

Ace \_\_\_\_\_  
Melox \_\_\_\_\_  
Torb \_\_\_\_\_  
Propofol \_\_\_\_\_  
Lid \_\_\_\_\_  
CID \_\_\_\_\_ PID \_\_\_\_\_

Intake \_\_\_\_\_  
Input \_\_\_\_\_  
Discharge \_\_\_\_\_  
Cone? Yes \_\_\_\_\_ No \_\_\_\_\_

**My Kids Have Paws Veterinary Clinic**  
**706-671-1104**  
**DOG MISCELLANEOUS SURGICAL INTAKE FORM**

Owner's first and last name \_\_\_\_\_ Phone number \_\_\_\_\_ Date \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_

Animal's name \_\_\_\_\_ Animal's DOB or age \_\_\_\_\_ Animal is: Male Female  
Animal's breed \_\_\_\_\_ Animal's color(s) \_\_\_\_\_

- 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?** \_\_\_\_\_
- 8) **If female, has your dog ever had puppies?** 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, \_\_\_\_\_

**Additional fees**  
**Vaccine required for all pets undergoing surgery**  
\_\_\_\_ Rabies 1 year (\$12)  
\_\_\_\_ Rabies 3 year (\$20) must have proof of unexpired vaccine  
Proof of rabies ATTACHED (staff initials \_\_\_\_\_)

**Pre-anesthetic bloodwork is recommended for cats older than 7 years or with underlying conditions (available in the Dalton location only)**  
\_\_\_\_ Pre-Anesthetic Bloodwork (\$110)  
\_\_\_\_ VCheck Heart Disease Test (\$35)

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

**Services for dog owners – Highly recommended items**  
**Check/Highlight all that are needed**  
\_\_\_\_ DA2PP Vaccine (\$12)  
\_\_\_\_ DA2PP+Lepto Vaccine (\$20)  
\_\_\_\_ Leptospirosis Vaccine (\$12)  
\_\_\_\_ Bordetella Vaccine (\$12)  
\_\_\_\_ K9 Influenza Vaccine (\$25)  
\_\_\_\_ Rattlesnake Vaccine (\$25)  
\_\_\_\_ Lyme Vaccine (\$25)  
\_\_\_\_ Heartworm Test (\$12) Required for dogs 7+ months needing HW prevention/dewormer  
\_\_\_\_ SNAP 4DX Test (\$35) Tests for heartworms and tick borne illnesses  
\_\_\_\_ Bravecto (\$55) 3 month flea/tick prevention tablet  
\_\_\_\_ Credelio (\$18-22) 1 month flea/tick prevention tablet  
\_\_\_\_ Flea Assassin (\$5) 1 month flea prevention capsules  
\_\_\_\_ Interceptor Plus (\$6-11) Negative result heartworm prevention  
\_\_\_\_ Iverhart Max (\$5-10) Positive result heartworm prevention  
\_\_\_\_ Microchip (\$15) \*\*\*REQUIRES EMAIL ADDRESS  
\_\_\_\_ Bitter Apple Spray (\$10) Helps keep pets from licking incision  
\_\_\_\_ Anal gland expression (\$20)

**\*\*\*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 \$3/\$5 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 x \_\_\_\_\_ Date \_\_\_\_\_

<b>For clinic use only</b>			
Weight _____	Initials _____	Fluids if given _____ mL.	Price \$ _____
P# _____ / IH / PP	Capstar / Lufenuron / Selamectin given. Price \$ _____		Premed _____
Induction _____	Prep _____		Recover _____
Review _____	Release _____		
Notes _____			