

purchase reimbursement (up to \$250,000), screenings or testing for healthy pets (up to \$400,000), and all other economic damages, including those relating to the injury or death of a pet (all remaining funds in the Settlement Fund). This is described in greater detail in the Full Notice available at www.petfoodsettlement.com

WILLIAM ... CLERK

4. HOW YOU CAN QUALIFY FOR AND RECEIVE A PAYMENT.

In order to be eligible for any compensation from the settlement, you must:

2009 SEP 15 A 11: 58

- fill out this Claim Form in its entirety;
- sign the verification statement in section VII. By signing the verification statement, you swear under penalty of perjury that the information that you have supplied is accurate; and
- return this Claim Form together with copies of your supporting documentation, if any.

All information submitted will be kept confidential.

I. YOUR INFORMATION

Christine Kiefert

Name of Person Submitting Claim: (First, Middle, Last)

8641 Freelling Varner Rd

Street Address

Hixson

City

TN

State

37343

Zip Code

United States

Country

423 320-3535

Area Code Telephone Number (Work)

423 847-8393

Area Code Telephone Number (Home)

423 847-8393

Area Code Fax Number (optional)

E-Mail Address (optional):

II. PET INFORMATION

Pet (check one): Dog or Cat (A separate Claim Form must be submitted for each animal.)

Olive oil Kiefert

Pet's Name:

Pug Black

Breed, if known (optional):

July 26 2006

Pet's Date of Birth (best approximation):

Gender of Pet (check one): Male Female

Dr Ade or whoever was there

Name of Pet's Veterinarian (if applicable):

6310 Hixson Plique

Street Address

Hixson

City

TN

State

37343

Zip Code

United States

Country

423 320-3535

Area Code Telephone Number (Work) Cell

423 847-8393

Area Code Telephone Number (Home)

423 847-8393

Area Code Fax Number (optional)

E-Mail Address (optional):

Mighty Dog Pouches

Brand(s) of Recalled Pet Food Purchased and/or Consumed by Your Pet:

December or January end

Date of Purchase or Consumption of Recalled Pet Food by Your Pet (best approximation):

(Don't remember)

QUESTIONS OR NEED HELP? CALL THE CLAIMS ADMINISTRATOR AT 1-800-392-7785 OR VISIT WWW.PETFOODSETTLEMENT.COM

III. REIMBURSEMENT FOR EXPENSES RELATING TO THE TREATMENT, TESTING, DEATH OR INJURY TO YOUR PET

A. VETERINARY TESTING AND TREATMENT

Check ONE of the following three categories and fill in the corresponding blank:

- 1. My pet showed no signs of illness and never became sick after eating the Recalled Pet Food, but I took my pet to a veterinarian to be tested for illness related to the Recalled Pet Food.
My total veterinary expenses were: \$ _____
- 2. My pet became sick (i.e., developed the symptoms of acute kidney or renal failure such as vomiting, lethargy, decreased appetite, increased urination and/or increased water intake) but did not die after eating the Recalled Pet Food and I took the pet to a veterinarian for treatment.
My total veterinary expenses were: \$ _____
- 3. My pet became sick (i.e., developed the symptoms of acute kidney or renal failure such as vomiting, lethargy, decreased appetite, increased urination and/or increased water intake). I took my pet to a veterinarian for treatment or examination and my pet died after eating the Recalled Pet Food.
My total veterinary expenses were: \$ 1300.00

To recover the maximum amount you can from the Settlement Fund, attach proof of your veterinary expenses and treatments, such as veterinarian bills, veterinarian records, cancelled checks, receipts, credit card receipts or statements, or a statement from your veterinarian. To the extent that you do not have documentation of these expenses, you should provide information regarding those expenses in Section V below. Your recovery may be limited by the Claims Administrator and is subject to the \$900 maximum aggregate recovery for undocumented economic damages. You will only be reimbursed for veterinary services that are related to your pet's use or consumption of the Recalled Pet Food and not for unrelated veterinary services.

B. DEATH

If your pet died as a result of eating the Recalled Pet Food, in addition to all other economic damages, you may be eligible to receive reimbursement for the following types of expenses to the extent they are reasonable:

- 1. **NECROPSY/PET AUTOPSY:**
Total Expense: \$ _____
- 2. **EUTHANASIA/PUTTING YOUR PET TO SLEEP:**
Total Expense: \$ (see attached paper work)
- 3. **CREMATION:**
Total Expense: \$ _____
- 4. **BURIAL/SPECIALTY SERVICES (COMBINATION OF EUTHANASIA/CREMATION):**
Total Expense: \$ _____

To recover the maximum amount you can from the Settlement Fund, attach proof of the expenses and services. Examples of such proof are veterinarian bills, veterinarian records, pet cemetery bills, cancelled checks, receipts, credit card receipts or statements, or a statement from your veterinarian or other person(s) performing the services listed above for which you want reimbursement. To the extent that you do not have documentation of these expenses, you should provide information regarding those expenses below in Section V. Your recovery may be limited by the Claims Administrator and is subject to the \$900 maximum aggregate recovery for undocumented economic damages.

5. PET REIMBURSEMENT

If your pet died and you bought a new pet before May 22, 2008, you may be reimbursed for (i) either the cost or fair market value of your deceased pet, whichever is higher, OR (ii) the reasonable cost of your new pet. You must elect which of these two reimbursements you want.

If your pet died and you did NOT buy a new pet before May 22, 2008, you may be reimbursed for either the cost or fair market value of your deceased pet, whichever is higher.

This reimbursement relates to any deceased pet, whether a mixed breed, pure bred, service animal (for example, a seeing-eye dog) or a show pet. Please check the box or boxes below that apply to you and fill in the corresponding information:

I purchased a new pet before May 22, 2008.

The breed of my new pet is: _____

If you purchased a new pet before May 22, 2008, select one of the following:

I seek reimbursement for the cost of my new pet. The cost of my new pet was: \$ _____

OR

I seek reimbursement for the cost or fair market value of my deceased pet. The cost or fair market value of my deceased pet was: \$ _____

I did not purchase a new pet before May 22, 2008. Therefore, I seek reimbursement for the cost or fair market value of my deceased pet. The cost or fair market value of my deceased pet was \$ see part "V".

To recover the maximum amount you can from the Settlement Fund, attach a copy of proof of either (1) the cost or fair market value of your deceased pet, or (2) the cost of your new pet purchased before May 22, 2008. Acceptable proof includes a receipt, bill, credit card statement, canceled check, AKC Registration, Cat Fancier's Association Certificate, third party appraisal or other proof of the cost or fair market value of your pet. To the extent that you do not submit documentation of these items, you should provide information regarding those expenses below in Section V. Your recovery may be limited by the Claims Administrator and is subject to the \$900 maximum aggregate recovery for undocumented economic damages.

C. ADDITIONAL EXPENSES

If you incurred any other expenses related to the death or illness of your pet after it ate the Recalled Pet Food, state those expenses below. Examples of such additional expenses include travel and transportation expenses, property damage (such as damage to your carpets), lost wages or any other expense related to your pet's illness or death.

To recover the maximum amount you can from the Settlement Fund, attach documentation showing these additional expenses. Acceptable proof includes bills, receipts, credit card statements, photographs, and other documents reflecting the payment of these expenses. To the extent that you do not submit documentation of these items, your recovery may be limited by the Claims Administrator and is subject to the \$900 maximum aggregate recovery for undocumented economic damages.

ADDITIONAL EXPENSES (attach additional pages if necessary):

I took her back and forth starting Wednesday (Jan. 10, 2007) she didn't spend the night because nobody would have been there to stay with her, I did this up until Saturday (Jan. 13, 2007). It is approximately 5 miles each way. I have a picture of the carpet cleaner I had to buy. I don't have a receipt but I have a picture from the newspaper where it was purchased with the price.

IV. RECALLED PET FOOD PURCHASE INFORMATION

You may also be entitled to reimbursement for the purchase of Recalled Pet Food for which you have not already been reimbursed, including by previous return or exchange of product.

Total cost of unreimbursed Recalled Pet Food: \$ 100.00 ?

To recover the maximum amount you can from the Settlement Fund for unreimbursed Recalled Pet Food, attach documentation showing your purchase of Recalled Pet Food. Acceptable proof includes receipts, cancelled checks, credit card statements, copies of the product labels, other records from place of purchase, or other records that could show you bought the food and how much you paid. To the extent that you do not submit documentation of these items, you should provide information regarding those expenses below in Section V, and your recovery may be limited by the Claims Administrator.

DATE OF PURCHASE (List Chronologically) (Month/Date/Year)	PLACE OF PURCHASE	PRODUCT PURCHASED	NUMBER OF CANS/POUCHES/BAGS PURCHASED	TOTAL COST
□□/□□/□□	Store <u>Winn Dixie</u> City <u>Hixson (Dallas)</u> State <u>TN 37343</u>	Brand <u>Mighty Dog</u> Style <u>Pouch</u>	Number <u>7</u> Size <u>"</u> Type _____	\$ <u>?</u>
□□/□□/□□	Store <u>Bi-Lo</u> City <u>Hixson (Dallas)</u> State <u>TN 37343</u>	Brand <u>Mighty Dog</u> Style <u>Pouch</u>	Number <u>7</u> Size <u>"</u> Type _____	\$ <u>?</u>
□□/□□/□□	Store _____ City _____ State _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ State _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ State _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ State _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ State _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____
□□/□□/□□	Store _____ City _____ State _____	Brand _____ Style _____	Number _____ Size _____ Type _____	\$ _____

(Add additional pages, if necessary)

V. EXPLANATION OF UNDOCUMENTED ECONOMIC DAMAGE

If you did not provide documentation to support some or all of your economic damage claims, you should try to provide here as much information as possible about those claims that are not documented and why you did not provide documentation. Providing this explanation will help the Claims Administrator evaluate your claim.

Attach additional pages if necessary.

I didn't keep any receipts for the dog food because I didn't think there would be any reason because she died and I had received the \$700.00 from Purina. Also she went to her regular vet (which was Middle Valley Animal Hospital, Dr. Ade.) but she was rushed to River (Emergency Vet) on Saturday and she spent the night there and died there Sunday night (around 5:00pm).

I did not purchase Olive, she was a puppy from a litter of puppies from a female Olivia + a male Oscar that we have. We had 5 — puppies total 1 fawn and 4 black. We sold the fawn for \$300.00 and the black for \$400.00. So as far as fair market value all I have is some clippings from our local newspaper showing how much pugs are sold for. To be truthful she was such a special puppy I couldn't really put a price for her life.

VI. PRIOR SETTLEMENT/REIMBURSEMENT

Certain pet food manufacturers and retailers have already reimbursed certain Recalled Pet Food claims submitted by customers. Please indicate whether you have previously submitted claims for reimbursement or compensation to a pet food manufacturer or retailer, or its insurance company.

Yes or No

If you answered No, then you can proceed to Section VII, sign the Claim Form, and mail, fax or email (by pdf) it to the address on the front of the Form.

If you answered Yes, then please provide the following information:

Mary Christine Kiefert

Name of Person Submitting Claim for Reimbursement: (First, Middle, Last)

Olivia Oil

Name of the Pet:

Nestle Purina Petcare

Name of Manufacturer or Retailer that Received Claim:

PO Box 1326

Street Address

Wilkes Barre

City

PA

State

18703-9985

Zip Code

United States

Country

see copy

The date(s) on which claim(s) for reimbursement was or were made:

Was Reimbursement Provided? Yes or No Amount of Reimbursement: \$700.00

IMPORTANT INFORMATION REGARDING REIMBURSEMENT: If you have been previously reimbursed by a pet food manufacturer, retailer or its insurance company for expenses associated with the Recalled Pet Food, then the reimbursed amount will be deducted from the total amount owed to you as part of this settlement. If the total amount of your previous reimbursement from a pet food manufacturer, retailer or its insurance company is greater than the total amount that you are entitled to as part of this claims program, then you will not receive any further reimbursement as part of this settlement.

VII. VERIFICATION

I declare under the penalty of perjury that the above information is true and correct. I understand that the above information will be reviewed and verified by a representative from the Claims Administrator. I hereby authorize a representative from the Claims Administrator to contact me or my veterinarian, or both, for more information, and authorize the Claims Administrator to share the information contained within this Claim Form with my veterinarian, as necessary, to properly evaluate my claim.

Christine Kiefert

Signature

9-10-08

Date

Please keep a copy of your completed Claim Form and copies of any attached documentation for your records.

CONTINENTAL KENNEL CLUB Pre-Printed Puppy Registration Application

ATTENTION! You Must Immediately, after purchasing this dog, send in this application to CKC to protect your rights & privileges as a club member and to qualify for CKC Performance Events.

Puppy Information If you have any questions, please call our office at 1-800-952-3376.


Olive Oil Kiefert

Puppy Name (Use one box per letter, including spaces and punctuation. Please use dark ink.) ©2003 Continental Kennel Club

Black Male Female

Bloodline PUG Color Black **PUREBRED** Sex

Breed PUG 7/26/2006 **PUREBRED** Tattoo #

Birthdate: 7/26/2006  Microchip #

OSCAR MYIER KIEFERT PG-02939743 Application Number: DNA #

Sire OSCAR MYIER KIEFERT PG-02939743 **921127-2**

Dam: OLIVE OIL KIEFERT PG-02939746

Breeder Information

By signing this application, I do hereby certify that all of the information listed on this registration application is accurate and true. I understand that this application and all documentation submitted along with this application becomes the property of CKC upon receipt. I agree to abide by all current CKC registration rules, guidelines, policies, procedures and I agree to deliver a completed CKC application to the new owner at the time the puppy is transferred.

CHARLES KIEFERT *Charles Kiefert* Transfer Date (List At Time Of Sale)

Breeder's Name CHARLES KIEFERT Breeder's Signature (Verify Before Signing) 789805

8641 FREELING VARNER RD TN 37343 Breeder Number

Address 8641 FREELING VARNER RD State Zip Code (423) 847-8393

HIXSON City Phone Number

New Owner Information (Include co-owner's signature if co-owned.)

By signing this application, I agree to abide by all current CKC rules, regulations, and guidelines. Not transferable to an owner with a Canadian address.

New Owner's Name _____ New Owner's Signature (Verify Information Before Signing)

Co-Owner's Name _____ Co-Owner's Signature (Verify Information Before Signing)

New Owner's Address _____

New Owner's City _____ New Owner's State New Owner's Zip New Owner's Phone

Third Owner Information (For Double Transfers only)

By signing this application, I agree to abide by all current CKC rules, regulations, and guidelines. Not transferable to an owner with a Canadian address.

Third Owner's Name _____ Third Owner Signature (Verify Information Before Signing)

Third Owner's Address _____ Third Owner's City And State Third Owner's Zip Third Owner's Phone

Service Selections **Product Selections**

- Please choose a service from the list below:
- \$12.00 Standard Registration
 - \$25.00 Standard Registration with Pedigree
 - \$18.00 Color Photo Registration (Must include Photo)
 - \$33.00 Color Photo Registration with Pedigree (Must include Photo)
 - \$43.00 Color Photo Registration w/ Photo Pedigree (Include Photo)
- Optional Services:**
- \$30.00 Microchip ID (microchip, instructions and PETrac™)
 - \$40.00 Gold Club Membership (See back for details)
- Customers Outside US: Add \$6.00 payment. Must be US funds.
- Please mark any product you wish to purchase:
- \$27.95 PUG, BOOK OF THE (H-1021)
 - \$11.95 PUG, GUIDE TO OWNING A (RE-343)
 - \$14.95 PUGS (KW-104S)
 - \$16.00 CKC Quarterly Magazine Subscription
 - \$12.95 CKC All Breed Handbook
 - \$11.95 Housebreaking And Training Your New Puppy (TU-011)
 - \$11.95 Guide to Obedience Training (RE-332)
 - \$17.95 Puppy Care And Training (RD-086)
 - Support K-9 Search & Rescue, \$2.00 per wristband

Payment Information PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE

Check Money Order Visa Master Card American Express Discover **VOID IF COPIED**

Payment Type (Please mark the type of payment you are using.)

 Credit Card Number (Please Print Clearly) Card Exp. Date Credit Card Holder Signature

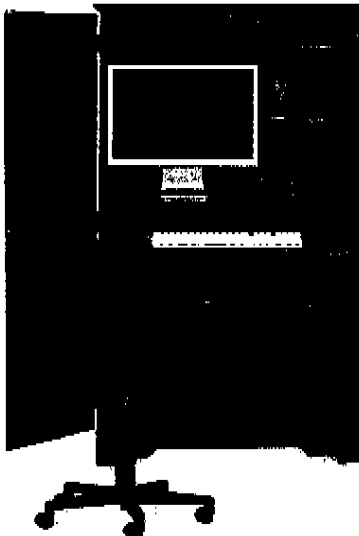
Send this application with payment to: CONTINENTAL KENNEL CLUB - PO Box 1628 - Walker, LA 70785 (Applications not accepted by fax.)

PUG-PUPPIES, CKC, vet
checked, fawn color, \$350
423-432-7220 / 423-867-0685

PUG PUPPY! 4 months, w/ pa-
pers, all shots, \$300.
(423) 783-8895

PUG Pups- AKC Multi-
Champion, shots & wormed cur-
rent, parents on premises, \$400
931.781.2588 / 931.808.9884

ALL HOME OFFICE FURNITURE ON SALE



Essential Home™ computer armoire
SALE 99.99



desk with hutch
SALE 79.99

deluxe task chair
SALE 39.99

student chair
SALE 19.99

New!

24" saddle barstool or adjustable 24"/29" barstool (not shown) SALE 29.99



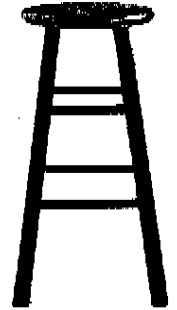
New!

29" swivel barstool
SALE 29.99



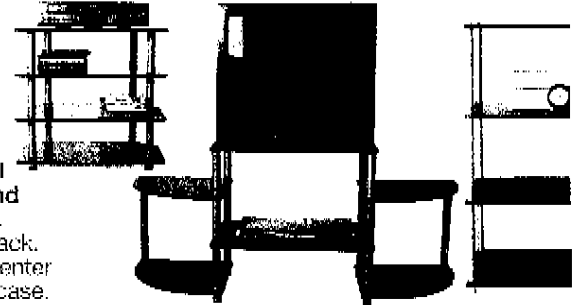
New!

24" black & cherry barstool or 29" natural barstool (not shown) SALE



\$19.99 each

SALE Essential Home black and silver furniture. Entertainment rack, entertainment center or 4-shelf bookcase.



New!

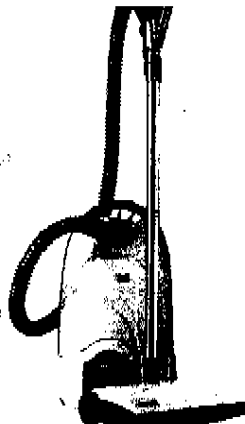
save \$10
\$79.99

SALE Bissell CleanView II upright vacuum* 3798
• turbo brush for pet-hair removal
• bare-floor cleaning
• furniture-protection guard
Bissell Proheat 2X deep cleaner, sale 199.99.



save \$40
\$139.99

SALE Kenmore® Power-Mate canister vacuum: 28213
• HEPA filter
• wide 14" power-head nozzle
• covered onboard tools.



\$139.99

SALE Hudson lounge combo.
limited quantities
no rain checks.

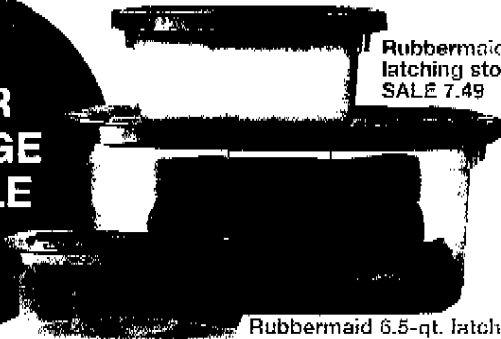


Furniture available in most stores. Assembly required. *1-yr. Product Replacement, 7.99-1

stay organized

Rubbermaid 12-qt. latching storage, SALE 3.99

CLEAR STORAGE ON SALE



Rubbermaid 30-qt. latching storage
SALE 7.49

Rubbermaid 6.5-qt. latching storage, SALE 1.79

ALL CARTS AND DRAWERS ON SALE



3-drawer medium cart
SALE 9.99

large 3-drawer cart
SALE 17.99

MINIMUM MONTHLY PAYMENTS: With credit approval for purchases made on a new Sears Card® account. The advertised minimum monthly payment is an estimate of the minimum monthly payment required based on the purchase price or 1% excluding taxes or other charges and is based on the APR for purchases listed below. The actual required minimum payment for your account may be more or less than the amount shown based on changes in your APR including applicable default rate, existing balances or making additional transactions, including optional insurance charges or credit protection fees billed to the account, and interest and fees billed to the account. You can always pay more than the amount indicated since the more you pay each month, the quicker your balance will be repaid. **FOR NEW SEARS CARD ACCOUNTS:** As of 7/7/08, APR for purchases 22.99%, Default APR 27.99% (rates may vary). Minimum FINANCE CHARGE: \$1. See payment for details including description of the minimum payment calculation and when the default rate applies. Offer is only valid for consumer accounts in good standing. See card agreement for rates and minimum payment information applicable to your account. The Sears Card is issued by Citibank (South Dakota) N.A. Sears Solutions Cards are issued by HSBC Bank (Nevada), N.A.

(1-20) JOB# 817 ST





Nestlé Purina PetCare

North America

OFFICE OF CONSUMER AFFAIRS
P.O. BOX 1326
WILKES BARRE, PA 18703-9985, USA
1-800-7-PURINA
www.purina.com

April 16, 2007

Ms. Christine Kiefert
8641 Freeling Varner Rd
Hixson, TN 37343-1570

Dear Ms. Kiefert,

Thank you for contacting Nestlé Purina PetCare Company regarding your experience with Purina® Mighty Dog® Premium Entrées™ For Dogs & Puppies. We appreciate you bringing this situation to our attention.

Pets are members of the family and when they become ill or pass away, it is very distressing. Please accept our most sincere condolences regarding the loss of your pet.

Nestlé Purina PetCare Company is committed to the well being of cats and dogs. We continually strive to make the highest quality pet food products to ensure that cats and dogs receive the most nutritious diets to keep them healthy and happy.

We appreciate you bringing this situation to our attention. Once again, let us express our deepest sympathy at the loss of your pet.

Sincerely,

Maribell Grant
Pet Advisor

Ref: 16631434N
enclosure

INVOICE

(RIVER)

VETERINARY EMERGENCIES AND REFERRALS
2132 Amnicola Highway
Chattanooga, TN 37406
423-698-4612

"Compassionate, competent care when your regular veterinarian is closed"

FOR: Christine Kiefert
8641 Freeling Varner Rd.
Hixson, TN 37343
(423) 847-8393

Printed: 01-14-07 at 5:16p
Date: 01-14-07
Folder: 0
Invoice: 17649

Date	For	Qty	Description	Net Price
Services by Billy Pullen				
01-14-07	Olive	1	Big Four/azo,glu,pcv/ts	29.50
01-14-07		4	Oxygen therapy per hour	124.00
01-14-07		1	Euthanasia w exam	26.50
Services by John Mullins DVM				
01-13-07		1	General Health Profile Idexx	90.50
01-13-07		1	CBC (Complete Blood Count)	42.00
01-13-07		1	xray - 3 view thoracic radiographs	209.50
01-13-07		1	IV Fluids, first liter	39.00
01-13-07		1	Fluid additives for IV(KCL, B vitamins)	10.20
01-13-07	Items used...	1	Potassium Chloride 20meq\10ml	
01-13-07		1	Dextrose 50% 50ml	24.32
01-13-07		1	Unasyn 1.5gm	31.00
01-13-07		0.60	Amikacin(arniglyde) injection	23.78
01-13-07		0.10	Famotidine inj 10mg/ml	22.50
01-13-07		1	Hospitalization	53.50
01-13-07		1	Nursing Care Level 2	58.50
01-14-07	#3913		Refund Overpayment	215.20

Old balance	Charges	Payments	New balance
-1000.00	784.80	-215.20	0.00

Patient	Total charges
Olive	784.80

Dec 3
March
14

Menu
Foods
1866-463-6

(RIVER)

VETERINARY EMERGENCIES AND REFERRALS
2132 Amnicola Highway
Chattanooga, TN 37406
423-698-4612

Patient Chart

1-800

551-7392

Printed: 01-14-07 at 5:44p

CLIENT INFORMATION

Name Christine Kiefert (7355)
Address 8641 Freeling Varner Rd.
Hixson, TN 37343
Phone 423 847-8393 Work: 423-843-4756
Spouse Charles
Referred by Middle Valley Animal
Balance 0.00

1-800-218-5898 M-F
7-7 pm

PATIENT INFORMATION

Name Olive (5025)
Sex Female
Deceased 01-14-07
ID
Color Black
Reminded (none)
Species
Breed Pug
Age D@5m
Rabies
Weight 5.70 lbs
Codes D

HEALTH HISTORY SUMMARY

PROBLEMS: Opened	By	Problem description	Closed	By
01-13-07	MG	Breathing difficulty		

01-13-07 5.70
MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Amount
01-14-07	WHP	2322	Euthanasia w exam		26.50
		O	Oxygen therapy per hour	4	124.00
		4092	Big Four/azo,glu,pcv/ts		29.50
		PCV	44.0		
		TS	4.0		
	AZO	5.0			
	Blood Glucose	43.0			
01-13-07	JM	NURSE2	Nursing Care Level 2		58.50
		At age: 5m			
		6040	Hospitalization		53.50
		FAMINJ	Famotidine inj 10mg/ml	0.10	22.50
		AMI	Amikacin(amiglyde) injection	0.60	23.78
		UNA	Unasyn 1.5gm		31.00
		D5	Dextrose 50% 50ml		24.32
		6071	Fluid additives for IV(KCL, B vitamins)		10.20
		6020	IV Fluids, first liter		39.00

Patient Chart for Olive
 Date: 01-14-07, Time: 5:44p

Client: Christine Kiefert
 Page: 2

Date	By	Code	Description	Qty (Variance)	Amount
01-13-07	JM	5502	xray - 3 view thoracic radiographs		209.50
		4100	CBC (Complete Blood Count)		42.00
			WBC	0.68 K/uL	
			LYM	0.54 K/uL	
			MONO	0.1 K/uL	
			NEU	0.04 K/uL	
			EOS	0.01 K/uL	
			BASO	0.01 K/uL	
			%LYM	78.2 %	
			%MONO	13.9 %	
			%NEU	5.6 %	
			%EOS	1.3 %	
			%BASO	1.0 %	
			HCT	39.8 %	
			RBC	5.75 M/uL	
			HGB	14.9 g/dL	
			RETIC	15.7 K/uL	
			%RETIC	0.3 %	
			MCV	69.3 fL	
			RDW	16.9 %	
			MCHC	37.5 g/dL	
			MCH	25.96 pg	
			PLT	226.0 K/uL	
			MPV	8.72 fl.	
			PCT	0.2 %	
			PDW	16.3 %	
		POR	General Health Profile Idexx		90.50
			ALB	1.5 g/dL	
			ALKP	441.0 U/L	
			ALT	36.0 U/L	
			AMYL	507.0 U/L	
			BUN	13.0 mg/dL	
			CA	9.5 mg/dL	
			CHOL	210.0 mg/dL	
			CREA	0.4 mg/dL	
			GLU	64.0 mg/dL	
			PHOS	4.4 mg/dL	
			TBIL	0.1 mg/dL	
			TP	4.3 g/dL	
			Na+	142.0 mmol/L	
			K+	3.8 mmol/L	
			Cl-	110.0 mmol/L	

01-13-07

VISIT Patient check-in

At age: 5m Weight: 5.70 Temp: 101.90 Respiration: 64.00 Pulse: 140.00
 CRT: pale/tacky

SUBJECTIVE

Olive is a 5 month old female who has a long history of medical problems since birth. Had a seven and one shot given back in September. Parvo test- NEGATIVE. Came to RIVER on 10-25-06 to consult with Dr. Kra winkle- Elongated soft pallet, inguinal hernia, umbilical hernia, abnormal esophagus

Date	By	Code	Description	Qty (Variance)	Amount
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and Scoliosis. Owner has been taking Olive to Middle Valley for re checks regulary. This past Tuesday they discovered by Radiograph that Olive had eaten a Christmas tree light. They put her on Meds and she passed this through her feces. Vomiting and Diarr has been constant for several days. Refuses to eat and very weak and dehydrated. Owner went to Middle Valley this am for re check- Sent home with SQ fluids and SQ meds- Polyflex, Pepcid, Promethazine. Not making any progress at this time, owner has seen her collapse during times of the vomiting. Dr. at Middle Valley said today there was a spot on the lung on the Radiograph, Pneumonia is suspected due to aspiration. MG

Breathing difficulty

OBJECTIVE:

CARDIOVASCULAR

normal sinus rhythm

RESPIRATORY

harsh lung sounds bilaterally

PLAN, Diagnostic

9:00 pm: Radiographs taken of thorax and abdomen. Patient was having difficulty breathing and was returned to O2 cage until breathing better. At that time IV cath. will be placed. (BG)
9:30 pm: Patient still having difficulty breathing and simultaneously vomiting and having diarrhea. (BG)
9:45 pm: IV cath. placed in left front leg. (AT/BG)
10:00pm: Blood drawn for chem and CBC. 30mg Amikacin administered IV, 45 mg Unasyn administered IV, 1mg Pepcid administered IV. IV fluids started (Norm -R with 20 MEq KCl and 50 ml dextrose) @ 8ml/hr. Coupage done. Small amount of coughing displayed (BG/AT)
11:00 pm: patient vomited green foamy fluid. 35.4 % O2 (BG)
11:30 pm: Patient had diarrhea and vomited a large amount. 32.9% O2 .Cage cleaned and clean bedding provided. (BG)
1:00 am: Fluids: 8/22, patient is resting quietly in cage. Patient vomited 15 min. ago. O2 @ 34.8% in O2 cage. (BG)

PLAN, Therapeutic

(BG)9:00 pm: Radiographs taken of thorax and abdomen. Patient was having difficulty breathing and was returned to O2 cage until breathing better. At that time IV cath. will be placed. (BG)
9:30 pm: Patient still having difficulty breathing and simultaneously vomiting and having diarrhea. (BG)
9:45 pm: IV cath. placed in left front leg. (AT/BG)
10:00pm: Blood drawn for chem and CBC. 30mg Amikacin administered IV, 45 mg Unasyn administered IV, 1mg Pepcid

Date	By	Code	Description	Qty (Variance)	Amount
			administered IV. IV fluids started (Norm -R with 20 MEq KCL and 50 ml dextrose) @ 8ml/hr. Coupage done. Small amount of coughing displayed (BG/AT)		
			11:00 pm: patient vomited green foamy fluid. 35.4 % O2 (BG)		
			11:30 pm: Patient had diarrhea and vomited a large amount. 32.9% O2 .Cage cleaned and clean bedding provided. (BG)		
			1:00 am: Fluids: 8/22, patient is resting quietly in cage. Patient vomited 15 min. ago. O2 @ 34.8% in O2 cage. (BG)		
			2:00 am Vomiting and diarrhea (AM)		
			3:00 am Vomiting and diarrhea (AM)		
			4:00 am Temp=101.8 HR=200 RR=40 MM=pale/moist Still having vomiting and diarrhea Increased fluid rate to 12 mls/hr (AM)		
			5:00 am Gave Unasyn 45 mg IV Had diarrhea (AM)		
			1/14/2007 8:00 am Attitude= DAR, T= 100.6, HR= 142, R= 42, MM= pale /moist, Diarrhea with mucus, no vomit, urination +++ , fluids 12/94, O2= 35%. Parvo test= negative. (PS).		
			10:00 am abdominal X-ray lateral and VD. (PS).		
			12:15 pm abdomen X-ray with barium medium, 3 cc of barium (PS)		
			12:20 pm X-ray abdomen lateral view. (PS)		
			12:30 pm X-ray abdomen lateral view. (PS)		
			1:00 pm X-ray abdomen lateral view. Unasyn 45 mg IV, O2 29.1%, T= 98, RR= 36, HR= 138, MM=pale. fluid 12/137 (PS).		
			3:30PM laterally recumbent, BG 43, 2 boluses of 2ml dextrose diluted 1:1 with Norm-R, bolus 10ml Hetastarch. Unable to obtain blood pressure with either Cardell or doppler		
			5PM her owners visited and due to Olive's grave prognosis and deteriorating condition, euthanasia was performed. Euthasol 2ml IV (BP)		

Middle Valley Animal Hospital

Patient Chart

6310 Hixson Pike
Hixson, TN 37343
423-842-6758

Printed: 08-07-08 at 3:21p

CLIENT INFORMATION

Name	Chasity Kiefert (18519)	Spouse	Charles
Address	8641 Freeling Varner Rd Hixson, TN 37343	Balance	0.00
Phone	847-8393		

test results

PATIENT INFORMATION

Name	Olive	Species	CANINE
Sex	Female	Breed	Pug
Deceased	01-15-07	Age	D@5m
ID		Rabies	
Color	Black	Weight	0.00 lbs
Reminded	01-05-07	Codes	D

MEDICAL HISTORY

Date	By	Code	Description	Qty (Variance)	Amount
01-15-07	NON	1899	Returned Promethazine		-15.00
		6667	Canine I/D - Can		-1.60
		3158	Injection (In Hospital)		-15.00
		1899	Returned Pepcid		-15.00
01-13-07	SC	3519	Parvo-Elisa (ih)		51.50
		TEST RESULTS	Negative		
		3927	Additional Film		33.50
		3153	Injection, Intramuscular (3)		
		3162	Fluid Therapy Sq 000-300		
		1899	Promethazine Injection	3	15.00
		1899	Pecid (Famotadine) Injection	3	15.00
		3158	Injection (in Hospital)	3	15.00
01-10-07	JR	3927	Additional Film		33.50
		5000	Radiographic Interpretation		5.60
		3926	Radiograph		81.00
		3152	Injection, Intramuscular (2)		31.50
		3162	Fluid Therapy Sq 000-300		31.50
		4999	Hazardous Waste Fee		1.20
	3000	Examination, Complete		41.00	
10-12-06	WKA	3012	Office Call - No Charge		
10-11-06	JR	3927	Additional Film		33.50
		3547	Healthy Pre-Anesthetic Profile		61.50
		3452	Fecal Exam Wop		
		Roundworms	Negative		
		Hookworms	Negative		
Whipworms	Negative				

Patient Chart for Olive
Date: 08-07-08, Time: 3:21p

Client: Chasity Kiefert
Page: 2

Date	By	Code	Description	Qty (Variance)	Amount
	Tapeworms Coccidia Giardia	Negative Negative Negative			
09-06-06	***	3335	Parvo #1		

*Good friends stay
forever in our hearts.*



*From: Middle
Valley
Animal
Hospital*

we could do for her, but I hope you find comfort in knowing you made the best decision for her. I will keep your family in my thoughts & prayers.

Sincerely,
Jane Reeves

Jan. 15, 2007
Friends enter and leave our lives,
but the impressions they make
on our hearts stay with us forever.

Our sympathy is with
you in your loss.

Middle Valley Animal Hospital

Dear Mrs. Kiefert & Family,

My heart goes out to you for your loss of Olive. She was such a sweet girl & she fought so hard to beat the odds for such a long time. I am so glad she had such a wonderful family to make her short life so full of love. I am so sorry there wasn't more.



From the
River
Emergency
Vet

Morgan

Elmaben

Lin

Jeanne

Kathy

Heather

Mary
Doll

See

Diane

Angie G



May your wonderful memories
outweigh the sadness in your heart.

Jessica
Angie m.

Kate

Janessa

Dr. Ann

Lin

Lin

Betsy

Bailey

Allison

Chris

she
was
5
months
old

