

# 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 \_\_\_\_\_ 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?**

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?** N/A Date \_\_\_\_\_

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

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)**

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

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

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

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

**\*\*\*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 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 the rabies vaccine.**
- 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 \_\_\_\_\_

Any concerns you have for us to check? Write here: \_\_\_\_\_

**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

Induction \_\_\_\_\_

Prep \_\_\_\_\_

Recover \_\_\_\_\_

Review \_\_\_\_\_

Release \_\_\_\_\_

\*Intubated? N / Y, by

\_\_\_\_\_ for \_\_\_\_\_

\_\_\_\_\_

Notes for O: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinic notes: \_\_\_\_\_

\_\_\_\_\_