

# My Kids Have Paws Veterinary Clinic

706-671-1104

## CAT MISCELLANEOUS SURGICAL INTAKE FORM

Intake\_\_\_\_\_

Input\_\_\_\_\_

Discharge\_\_\_\_\_

Cone? Yes\_\_\_\_\_

No\_\_\_\_\_

CID\_\_\_\_\_

PID\_\_\_\_\_

TTD\_\_\_\_\_

Melox\_\_\_\_\_

Lid\_\_\_\_\_

Date\_\_\_\_\_ Owner's first and last name\_\_\_\_\_ Phone number\_\_\_\_\_

Street Address\_\_\_\_\_ 2<sup>nd</sup> phone number\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_ Email\_\_\_\_\_

Animal's name\_\_\_\_\_ Animal's DOB or age\_\_\_\_\_ Animal is: Male Female

Animal's breed\_\_\_\_\_ Animal's color(s)\_\_\_\_\_ Animal is: Indoor Outdoor

### 1) Has your cat been to the vet in the last 30 days?

No Yes, for vaccines Yes, for sick/general visit\_\_\_\_\_

### 2) Has your cat had any previous surgeries (including spay/neuter)?

No Yes\_\_\_\_\_

### 3) Has your cat been eating/drinking normally for the past 2 weeks?

Yes No\_\_\_\_\_

### 4) Is your cat on any current medications, including heartworm/flea/tick prevention and any supplements, or had any injections in the last 30 days?

No Yes\_\_\_\_\_

### 5) Does your cat have any current health issues?

No Coughing Sneezing Allergies Vomiting Diarrhea Lethargy Vaccine reaction

Other\_\_\_\_\_

### 6) Has your cat ever had a reaction to any medications or vaccines?

No Yes\_\_\_\_\_

### 7) If female, when was the last heat cycle for your cat? \_\_\_\_\_

### 8) If female, has your cat ever had kittens? No Yes, date of last litter\_\_\_\_\_

#### Surgery your cat is here for

Dental

Mass removal, location: \_\_\_\_\_

\*\*\*Histopathology (\$115-180) Yes No

Amputation, location: \_\_\_\_\_

Eye enucleation / entropion

Hernia repair: umbilical / inguinal / other: \_\_\_\_\_

Other: \_\_\_\_\_

Cost includes: anesthesia, surgical procedure, pain injection lasting 24 hours, e-collar, and nail trim.

#### Additional fees

\_\_\_\_\_ General wellness exam (\$45)

#### Vaccine required for all pets undergoing surgery

\_\_\_\_\_ Rabies 1 year (\$14)

\_\_\_\_\_ Rabies 3 year (\$25) must have proof of unexpired vaccine

Proof of rabies ATTACHED (staff initials\_\_\_\_\_)

#### Pre-anesthetic bloodwork is recommended for pets 7+ years old or with underlying conditions (available in the Dalton location only)

\_\_\_\_\_ Pre-anesthetic bloodwork (\$120)

\_\_\_\_\_ VCheck heart disease test (\$40)

\_\_\_\_\_ Boarding (\$15) Per weeknight

\_\_\_\_\_ Transportation Fee (\$10) Required for pets being transported

#### Services for cat owners - Highly recommended items

##### Check/Highlight all that are needed

\_\_\_\_\_ FVRCP/FelV combo vaccine (\$25)

\_\_\_\_\_ FVRCP vaccine (\$14)

\_\_\_\_\_ FelV vaccine (\$20)

\_\_\_\_\_ Feline triple test (\$35) (FelV/FIV/HW)

\_\_\_\_\_ Advantage Multi (\$22) Topical 1 month repelling fleas, ear mites, roundworms, hookworms, and heartworms

\_\_\_\_\_ Advantage Multi Dose (\$10-\$20) Topical

\_\_\_\_\_ Bravecto (\$57) Topical 3 month flea/tick prevention

\_\_\_\_\_ Credelio (\$19-20) Tablet 1 month flea/tick prevention

\_\_\_\_\_ Nexgard Combo (\$26-29) Topical 1 month flea/tick/heartworm prevention + full intestinal parasite dewormer

\_\_\_\_\_ Selamectin (\$5) (ie: Revolution or Senergy) Topical 1 month flea prevention, in house dose

\_\_\_\_\_ Revolution PLUS Topical (\$22) 1 month flea/tick prevention

\_\_\_\_\_ Intestinal parasite deworming (\$10-18) (P:\_\_\_\_\_ S:\_\_\_\_\_)

\_\_\_\_\_ Microchip (\$15) (REQUIRES EMAIL ADDRESS)

\_\_\_\_\_ Bitter Apple Spray (\$16) Helps keep pets from licking incision

\_\_\_\_\_ Ear tip (recommended for feral, stray, outdoor cats)

Approved / Declined (staff initials\_\_\_\_\_)

### \*\*\*Continued on back →

\*Staff requested records (if needed) \_\_\_\_\_

\*Staff reviewed all services \_\_\_\_\_

- I, being lawfully authorized to make decisions on behalf of the animal described above, hereby request My Kids Have Paws Veterinary Clinic, LLC (MKHPVC) and each of their employees & veterinarians to perform an operation for sterilization and or vaccinate, prescribe and treat with any services I have selected.
- To my knowledge, the animal listed above is in good health.
- I understand that the operation I have elected presents some hazard & that injury to, post-operative infection, or death of the animal may conceivably result, for there is always some risk involved in such procedures. I understand that general anesthesia will be used throughout the surgery.
- I understand that a pre-surgery exam will be performed on my pet when possible, but that there are times when such an exam may only be performed after an animal is sedated or anesthetized.
- I understand that some factors significantly increase surgical risk, including, but not limited to pregnancy, heat, & diseases.
- I understand that if the pet is an acceptable surgical candidate, sterilization procedures will be performed regardless of pet's gender and/or medical condition, including but not limited to pregnancy. I understand that if the pet is pregnant, the pregnancy will be terminated at surgery.
- I understand the risks of not keeping my pet up to date on vaccinations and waive all claims to any illnesses post- operatively that my pet may contract. I am responsible for treatment at my own cost
- I understand that **if my pet has fleas, a flea product** (including but not limited to Nitenpyram Lufenuron or Revolution) **will be given to the animal. I agree to the \$5-8 fee for this treatment.**
- I understand that **if the animal is not the gender that was initially presented** and the animal is already under anesthesia, the **surgery will move forward** for the safety of the animal. **I am responsible for any additional fees associated with the procedure.**
- I understand that **if I have indicated that the cat I brought in is feral and staff assess it to not be feral, I will be charged the regular surgery fee including rabies.**
- I agree that my pet's photo may be taken and used on social media or other promotional purposes.
- I understand that MKHPVC has the right to refuse service and/or procedure for any animal for any reason, included by not limited to situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the veterinarian.
- I agree not to hold the participating veterinarian or MKHPVC liable or responsible to me in any matter.
- **I am at least 18 years of age**, have read this agreement carefully and in its entirety and I understand the contents of this agreement. I voluntarily sign this agreement of my own free will. I also understand the fees associated with the services that I have requested and agree to pay them at the time of service unless other arrangements are made ahead of time.

**Signature x** \_\_\_\_\_ **Date** \_\_\_\_\_

**For clinic use only**

Weight \_\_\_\_\_ Initials \_\_\_\_\_ Fluids if given \_\_\_\_\_ mLs. \$5 \$10 \$ \_\_\_\_\_ Induction \_\_\_\_\_  
 P# \_\_\_\_\_ / IH / PP Capstar / Lufenuron / Selamectin given. Prep \_\_\_\_\_

Service Recommended	Owner Approved/Declined	Completed Initials	Price

Recover \_\_\_\_\_  
 Review \_\_\_\_\_  
 Release \_\_\_\_\_

Owner notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_