auth-exam, fecal ,drc, micorchip - CLOSED Oct 19/2021

10/12/2021

Client name: HWM Hoof Woof Meow

Pet name: Tina

Microchip #:

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B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

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Spring Hill Veterinary Clinic

Page 3 of 3

Date: 10/27/2021 8:07 AM

3/18/2022 9:46 PM

Document

Specialist report

## Patient History Report

|  |  |   |
|--|--|---|
| <b>Client:</b> Hoof Woof Meow, HWM (4427)<br><b>Phone:</b> (847) 366-0164<br><br><b>Address:</b> 180 S WESTERN AVE #143<br>CARPENTERSVILLE, IL 60110 | <b>Patient:</b> Tina (21469)<br><b>Species:</b> Feline<br><br><b>Age:</b> 13 Wks. 0 Days<br><b>Color:</b> Tortoise Shell | <b>Breed:</b> Mediumhair,<br>Domestic<br><b>Sex:</b> Female |
|--|--|---|

| Date | Type | Staff | History |
|------|------|-------|---------|
|------|------|-------|---------|

Coat and skin: Flea dirt and 2 live fleas noted on Tina  
 Legs/Paws/Back: Ambulatory x4, no lameness noted. RH limb did NOT develop past distal tibia/fibula.  
 No swelling, skin lesions or pain on palpation  
 Nervous System: Normal neuro exam  
 Abdominal Palpation: soft/nonpainful, no mass/fluid  
 Urinary and Genitals: WNL

**Diagnostics:**  
 None

**Assessment:**  
 Fleas

**Plan and Discussion:** Gave DRC #1 in LF. Placed microchip interscap. Split up a Giant K9 Revolution in to 7 doses. Applied 1 dose of Revolution interscap to all 5 kittens. Sent foster home with 2 more doses of Revolution. She has another litter at home and 2 adult cats; none of these cats come to this clinic so I cannot dispense flea prevention for any of the other cats. I recommend getting OTC Frontline and treating each cat monthly for at least 3 months. Vacuum entire house 2 x weekly. Wash all bedding in hot water.

**RX:** Revolution

|  |    |   |   |
|--|----|---|---|
| 10/26/2021                                       | D  | 2 | Fleas Final   |
| 10/26/2021                                       | V  | 2 | Oct 26, 2021 09:32 AM Staff: 2                              |
| -----  |    |   |   |
| Weight : 2.62 pounds                             |    |   |   |
| Body Score (1-9) : 4 - Ideal - 4                 |    |   |   |
| Alert/Attitude : BAR                             |    |   |   |
| Mucous Membranes : Pink/Healthy                  |    |   |   |
| Capillary Refill : <2 sec                        |    |   |   |
| Temperature : 101.1                              |    |   |   |
| Pulse : 180                                      |    |   |   |
| Respiration : 20                                 |    |   |   |
| Dental Score : 1 - Excellent                     |    |   |   |
| 10/26/2021                                       | CK | 2 | wellness, DRC, fecal, microchip. MaryLou Houck 224.802.2270 |
| Reason for Visit: Wellness exam                  |    |   |   |
| Date Patient Checked Out: Oct 26/2021 Practice 1 |    |   |   |
| 10/26/2021                                       | B  | 2 | 1.00 OFFICE VISIT (100) by STA                              |

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs



## Patient History Report

**Client:** Hoof Woof Meow, HWM (4427)  
**Phone:** (847) 366-0164  
**Address:** 180 S WESTERN AVE #143  
CARPENTERSVILLE, IL 60110

**Patient:** Tina (21469)  
**Species:** Feline  
**Age:** 13 Wks. 0 Days  
**Color:** Tortoise Shell

**Breed:** Mediumhair,  
Domestic  
**Sex:** Female

| Date       | Type | Staff | History   |
|------------|------|-------|---|
| 10/26/2021 | TC   | 2     | WELLNESS EXAM - TENTATIVE - Wellness Exam, DRC, microchip |



### WELLNESS EXAM

Patient Name: Tina Hoof Woof Meow 12 Wks. 6 Days Mediumhair, Domestic 2.62 Female  
Microchip #: 985141003997357  
Dr. Liz Orsi, DVM

### HISTORY (Subjective):

5 kittens in litter presented for wellness exam, DRC #1, microchip. A fecal for the kittens was dropped off previously and was NES. Tina has a congenital defect of RH. Seems to be ambulating well per foster.

10/26/2021  
9:32 AM  
Vital Sign 2  
Weight 2.62 pounds  
BodyScore 4 - Ideal - 4  
Alert BAR  
Muc Pink/Healthy  
Memb  
CRT <2 sec  
Temp 101.1  
Pulse 180  
Resp 20  
Dental 1 - Excellent

### Exam (Objective):

Eyes and Ears: WNL  
Nose and Throat: WNL  
Mouth/Teeth/Gum: mm pink/moist. CRT < 2 sec  
Lymph nodes: WNL  
Heart and Lungs: lungs clear, no murmur/arrhythmia on auscultation, PSS

B: Billing, C: Med note, CB: Call back, CK: Check-in, CM: Communications, D: Diagnosis, DH: Declined to history, E: Examination, ES: Estimates, I: Departing instr, L: Lab result, M: Image cases, P: Prescription, PA: PVL Accepted, PB: problems, PP: PVL Performed, PR: PVL Recommended, R: Correspondence, T: Images, TC: Tentative medl note, V: Vital signs

Service on 3/9/2022

3/9/2022 8:53 AM Communication Completed Callback - Sent- Not Specified

SX CALL BACK-Foster reports that P is doing great after sx. bk

Service on 3/8/2022

3/8/2022 1:49 PM Communication Rabies Certificate - Received



Dear Hoof Woof Meow Rescue,

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

Sincerely,  
Animal Care Clinic of Pingree Grove  
(847) 683-9640  
accpingreegrove@gmail.com

|                   |                  |  |                     |
|-------------------|------------------|--|---------------------|
| 3/8/2022 12:08 PM | Procedure        | Rabies Feline 1 Year Vaccine   | Jeremy Baitman, DVM |
| 3/8/2022 8:00 AM  | Reason for Visit | spay foster is stephanie fowler. had wellness at spring hill. will email records |                     |
| 3/8/2022 7:47 AM  | Exam             | Exam Sx - Surgery Notes  | Jeremy Baitman, DVM |

|                             |                     |
|-----------------------------|---------------------|
| <b>Weight</b>               | 4.5 LBS (2.0412 KG) |
| <b>Heart Rate</b>           | 192                 |
| <b>Respiratory Rate</b>     | WNL                 |
| <b>Pulse Quality</b>        | WNL                 |
| <b>Mucous Membrane</b>      | WNL                 |
| <b>Hydration</b>            | WNL                 |
| <b>Body Condition Score</b> | 5 - Ideal           |
| <b>Pain Score</b>           | 0 - None            |
| <b>FAS Score</b>            | 3 - Moderate        |

**Pre-procedure exam**

**HISTORY**

- Patient presented for spay + RV1

**EXAM**

- No significant lesions detected

**ASSESSMENT**

- Unremarkable physical exam

**PLAN**

- Proceed with surgical plans

**Pre-anesthetic testing** No additional testing performed

**Preanesthetic Risk Assessment** ASA Level - 1 - A normal, healthy patient

**Pre-medications** Dexdomitor - 500 mcg/mL - 0.1cc per 10 pounds given IM Buprenorphine - 0.6 mg/ml - gave 0.1cc per 10 pounds IM Ketamine - 100mg/mL - gave 0.1cc per 10 pounds IM

**Induction** No Answer Given

**General Anesthesia** Isoflurane - Maintained anesthesia with Isoflurane in O2 via cuffed ET tube

**Monitoring** ECG NIBP SPO2 Core Temperature Respiratory rate

**Peri-anesthesia/surgery treatment(s)** Local nerve block - 2mg/kg Lidocaine nerve block administered at site of planned spay incision

**Surgical Notes** Ovariohysterectomy - Tech:

### **Surgical Notes:**

**Ventral midline incision performed. Performed OHE with ligation of ovarian pedicles and uterine body with 3-0 Monocryl. Inspected ligation sites for hemorrhage - none detected. Closed body wall with 3-0 Monocryl in simple continuous pattern. Placed subcuticular pattern of same.**

**Additional Procedures/Diagnostics** Nail trim Rabies Vaccine 1 YR

**Post-procedure treatment plan** No Answer Given

**Histopathology** None

**Home care instructions** Surgical care instructions -

### **POST-SURGICAL CARE**

#### **MEDICATION(S)**

- **Gabapentin 100mg #10:** Apply contents of 1/2 to 1 capsule on a meal and give every 12 hours for pain relief.

#### **BANDAGING**

- If your pet was discharged with a bandage at the surgery site, please remove this bandage in 24-48 hours.

#### **MONITORING**

- Monitor the incision site daily for signs of poor healing or infection. Also monitor your pet's general appetite and activity levels as sudden decreases in either may signify a developing surgical complication.

- While some occasional licking at the surgery site is common, your pet should not be allowed to frequently bother the surgery site as this may adversely affect the healing process. If you observe your pet licking at the surgery site, please purchase an E-collar to prevent this. If your pet was sent home with an E-collar, please have your pet wear this for 12 days.

#### **EXERCISE**

- Do not allow any running, jumping, excessive play, swimming, or bathing for the next 12 days to help the incision heal well. Ideally, your pet should be confined to either a small room or a kennel to help ensure the necessary level of rest to promote healing and recovery.

#### **RECHECK(S)**

- If external skin sutures are present, they will need to be removed in 10-12 days. Please schedule this tech appointment at checkout today.

#### **COMMUNICATION**

- Thank you for entrusting us with your pet's veterinary care. Please do not hesitate to contact Animal Care Clinic of Pingree Grove at 847-683-9640 with any questions or concerns regarding your pet's health, symptoms, test results, or treatment plan. Non-urgent questions can be communicated via email to either "drbaitman.acc@gmail.com" or "accpingreegrove@gmail.com" We are here to help you help your pets!

Â

Rescue Spay Feline \*5510 - Lidocaine 2% 100

ml 1 cc

Jeremy Baitman, DVM

3/8/2022 6:49 AM

Inventory Item

|                  |                |  |                     |
|------------------|----------------|--|---------------------|
| 3/8/2022 6:49 AM | Inventory Item | Rescue Spay Feline *5510 - Buprenorphine<br>0.6mg/mL 0.05 cc   | Jeremy Baitman, DVM |
| 3/8/2022 6:49 AM | Inventory Item | Rescue Spay Feline *5510 - Dexdomitor<br>Injection 0.05 mL     | Jeremy Baitman, DVM |
| 3/8/2022 6:49 AM | Inventory Item | Rescue Spay Feline *5510 - Ketamine 0.05 cc                    | Jeremy Baitman, DVM |
| 3/8/2022 6:49 AM | Procedure      | Rescue Spay Feline *5510 - Surgical<br>Monitoring              | Jeremy Baitman, DVM |
| 3/8/2022 6:49 AM | Procedure      | Rescue Spay Feline *5510 - SX CALL BACK                        | Jeremy Baitman, DVM |
| 3/8/2022 6:49 AM | Procedure      | Rescue Spay Feline *5510 - Rescue<br>Ovariohysterectomy Feline | Jeremy Baitman, DVM |
| 3/8/2022 6:49 AM | Procedure      | Rescue Spay Feline *5510 - Pain Management<br>Injection w/ RX  | Jeremy Baitman, DVM |

Service on 3/7/2022

|                  |          |                                     |
|------------------|----------|-------------------------------------|
| 3/7/2022 2:28 PM | Document | Rescue Surgical Consent Feline 2022 |
|------------------|----------|-------------------------------------|



## Feline Surgical Consent - Rescue

Client: Hoof Woof  
 Meow Rescue

Client ID:: 1110

Patient: Tina

Patient ID: 11935

|  |                 |                    |  |
|--|-----------------|--------------------|--|
| Phone: (847) 857-0453<br>xMed Con xMed Con | Patient: Feline | DOMESTIC SHORTHAIR |  |
|--|-----------------|--------------------|--|

|          |               |  |                |  |       |  |
|----------|---------------|--|----------------|--|-------|--|
| Surgery: | Spay \$110.00 |  | Neuter \$80.00 |  | Other |  |
|----------|---------------|--|----------------|--|-------|--|

**The following services are strongly recommended today for the pet's health and are offered at rescue prices:**

|                                   |        |  |         |  |
|-----------------------------------|--------|--|---------|--|
| Pre-Surgical Blood Screen \$75.00 | Accept |  | Decline |  |
|-----------------------------------|--------|--|---------|--|

See the Surgical Recommendation handout for more information on the importance of these services.

**The following additional services are offered:**

|                                    |               |        |         |  |
|------------------------------------|---------------|--------|---------|--|
| Microchip (including registration) | Cost: \$50.00 | Accept | Decline |  |
| E-collar                           | Cost: \$10.00 | Accept | Decline |  |

If the pet is over 1 year of age, the following additional charges will apply for these specific surgeries:  
 Ovariohysterectomy (\$60) over 70lbs or in heat-- Umbilical/inguinal hernia repair (\$80/\$200) -- Cryptorchid  
 Inguinal/Abdominal (\$55/\$75)

### Vaccine/Test Policy

Vaccines required for surgery are **Rabies and FVRCP (R)**. For your convenience while Tina is with us, we can administer any vaccine or preventative test that Tina is due for within 30 days during Tina's visit.

|         | Rabies* (R) - 1 YR/3 YR | FVRCP *(R) | Feline Leukemia | Feline Leukemia Test | Fecal Test |
|---------|-------------------------|------------|-----------------|----------------------|------------|
| Due     |                         |            |                 |                      |            |
| Accept  |                         |            |                 |                      |            |
| Decline | -                       | -          | -               |                      |            |

\* Rabies and FVRCP vaccines costs will include an additional exam fee.

Any animal found to have external parasites will be treated at the rescue's cost.

**Consent**

have been informed that there are certain risks and complications associated with sedation, anesthesia, and/or any operation/procedure and that the risks/complications have been explained to me. I understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures deemed necessary by the veterinarian. I am encouraged to discuss any concerns I have about these risks with the attending veterinarian before the procedure is initiated. I authorize the use of appropriate anesthesia and pain relief medication as needed before, during or after the procedure.

The nature of these operations or procedures has been explained to me. I certify that no guarantee or warranty has been made regarding the results that may be achieved and my questions have been answered to my satisfaction. I understand that Animal Care Clinic of Pingree Grove will do their best to inform me of any tests or procedures they must do that may cause an increase in the cost of the procedure. Should unexpected life-saving emergency care be required and the hospital staff is unable to reach me, the staff has permission to provide such treatment and I agree to pay for such.

I have read and understand this authorization and hereby accept and agree to the terms of the consent for treatment.

Contact Name:

Phone #(s) where I can be reached today:

Cell?

Date:

\_\_\_\_\_  
Owner/Authorized Agent Signature