

U.S. DISTRICT COURT  
MIDDLE DISTRICT OF NEW JERSEY, CLERK

September 1, 2008

2008 SEP 11 A 11: 22

Clerk of Court  
Mitchell H. Cohen Building & US Courthouse  
4<sup>th</sup> & Cooper Streets, Room 1050  
Camden, NJ 08101

U.S. DISTRICT COURT  
MIDDLE DISTRICT OF NEW JERSEY

Re.: Civil Action Number: 07-2867 (NHL), MDL No. 1850  
Claimant: Susan Foresman  
3504 Zane Grey Loop  
Parker, CO 80138  
303 877-1072

Please note that I am not opting out of the proposed settlement, but taking this opportunity to comment on the process as well as the proposal in which I intend to participate.

I first want to thank you for your part in ensuring that those of us who lost a member of our family at the hands of irresponsible and possible criminal acts receive some justice.

For many of us our pets are like children, and Lailani was just that, a valued member of the family. Her comfort and needs were a high priority for the years that she was with us. She received every routine and as needed veterinary treatment and ate the highest quality foods that the vet could recommend.

Lailani went to the vet for a dental. After her pre-dental blood work we were elated to hear from our vet that her blood work was "perfect". Dr. Quit proceeded with the dental and there were no complications. Following the dental Lailani was to eat soft food so I purchased gravy products that I knew she would love, some of which were obviously unknown to be tainted. The more she ate, the sicker she got until she would no longer eat and developed among the other organ complications, liver issues. At that point she was being tube fed and ultimately, one night at midnight, I had to love her enough to let her go. I took her to the emergency room at my vet's office and held her as she was euthanized.

The pain that her death caused is impossible to describe. It is one thing for your pet to pass after having given them a good life, and yet another to know that she died because you force fed her poison food. The pain that she endured is indescribable. It is a guilt that is impossible to explain, as I will never forget the look on her face as she pleaded for relief.

I appreciate the opportunity to express my sadness and again, I appreciate your assistance in processing my claim, allowing us to recover the economic loss, realizing that the personal loss can never be replaced.

Sincerely,



Susan G. Fotesman

cc:

Pet Food Settlement

c/o Heffler, Radtich & Saitta, L.L.P.

P.O. Box 890

Philadelphia, PA 19105-0890

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](http://www.petfoodsettlement.com).

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

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

- 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**

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

3504 Zane Grey Loop  
 Street Address

Parker  
 City

CO  
 State

80138-4747  
 Zip Code

USA  
 Country

303 662-8516  
 Area Code Telephone Number (Work)

303 877-1072  
 Area Code Telephone Number (Home)

303 877-1417  
 Area Code Fax Number (optional)

LHL6@AOL.COM  
 E-Mail Address (optional):

**II. PET INFORMATION**

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

LAILANI FORESMAN  
 Pet's Name:

DOMESTIC SHORT HAIR  
 Breed, if known (optional):

DOMESTIC SHORT HAIR APPROX 8/197  
 Pet's Date of Birth (best approximation):

Gender of Pet (check one): Male  Female

DR JENATHAN QUINN VCA Douglas Co An Hosp  
 Name of Pet's Veterinarian (if applicable):

531 Jerry St  
 Street Address

Castle Rock  
 City

CO  
 State

80104-  
 Zip Code

USA  
 Country

303 688-2480  
 Area Code Telephone Number (Work)

Area Code Telephone Number (Home)

Area Code Fax Number (optional)

JTQUINT@comcast.net  
 E-Mail Address (optional):

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

DEPT + THRU Dec 2006  
 Date of Purchase or Consumption of Recalled Pet Food by Your Pet (best approximation):

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: \$ 2516.74 Receipts attached

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: \$ 92.22

**3. CREMATION:**

Total Expense: \$ 111.50

**4. BURIAL/SPECIALTY SERVICES (COMBINATION OF EUTHANASIA/CREMATION):**

Total Expense: \$ 100.40.00  
vet fee

Included in total receipts

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: CAT

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: \$ 70<sup>00</sup>

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 \$ \_\_\_\_\_

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):

Lost time at work taken at no pay in order to feed (via tube) @ 4 hours was a loss of \$1000.00. All the time, Lailani was being force fed, thru a feeding tube the very food that killed her, not having any idea that it was poison. During that time I was also unable to do overtime as is often the case

**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: \$ 240<sup>00</sup>

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
BETWEEN 10/18/06 + 12/20/06	WALMART OR PetSmart or Safeway Castle Rock State CO	Brand JAMS Style Select A Bite Adult Soft + Gravy	Number 24 Size 3oz Type pouch	Approx \$ 25 <sup>00</sup>
BETWEEN 10/18/06 + 12/20/06	WALMART OR PetSmart or Safeway Castle Rock State CO	Brand Iams Style Adult Chicken Gravy	Number 48 Size 3oz Type pouch	Approx \$ 30-40 <sup>00</sup>
BETWEEN 10/18/06 + 12/20/06	WALMART OR PetSmart or Safeway Castle Rock State CO	Brand Sophisticated Style FURRO CHICK + Tuna	Number 48 Size 3oz Type can	Approx \$ 25 <sup>00</sup>
BETWEEN 10/18/06 + 12/20/06	WALMART OR PetSmart or Safeway Castle Rock State CO	Brand Priority Style Turkey Gravy	Number 24 Size 3oz Type can	Approx \$ 10 <sup>00</sup>
BETWEEN 10/15/06 + 12/15/06	Vet Castle Rock State CO	Brand GD IAD Style Hills	Number 5 Size 6 PKT Type CANS	\$ 85 <sup>00</sup>
BETWEEN 10/15/06 + 12/15/06	Vet-Prater Health Louisville State CO	Brand Warrant Royal Canin Style Renal LP	Number 48 Size 3oz Type packs	\$ 60 <sup>00</sup>
□□/□□/□□	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.

AT LEAST 4 days without pay at my job including lost overtime is a minimum of

APPROX. \$1000.00

Misc. items to provide care for my sick kitten include massive amounts of paper towels, a Magic Bullet to puree the powder food, syringes to insert into the feeding tube and or her mouth in force feeding.

APPROX. \$150.00

It is not easy to document but I appreciate your consideration.  
Thank You.







**VCA Douglas County Animal Hospital**  
 531 Jerry Street  
 Castle Rock, CO 80104  
 (303)688-2480

Doctor: Julie Hesse DVM • Date: 12/22/2006 at 5:19PM • Invoice Number: 126216

Client		Patient					
Name:	Susan Foresman	Accl. No:	10963	Name:	Lailani	No:	52420
Address:	3741 Morning Glory Dr. Castle Rock, CO 80104			Species:	Feline	Sex:	Female Neut.
				Breed:	Domestic Short Hair	Birth:	08/17/1997
				Color:	Tort W/ White	Weight:	0.0 lbs

Detailed Visit Information					
Date	Description	Quantity	Price	Tax	Total Price
12/18/2006	Euthanasia	1	92.22		92.22
	Private Cremation	1	111.50		111.50
	Miscellaneous Sx	1	40.00		40.00
	abbreviated necropsy 12/18/06 04:18pm RECEIPT JRM				
<b>Subtotal:</b>					<b>\$243.72</b>

**Invoice Notes**

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks. VCA Douglas County Animal Hospital is open 24 hours a day, 7 days a week all year.

Invoice Summary			
Patient Name	Total Price	Total Tax	Total Due
Lailani	243.72		243.72
	Cash:	0.00	Prev. Balance:
	Check:	0.00	Total Due:
	Credit Card:	0.00	Amount Paid:
			Amount Due:
			34.37
			278.09
			0.00
			278.09

**Financial Notes**

Late charge applied to all accounts unpaid after 30 days. Late charge computed by a periodic rate of 1.50% per month, which is an annual 18%.



**VCA Douglas County Animal Hospital**

531 Jerry Street  
 Castle Rock, CO 80104  
 (303)688-2480

Doctor: J. Quint DVM • Date: 12/15/2006 at 2:57PM • Invoice Number: 125566

Client		Patient					
Name:	Susan Foresman	Acct. No:	10963	Name:	Lailani	No:	52420
Address:	3741 Morning Glory Dr. Castle Rock, CO 80104			Species:	Feline	Sex:	Female Neut.
				Breed:	Domestic Short Hair	Birth:	08/17/1997
				Color:	Torti W/ White	Weight:	0.0 lbs

Detailed Visit Information					
Date	Description	Quantity	Price	Tax	Total Price
12/14/2006	Metoclopram S 1mg/mlxcc	30	7.00		7.00
	Marin for Cats/60cent	1	28.00		28.00
	Denosyl SD4 90mg/30cnt	1	28.10		28.10
	Amoxi-Liq 50mg/ml 30mls	1	17.35		17.35
	Esophagostomy Th Plc	1	117.89		117.89
	Sedation	1	58.30		58.30
	Fluids SQ	1	30.14		30.14
	Injectable Metoclopram.	4	18.18		18.18
12/15/2006	G/D Dry 4# (Fel)	4	51.68	3.88	55.56
	A/D Case 5.5oz.	1	32.10	2.41	34.51
	Biohazard Waste Mgmt.	1	4.23		4.23
<b>Subtotal:</b>					<b>\$399.26</b>

**Invoice Notes**

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.  
 VCA Douglas County Animal Hospital is open  
 24 hours a day, 7 days a week all year.

Invoice Summary				
Patient Name	Total Price	Total Tax	Total Due	
Lailani	392.97	6.29	399.26	
	Cash:	0.00	Prev. Balance:	0.00
	Check:	0.00	Total Due:	399.26
	American Express:	399.26	Amount Paid:	399.26
			Amount Due:	0.00

Thank You: Karen M.

**VCA Douglas County Animal Hospital**  
 531 Jerry Street  
 Castle Rock, CO 80104  
 (303)688-2480

Doctor: J. Qasbi DVM • Date: 12/13/2006 at 10:09AM • Invoice Number: 125264

Client		Patient					
Name:	Susan Foreman	Acct. No:	10963	Name:	Lailani	No:	52420
Address:	3741 Morning Glory Dr. Castle Rock, CO 80104			Species:	Feline	Sex:	Female Neut
				Breed:	Domestic Short Hair	Birth:	08/17/1997
				Color:	Tort W/ White	Weight:	0.0 lbs

Detailed Visit Information					
Date	Description	Quantity	Price	Tax	Total Price
12/13/2006	Recheck/Evaluation	1	22.90		22.90
	Sr. Wellness Test Fel	1	168.00		168.00
	Fluids SQ	1	30.14		30.14
	Injectable Metocloprami	4	29.95		29.95
	Biohazard Waste Mgmt.	1	4.23		4.23
<b>Subtotal:</b>					<b>\$255.22</b>

**Invoice Notes**

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.  
 VCA Douglas County Animal Hospital is open  
 24 hours a day, 7 days a week all year.

Invoice Summary			
Patient Name	Total Price	Total Tax	Total Due
Lailani	255.22		255.22

Cash:	0.00	Prev. Balance:	0.00
Check:	0.00	Total Due:	255.22
American Express:	255.22	Amount Paid:	255.22
		Amount Due:	0.00

Thank You: Mury C.

Thank you for trusting us with your pet's care • Your friends at VCA Douglas County Animal Hospital



**VCA Douglas County Animal Hospital**  
 531 Jerry Street  
 Castle Rock, CO 80104  
 (303)688-2480

Doctor: J. Quint DVM • Date: 11/15/2006 at 6:12PM • Invoice Number: 121910

Client		Patient					
Name:	Susan Foresman	Acct. No:	10963	Name:	Lailani	No:	52420
Address:	3741 Morning Glory Dr. Castle Rock, CO 80104			Species:	Feline	Sex:	Female Neut.
				Breed:	Domestic Short Hair	Birth:	08/17/1997
				Color:	Tort W/ White	Weight:	0.0 lbs

**Detailed Visit Information**

Date	Description	Quantity	Price	Tax	Total Price
11/15/2006	Gen. Anes. 1st 1/2 Hr.	1	95.40		95.40
	Fluid Set Up - Surgery	1	65.06		65.06
	--IV Cath. Sx Included	1	0.00		0.00
	--IV Admin.-Sx Included	1	0.00		0.00
	--Fluid 1st Bag-Sx Incl	1	0.00		0.00
	Dental Radiograph	1	21.00		21.00
	Dental Radiograph Addt.	5	50.00		50.00
	Liver Profile	1	132.50		132.50
	Amoxi-Liq 50mg/ml 30mls	1	17.35		17.35
	Denosyl SD4 90mg/30cnt	1	28.10		28.10
	Denosyl SD4 90mg/30cnt	-1	-28.10		-28.10
	owner has enough medication at home, none dispensed 11/15/06 03:48pm REC'EPT JRM				
	Biohazard Waste Mgmt.	1	4.23		4.23
<b>Subtotal:</b>					<b>\$385.54</b>

**Invoice Notes**

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.  
 VCA Douglas County Animal Hospital is open  
 24 hours a day, 7 days a week all year.

**Invoice Summary**

Patient Name	Total Price	Total Tax	Total Due
Lailani	385.54		385.54

Cash:	0.00	Prev. Balance:	0.00
Check:	0.00	Total Due:	385.54
American Express:	385.54	Amount Paid:	385.54
		Amount Due:	0.00

Thank You: Jean L.

Thank you for trusting us with your pet's care • Your friends at VCA Douglas County Animal Hospital



**VCA Douglas County Animal Hospital**  
 531 Jerry Street  
 Castle Rock, CO 80104  
 (303)688-2480

Doctor: J. Quinn DVM • Date: 11/02/2006 at 2:52PM • Invoice Number: 120298

Client		Patient					
Name:	Susan Foreman	Acct. No:	10963	Name:	Lailani	No:	52420
Address:	3741 Morning Glory Dr Castle Rock, CO 80104			Species:	Feline	Sex:	Female Neut
				Breed:	Domestic Short Hair	Birth:	08/17/1997
				Color:	Tort W/ White	Weight:	0.0 lbs

Detailed Visit Information					
Date	Description	Quantity	Price	Tax	Total Price
11/02/2006	Recheck/Evaluation	1	22.90		22.90
	Biohazard Waste Mgmt.	1	4.23		4.23
	Pet Piller	1	5.64		5.64
<b>Subtotal:</b>					<b>\$32.77</b>

**Invoice Notes**

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.  
 VCA Douglas County Animal Hospital is open  
 24 hours a day, 7 days a week all year.

Invoice Summary			
Patient Name	Total Price	Total Tax	Total Due
Lailani	32.77		32.77

Cash:	0.00	Prev. Balance:	0.00
Check:	0.00	Total Due:	32.77
American Express:	32.77	Amount Paid:	32.77
		Amount Due:	0.00

Thank You: Linda R.

Thank you for trusting us with your pet's care • Your friends at VCA Douglas County Animal Hospital



**VCA Douglas County Animal Hospital**  
 531 Jerry Street  
 Castle Rock, CO 80104  
 (303)688-2480

Doctor: J. Quint DVM • Date: 10/24/2006 at 12:50PM • Invoice Number: 119232

Client		Patient					
Name:	Susan Foreman	Acct. No:	10063	Name:	Lailani	No:	52420
Address:	3741 Morning Glory Dr. Castle Rock, CO 80104			Species:	Feline	Sex:	Female Neut
				Breed:	Domestic Short Hair	Birth:	08/17/1997
				Color:	Tabi W/ White	Weight:	0.0 lbs

Detailed Visit Information					
Date	Description	Quantity	Price	Tax	Total Price
10/24/2006	Recheck/Evaluation	1	22.90		22.90
	Orbifloxacin 22.7mg	10	27.02		27.02
	Liver Profile	1	132.50		132.50
	Biohazard Waste Mgmt.	1	4.23		4.23
<b>Subtotal:</b>					<b>\$186.65</b>

**Invoice Notes**

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.  
 VCA Douglas County Animal Hospital is open  
 24 hours a day, 7 days a week all year.

Invoice Summary				
Patient Name	Total Price	Total Tax	Total Due	
Lailani	186.65		186.65	
	Cash:	0.00	Prev. Balance:	0.00
	Check:	0.00	Total Due:	186.65
	American Express:	186.65	Amount Paid:	186.65
			Amount Due:	0.00

Thank You: Erin T.

Thank you for trusting us with your pet's care • Your friends at VCA Douglas County Animal Hospital



**VCA Douglas County Animal Hospital**  
 531 Jerry Street  
 Castle Rock, CO 80104  
 (303)688-2480

Doctor: J. Quint DVM • Date: 10/13/2006 at 5:28PM • Invoice Number: 118024

Client			Patient		
Name:	Susan Foresman	Acct. No: 10963	Name:	Lailani	No: 52420
Address:	3741 Morning Glory Dr Castle Rock, CO 80104		Species:	Feline	Sex: Female Neut.
			Breed:	Domestic Short Hair	Birth: 08/17/1997
			Color:	Torti W/ White	Weight: 0.0 lbs

Detailed Visit Information					
Date	Description	Quantity	Price	Tax	Total Price
10/13/2006	Support Service no charge recheck exam per IQ 10/13/06 11 28am RECEIPT IRM	1	0.00		0.00
	Sr. Wellness Test Fel	1	168.00		168.00
	Fluids SQ	1	30.14		30.14
	Biohazard Waste Mgmt.	1	4.23		4.23
<b>Subtotal:</b>					<b>\$202.37</b>

**Invoice Notes**

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.  
 VCA Douglas County Animal Hospital is open  
 24 hours a day, 7 days a week all year.

Invoice Summary			
Patient Name	Total Price	Total Tax	Total Due
Hendon	442.62		442.62
Willie	452.62		452.62
Lailani	202.37		202.37

Cash:	0.00	Prev. Balance:	0.00
Check:	0.00	Total Due:	1,097.61
American Express:	1,097.61	Amount Paid:	1,097.61
		Amount Due:	0.00

Thank You: Erin T.

Thank you for trusting us with your pet's care • Your friends at VCA Douglas County Animal Hospital

**VCA Douglas County Animal Hospital**  
 531 Jerry Street  
 Castle Rock, CO 80104  
 (303)688-2480

Doctor: J. Quint DVM • Date: 10/18/2006 at 4:44PM • Invoice Number: 118607

Client		Patient					
Name:	Susan Foresman	Acct. No:	10963	Name:	Lallani	No:	52420
Address:	3741 Morning Glory Dr Castle Rock, CO 80104			Species:	Feline	Sex:	Female New
				Breed:	Domestic Short Hair	Birth:	08/17/1997
				Color:	Tort W/ White	Weight:	0.0 lbs

Detailed Visit Information					
Date	Description	Quantity	Price	Tax	Total Price
10/14/2006	Fluid Therapy Set Up	1	97.59		97.59
	--Fluid 1st Bag	1	0.00		0.00
	--I.V. Catheter Include	1	0.00		0.00
	--I.V. Administrat. Set	1	0.00		0.00
	Injectable KCL	1	20.84		20.84
	Injectable Vitamin K	1	18.12		18.12
	Injectable Vit B Complx	2	17.78		17.78
	Denosyl SD4 90mg/30cnt	1	28.10		28.10
	Injectable Ampicillin	1	18.14		18.14
	Nursing/Injections	1	13.56		13.56
	Partial Day Hospitaliz.	1	27.50		27.50
	Fructosamine Test	1	71.84		71.84
	Partial Day Hospitaliz.	1	27.50		27.50
	Nursing/Injections	2	27.12		27.12
10/15/2006	Partial Day Hospitaliz.	1	27.50		27.50
	Partial Day Hospitaliz.	1	27.50		27.50
	Nursing/Injections	2	27.12		27.12
10/16/2006	Partial Day Hospitaliz.	1	27.50		27.50
	Injectable Ampicillin	1	18.14		18.14
	Injectable Vitamin K	1	18.12		18.12
	Nursing/Injections	1	13.56		13.56
	Partial Day Hospitaliz.	1	27.50		27.50
	Nursing/Injections	2	27.12		27.12
10/17/2006	Partial Day Hospitaliz.	1	27.50		27.50
	Nursing/Injections	2	27.12		27.12
10/18/2006	Injectable Ampicillin	1	18.14		18.14
	Injectable Vitamin K	1	18.12		18.12
	Partial Day Hospitaliz.	1	27.50		27.50
	Amoxi-Liq 50mg/ml 15mls	1	15.10		15.10
	Cyproheptadine 4mg	15	22.47		22.47
	A/D Case 5.5oz.	1	32.10	2.41	34.51
	Biohazard Waste Mgmt.	1	4.23		4.23
<b>Subtotal:</b>					<b>\$776.84</b>

**Invoice Notes**

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.  
 VCA Douglas County Animal Hospital is open  
 24 hours a day, 7 days a week all year.

Thank you for trusting us with your pet's care • Your friends at VCA Douglas County Animal Hospital



**VCA Douglas County Animal Hospital**  
 531 Jerry Street  
 Castle Rock, CO 80104  
 (303)688 2480

Factor: J. Quini DVM • Date: 10/19/2006 at 4:44PM • Invoice Number: 118607

Invoice Summary			
Patient Name	Total Price	Total Tax	Total Due
Lailani	774.43	2.41	776.84
Cash:	0.00	Prev. Balance:	0.00
Check:	0.00	Total Due:	776.84
Credit Card:	0.00	Amount Paid:	0.00
		Amount Due:	776.84

Thank You: Karen M.

Financial Notes
Late charge applied to all accounts unpaid after 30 days. Late charge computed by a periodic rate of 1.50% per month, which is an annual 18%.

Thank you for trusting us with your pet's care • Your friends at VCA Douglas County Animal Hospital

# VCA Douglas County Animal Hospital

531 Jerry Street  
 Castle Rock, CO 80104  
 (303)688-2480

Doctor: J. Quinn DVM • Date: 12/16/2006 at 3:08PM • Invoice Number: 125712

Client		Patient					
Name:	Susan Foreman	Acct. No:	10963	Name:	Lailani	No:	52420
Address:	3741 Morning Glory Dr. Castle Rock, CO 80104			Species:	Feline	Sex:	Female Neut
				Breed:	Domestic Short Hair	Birth:	08/17/1997
				Color:	Tort W/ White	Weight:	0.0 lbs

Detailed Visit Information					
Date	Description	Quantity	Price	Tax	Total Price
12/16/2006	Fluids SQ	1	30.14		30.14
	Biohazard Waste Mgmt.	1	4.23		4.23
<b>Subtotal:</b>					<b>\$34.37</b>

**Invoice Notes**

We require full payment at time of service. We accept major credit cards. There will be a \$20.00 fee for returned checks.  
 VCA Douglas County Animal Hospital is open  
 24 hours a day, 7 days a week all year.

Invoice Summary			
Patient Name	Total Price	Total Tax	Total Due
Lailani	34.37		34.37

Cash:	0.00	Prev. Balance:	0.00
Check:	0.00	Total Due:	34.37
Credit Card:	0.00	Amount Paid:	0.00
		Amount Due:	34.37

Thank You: Linda R.

**Financial Notes**

Late charge applied to all accounts unpaid after 30 days. Late charge computed by a periodic rate of 1.50% per month, which is an annual 18%.

Thank you for trusting us with your pet's care • Your friends at VCA Douglas County Animal Hospital

**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:

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

Name of the Pet

Name of Manufacturer or Retailer that Received Claim

Street Address

City  State  Zip Code

Country

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

Was Reimbursement Provided? Yes \_\_\_ or No  Amount of Reimbursement: \$ 0

**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.

Bureau Goresman  
Signature

9-01-08  
Date

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

Claims - I appreciate your consideration

Vet = \$ 2516.74  
 New CAT = \$ 70.00  
 OT + Lactinase = \$ 1000.00  
 Greenwork  
 Misc. = \$ 150.00  
 food during illness = \$ 240.00

Total \$ 3976.74  
 for Lailani's illness + death

QUESTIONS OR NEED HELP? CALL THE CLAIMS ADMINISTRATOR AT 1-800-303-7785 OR VISIT WWW.PETFOODSETTLEMENT.COM

Patron Info: SUSAN FORESMAN / P849201  
 3741 Morning glory Dr  
 Castle rock, CO 80109

Receipt Date: Mon 11/27/06

Card No:

Received From: SUSAN FORESMAN / (303) 877-1072

#	Item Description / Manufacturer / Item Code	Animal ID	Reference No	Price	Each	Amount
1	Fee: Cat B-CAT			\$ 70.00	1	\$ 70.00
<b>Total Fees Due:</b>						<b>\$ 70.00</b>
Cash:						\$ 70.00
Check:						\$ -
Credit Card:						\$ -
<b>Total Payments Received:</b>						<b>\$ 70.00</b>
<b>Thank You!</b>						
Change:						\$ -
<b>Balance Due:</b>						<b>\$ -</b>

**-Animal Information-**

Animal ID	Animal Name	Animal Type	Age	Sex	Breed	Color
A411436	Sadie	Cat	5y 0m	SF	Domestic lh / Mix	Calico

Sadie was adopted as an ill cat as she was suffering from depression + has become very sick. I did not want her to be put down. She remained at the Dumb Friends League hospital until just before Lariani died. She is healthy now and is at home with me.