

Intake _____
Input _____
Discharge _____
Cone? Yes _____ No _____

My Kids Have Paws Veterinary Clinic

706-671-1104

CAT MISCELLANEOUS SURICAL INTAKE FORM

TTD _____
Melox _____
Lid _____
CID _____ PID _____

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 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 or 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, _____

Additional fees

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 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 (\$20) Topical 1 month repelling fleas, ear mites, roundworms, hookworms, and heartworms
____ Advantage Multi Dose (\$10-20) Topical
____ Bravecto (\$55) Topical 3 month flea/tick prevention
____ Credelio (\$17-18) Tablet 1 month flea/tick prevention
____ Nexgard Combo (\$24-27) 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 (\$20) 1 month flea/tick prevention
____ Intestinal parasite deworming (\$10-18) (P: _____ S: _____)
____ Microchip (\$15) (REQUIRES EMAIL ADDRESS)
____ Bitter Apple Spray (\$14) 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 _____ **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 _____

Notes _____

