

Intake _____
Input _____
Discharge _____
Cone? Yes _____ No _____
N/A _____

My Kids Have Paws Veterinary Services

706-671-1104

EXOTIC PET SURGICAL INTAKE FORM

CID _____ PID _____

Bup _____
Midaz _____
Melox _____
Telazol _____
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 or 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 Pricing

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

- _____ 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 (\$20) (**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) 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 \$ _____ Premed _____

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

Service Recommended	Owner Approved/Declined	Completed Initials	Price	
				Prep _____
				Recover _____
				Review _____
				Release _____

Notes _____
