

My Kids Have Paws Veterinary Clinic

Ace _____

Intake _____

706-671-1104

Melox _____

Input _____

Torb _____

Discharge _____

DOG MISCELLANEOUS SURGICAL INTAKE FORM

Propofol _____

Cone? Yes _____ No _____

CID _____ PID _____

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 dog been to vet in the last 30 days?

No Yes, for vaccines Yes, for sick/general visit _____

2) Has your dog had any previous surgeries (including spay or neuter)?

No Yes _____

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

Yes No _____

4) Is your dog 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 dog have any current health issues?

No Coughing Sneezing Allergies Vomiting Diarrhea Lethargy Vaccine reaction

Other _____

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

No Yes _____

7) If female, when was the last heat cycle for your dog? N/A Date _____

8) If female, has your dog ever had puppies? N/A No Yes, date of last litter _____

Surgery your dog 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)

_____ CBC (\$40) _____ Comprehensive (\$80) _____ T4 (\$50)

_____ VCheck heart disease test (\$40)

_____ Boarding (\$15) Per weeknight

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

Services for dog owners – Highly recommended items

Check/Highlight all that are needed

_____ DA2PP+Lepto vaccine (\$15)

_____ DA2PP vaccine (\$14)

_____ Leptospirosis vaccine (\$14)

_____ Bordetella vaccine (\$14)

_____ K9 Influenza vaccine (\$30)

_____ Rattlesnake vaccine (\$30)

_____ Lyme vaccine (\$30)

_____ Heartworm test (\$14) Required for dogs 7+ months needing HW prevention/dewormer

_____ SNAP 4DX test (\$40) Tests for heartworms and tick borne illnesses

_____ ProHeart 12 (2-190lbs, \$55-290, ask cost for higher weight) 12 month heartworm prevention injection

_____ Bravecto (\$62) 3 month flea/tick prevention tablet

_____ Nexgard Plus (\$32-37) 1 month flea/tick/heartworm prevention + treats and controls roundworms and hookworms

_____ Credelio (\$22-24) 1 month flea/tick prevention tablet

_____ Flea Assassin (\$10) 1 month flea prevention capsules

_____ Interceptor Plus (\$12-15) Negative result heartworm prevention

_____ Iverhart Max (\$11-13) Positive result heartworm prevention

_____ Microchip (\$15) **(REQUIRES EMAIL ADDRESS)**

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

_____ Anal gland expression (\$20)

*****Continued on back →**

*Staff requested records (if needed) _____

*Staff reviewed all services _____

- I, being lawfully authorized to make decisions on behalf of the animal above, request My Kids Have Paws (MKHPVC) to perform an operation and/or vaccinate, prescribe, and treat with any services I have selected. I hereby forever release MKHPVC and each of the employees and veterinarians from any and all liability for any surgical procedures and/or services performed per my request.
- To my knowledge, the animal listed above is in good health.
- I understand that the operation I have elected presents some hazard and 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, and 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 the time of 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 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, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the veterinarian.
- **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.

Premed _____
 Induction _____
 Prep _____
 Recover _____
 Review _____
 Release _____

| Service Recommended | Owner Approved/Declined | Completed Initials | Price |
|---------------------|-------------------------|--------------------|-------|
| | | | |
| | | | |
| | | | |

Owner notes: _____

