

Pure aka HARRISON

**Countryside Animal Hospital**49 Nonaville Road  
Mount Juliet, TN 37122  
615-758-6406**Patient Chart**

Printed: 09-03-10 at 1:24p

CLIENT INFORMATIONNOTE about changing contact info on  
micro chips # 9851210047708141. Call Home Again 888-466-3242  
choose prompt #3, then #12. Tell them you need to change ownership  
info. They will contact prior owner to  
verify, then change info on chip to your  
info.PATIENT INFORMATIONName Harrison  
Sex Male, Neutered  
Birthday 08-25-08  
ID  
Color Gold  
Reminded (none)Species CANINE  
Breed Retriever, Golden  
Age 2y  
Rabies 8947  
Weight 96.60 lbs  
CodesMEDICAL HISTORY

| Date     | By             | Code   | Description                      | Qty (Variance) | Photo       |
|----------|----------------|--------|----------------------------------|----------------|-------------|
| 08-25-10 | 001            | 401    | Canine Bordetella Vaccination    |                |             |
|          |                | 404    | DA2PP, Annual                    |                |             |
|          |                | 438    | Leptospirosis Vaccination        |                |             |
|          |                | 100003 | Rabies County Tax Wilson Canine  |                |             |
|          |                | FLEA   | start Flea and Tick Preventative |                |             |
|          |                | HWP    | Start Heartworm Preventative     |                |             |
| ID: 8947 | Serial: 11100A | 440    | Rabies, canine, #8947            |                |             |
|          |                |        | Expires: 06/11/11 Type: KV       | Mfg: MERIA     | Admin: RHip |
|          |                | HWT    | 3Dx Heartworm test               |                |             |
|          | Negative       |        |                                  |                |             |
|          | Negative       | 815    | Fecal Examination, Flotation     |                |             |
|          |                | 202    | Annual Physical Examination      |                |             |