

My Kids Have Paws Veterinary Clinic

706-671-1104

CAT MISCELLANEOUS SURGICAL INTAKE FORM

Ant _____

TTD _____

Melox _____

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 cat been to the 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/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? N/A Date _____

8) If female, has your cat ever had kittens? N/A No Yes, date of last litter _____

Surgery your cat is here for

Dental _____

Mass removal, location: _____

***Histopathology (\$137-321) Yes No

Amputation, location: _____

Eye enucleation / entropion _____

Hernia repair: umbilical / inguinal / other: _____

Other: _____

Cost includes: anesthesia, surgical procedure, pain injection lasting 24 hours, e-collar, and nail trim.

Additional fees

____ General wellness exam (\$55)

Vaccine required for all pets undergoing surgery

____ Rabies 1 year (\$15)

____ Rabies 3 year (\$28) 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)

____ CBC (\$45) ____ Comprehensive (\$95) ____ T4 (\$55)

____ VCheck heart disease test (\$40)

____ Boarding (\$15) Per weeknight

____ Transportation Fee (\$15) Required for pets being transported

Services for cat owners - Highly recommended items

Check/Highlight all that are needed

____ FVRCP/FelV combo vaccine (\$33)

____ FVRCP vaccine (\$15)

____ FelV vaccine (\$25)

____ Feline triple test (\$40) (FelV/FIV/HW)

____ Advantage Multi (\$26-30) Topical 1 month repelling fleas, ear mites, roundworms, hookworms, and heartworms

____ Bravecto (\$62-66) Topical 3 month flea/tick prevention

____ Credelio (\$22-24) Tablet 1 month flea/tick prevention

____ Nexgard Combo (\$27-30) Topical 1 month flea/tick/heartworm prevention + full intestinal parasite dewormer

____ Selamectin (\$7) (ie: Revolution or Senegy) Topical 1 month flea prevention, in house dose

____ Revolution PLUS Topical (\$24-28) 1 month flea/tick prevention

____ Intestinal parasite deworming (\$11-15) P: ____ S: ____

____ Microchip (\$15) (REQUIRES EMAIL ADDRESS)

____ Bitter Apple Spray (\$12) 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 above, request My Kids Have Paws (MKHPVC) to perform an operation and/or vaccinate, prescribe, and treat with any services I have selected. I hereby forever release MKHPVC and each of the employees and veterinarians from any and all liability for any surgical procedures and/or services performed per my request.
- To my knowledge, the animal listed above is in good health.
- I understand that the operation I have elected presents some hazard and 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, and 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 the time of 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 the rabies vaccine.**
- 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, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the veterinarian.
- **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** _____

Any concerns you have for us to check? Write here: _____

For clinic use only

Weight _____ Initials _____ Fluids if given _____ mLs. \$5 \$10 \$ _____
 P# _____ / IH / PP Capstar / Lufenuron / Selamectin given.

Induction _____

Prep _____

Recover _____

Review _____

Release _____

*Intubated? N / Y, by

_____ for _____

Service Recommended	Owner Approved/Declined	Completed Initials	Price

Notes for O: _____

