

My Kids Have Paws Veterinary Clinic

706-671-1104

CAT SPAY/NEUTER 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 _____ 2nd 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?

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 _____

Spay Pricing

2-5lbs \$50

6-10lbs \$55

11-15lbs \$60

15lbs+ \$65

No pregnancy or in heat fee

Neuter Pricing

2-5lbs \$45

6-10lbs \$50

11-15lbs \$55

15lbs+ \$60

Additional fee if pet is cryptorchid, \$10-50 per testicle

Cost includes: anesthesia, spay/neuter surgery, pain injection lasting 24 hours, e-collar, and nail trim.

Feral cats are assessed by MKHP staff. Must come in a humane feral trap. Feral package (\$60) includes: ear tip, rabies vaccine, Selamectin dose (ie: Revolution, Senegy), intestinal parasite dewormer, and nail trim. Feral cats can board for up to 2 weekday nights if pee pads and cat food are provided.

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 weekday night

_____ 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 Senegy**) 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/Senergy) **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 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 vaccination.**
- 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 \$ _____

P# _____ / IH / PP Capstar / Lufenuron / Selamectin given.

Induction _____

Prep _____

Recover _____

Review _____

Release _____

Service Recommended	Owner Approved/Declined	Completed Initials	Price

Owner notes: _____

Clinic notes: _____
