

My Kids Have Paws Veterinary Clinic

706-671-1104

DOG SPAY/NEUTER SURGICAL INTAKE FORM

Ace _____

Melox _____

Torb _____

Propofol _____

Lid _____

Intake _____

Input _____

Discharge _____

Cone? Yes _____ No _____ 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 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?**
 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?** _____
- 8) **If female, has your dog ever had puppies?** No Yes, date of last litter _____

<p>Spay Pricing</p> <p>2-30lbs \$95 31-60lbs \$105 61-90lbs \$115 91-110lbs \$125 111-130lbs \$135 131-150lbs \$145 151-170lbs \$155 171-190lbs \$165</p> <p>***No pregnancy or in heat fee***</p>	<p>Neuter Pricing</p> <p>2-30lbs \$85 31-60lbs \$95 61-90lbs \$105 91-110lbs \$115 111-130lbs \$125 131-150lbs \$135 151-170lbs \$145 171-190lbs \$155</p> <p>***Additional fee if pet is cryptorchid, \$10-50 per testicle***</p>	<p>Services for dog owners – Highly recommended items</p> <p>Check/Highlight all that are needed</p> <p>_____ 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 _____ 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)</p>
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Cost includes: anesthesia, spay/neuter surgery, pain injection lasting 24 hours, go home pain medication, e-collar, and nail trim.

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 or with underlying conditions (available in the Dalton location only)

_____ Pre-anesthetic bloodwork (\$120)
 _____ VCheck heart disease test (\$40)
 _____ Boarding (\$25) Per night **Not available during weekends**
 _____ Transportation Fee (\$10) **Required for pets being transported**

*****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.

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

Service Recommended	Owner Approved/Declined	Completed Initials	Price

Notes _____

