

Intake _____

Input _____

Discharge _____

Cone? Yes _____ No _____

My Kids Have Paws Veterinary Clinic

706-671-1104

DOG SPAY/NEUTER SURGICAL INTAKE FORM

Ace _____

Melox _____

Torb _____

Propofol _____

Lid _____

CID _____ PID _____

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?

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 _____

Spay Pricing

2-40lbs \$90

41-70lbs \$100

71-100lbs \$110

101-120lbs \$120

121-140lbs \$130

141-160lbs \$140

161-180lbs \$150

*****No pregnancy or in heat fee*****

Neuter Pricing

2-40lbs \$80

41-70lbs \$90

71-100lbs \$100

101-120lbs \$110

121-140lbs \$120

141-160lbs \$130

161-180lbs \$140

*****Additional fee if pet is cryptorchid, \$10-50 per testicle*****

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)

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)

*****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 _____

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

