

Intake_____ Bup_____

Input_____ **My Kids Have Paws Veterinary Services** Midaz_____

Discharge_____ **706-671-1104** Melox_____

Cone? Yes_____ No_____ **EXOTIC PET SURGICAL INTAKE FORM** Telazol_____

N/A_____ CID _____ PID _____ Metoclop_____

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 pet been to vet in the last 30 days?

No Yes, for vaccines Yes, for sick/general_____

2) Has your pet had any previous surgeries (including spay/neuter if pet is not here to be spayed or neutered)?

No Yes, _____

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

Yes No, _____

4) Is your pet on any current medications (including preventions, over the counter medication, and supplements) or had any injections in the last 30 days?

No Yes, _____

5) Does your pet have any current health issues?

No Coughing Sneezing Allergies Vomiting Diarrhea Lethargy Vaccine reaction
Other, _____

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

No Yes, _____

7) If female, when was the last heat cycle for your pet?_____

8) If female, has your pet had a litter before? No Yes, date of last litter_____

Surgery cost includes: anesthesia, surgery, pain injection lasting 24 hours, go home pain medication, e-collar (if applicable), and nail trim (if applicable).

Spay

Rabbit \$85
Guinea Pig \$85
Rat \$75
Pig \$300

*****No pregnancy or in heat fee*****

Neuter

Rabbit \$75
Guinea Pig \$75
Rat \$65
Pig \$200

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

Other surgery is being done: _____

Services for pet owners - Highly recommended items

Check/Highlight all that are needed

_____ General wellness exam (\$45)

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

_____ Intestinal parasite dewormer (\$10-18)

_____ Microchip (available for certain species only)

_____ RHDV2 rabbit vaccine (\$25) **(Must sign waiver)**

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

Critical Care: A nutritionally complete, versatile assisted feeding formula: 12oz

_____ Carnivore (\$35) ferrets, cats, reptiles, other carnivorous pets

_____ Herbivore (\$28) rabbits, rats, guinea pigs, pigs, other herbivorous pets

*****Continued on the 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 fees associated with the procedure.**
- 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.

Service Recommended	Owner Approved/Declined	Completed Initials	Price

Premed _____

Induction _____

Prep _____

Recover _____

Review _____

Release _____

Owner notes: _____

Clinic notes: _____
