

Rabies Vaccination Certificate
Based on NASPHV form 50

Owner's Name & Address

Last Meo	First Marianne	Telephone 432-3846
No. & Street 1308 Swart Hollow Rd	City Oneonta	State Zip NY 13820

Species Equine	Sex Geld	Age 12 yrs & 3 mo	Weight	Breed Thoroughbred	Colors
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Name: **Dobbs**

Chip:

Producer: **Pfizer**

Duration: **1 Year**

1304225

Vacc. Serial (lot) No.

For Licensing Agency Use
License No. Year
 2018
 20
 20

Date Vaccinated:
Thu, Jun 28, 2018

Rabies Tag #:

Vaccine due again:
Fri, Jun 28, 2019

Vet Lic. #: **028240**

Jennifer Hamblin, DVM
Jennifer Hamblin, DVM
Valley Veterinary Associates
647 St Hwy 7
Unadilla NY 13849

Other
Change Add
Control:

Tel: 607-563-1345

Vaccination Certificate

July 2, 2018

Patient: Dobbs

Owner: Marianne & Mario Meo
1308 Swart Hollow Rd
Oneonta, NY 13820

Species: Equine
Breed: Thoroughbred
Sex: Geld
Age: 12 yrs & 3 mo
Color:
Weight:

Microchip:
Rabies Tag #:
Producer: Pfizer
Lot #: 1304225

<u>Due Date</u>	<u>Reminder</u>	<u>Last Given</u>
3/15/2017	-> Strangles Vaccination	3/15/2016
5/18/2018	-> Rhino EHV 1/4 Booster	5/18/2017
6/28/2019	Rabies - Annual	6/28/2018
6/28/2019	Four Way Vaccine Annual	6/28/2018
6/28/2019	West Nile Vaccine	6/28/2018

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Lic.: 028240

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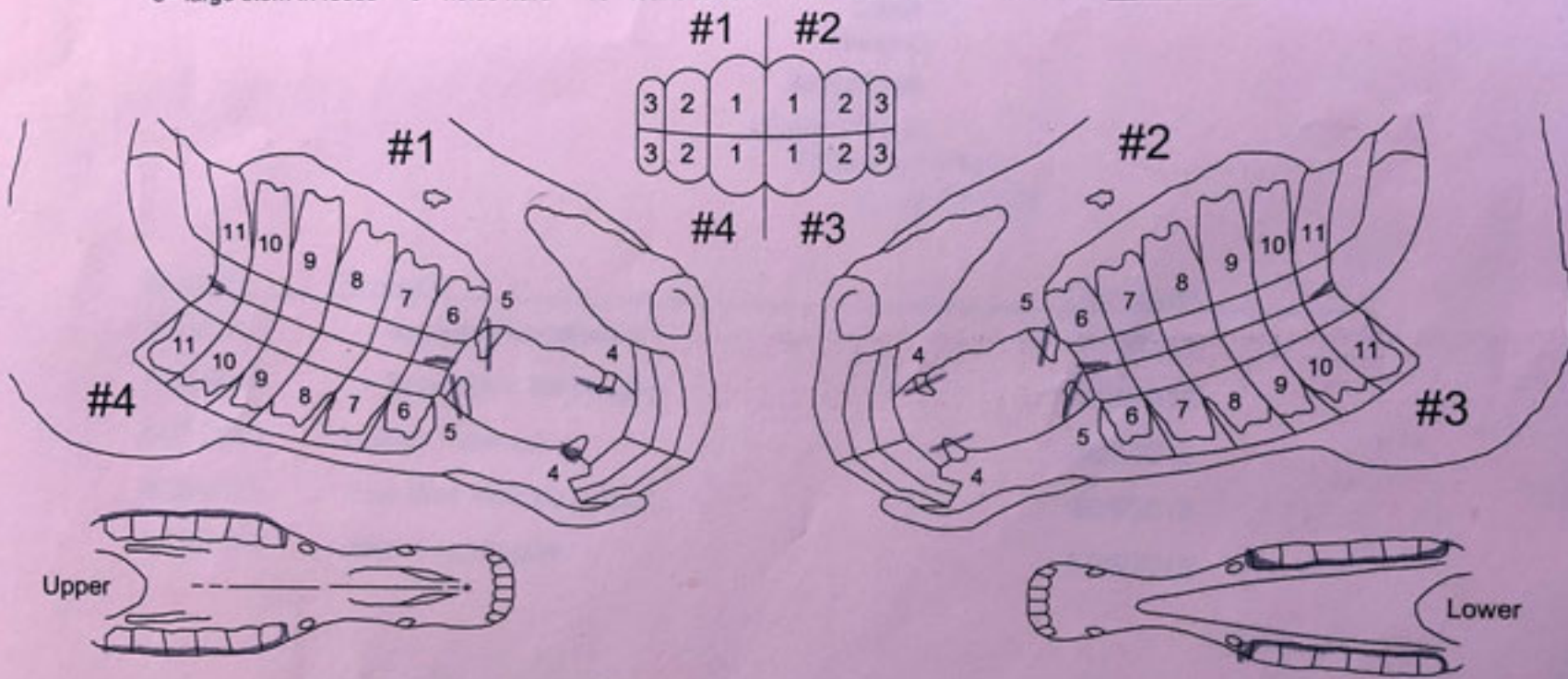
Nicholas C. DeDominicis

Equine Dental Technician

3001 case hill rd. Treadwell NY, 13846
607-287-9567 ndedominicis113@gmail.com

GENERAL HORSE INFORMATION			
Date of Service: 8/15/18	Phone: () -	Cell: () -	Vet: #() -
Owner: Sen Meo			
Address: 1308 Swart Hollow rd Orangetown NY			
Stabled At: same <input checked="" type="checkbox"/>			
Horse Name: Dobbs	Age:	Sex: gelding	
Color:	Breed:		

ISSUES: 1= weight loss 2= dropping feed 3= abnormal chewing 4= quidding 5= head tossing 6= head tilt 7= colic
8= large stem in feces 9= holds hard 10= leans to ditch 11= leans to line 12= other _____



1= sharp points 2= very sharp points 3= buccal laceration 4= lingual laceration 5= hooks 6= ramps 7= step 8= wave
9= excessive transverse ridges 10= cupped 11= slanted incis 12= reduced molar contact 13= lacks lateral excursion
14= overlong incisors 15= prognathism 16= brachygnathism

Incisor Table Angle B /A degrees		Incisor Tooth Width Slide	
Estimated % of Molar Occlusion B /A percent		Left B /A	Right B /A
MOLARS	INCISORS	CANINES	WOLF TEETH
PROCEDURE <input checked="" type="checkbox"/> Float <input checked="" type="checkbox"/> Bit Seat <input checked="" type="checkbox"/> Hooks <input type="checkbox"/> Ramps <input type="checkbox"/> Waves <input type="checkbox"/> Steps <input type="checkbox"/> Ridges <input type="checkbox"/> Cupped EXTRACTION <input type="checkbox"/> Deciduous <input type="checkbox"/> Fragment <input type="checkbox"/> Decayed	PROCEDURE <input type="checkbox"/> Reduction <input type="checkbox"/> Realign EXTRACTION <input type="checkbox"/> Deciduous <input type="checkbox"/> Fragment <input type="checkbox"/> Decayed CARE SCHEDULE Horse should be seen every: <input checked="" type="checkbox"/> YEAR <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> 3 MONTHS	PROCEDURE <input checked="" type="checkbox"/> Reduction <input checked="" type="checkbox"/> Tartar <input type="checkbox"/> Elevate <input type="checkbox"/> Extract	PROCEDURE <input type="checkbox"/> Extraction <input type="checkbox"/> Erupted <input type="checkbox"/> Unerupted <input type="checkbox"/> Fragment
BILLING			
INVOICE TOTAL: \$ 75			
Invoice will be: <input checked="" type="checkbox"/> Paid at time of service CASH			
<input type="checkbox"/> Paid at time of service CHECK # _____			
<input type="checkbox"/> Mailed - Net 30			
Returned checks and unpaid invoices will be subject to fees and interest as outlined on the company website.			
COMMENTS:			