

Intake_____

Bup_____

Input_____

My Kids Have Paws Veterinary Services

Midaz_____

Discharge_____

706-671-1104

Melox_____

Cone? Yes_____ No_____

EXOTIC PET SURGICAL INTAKE FORM

Telazol_____

N/A_____

CID _____

PID _____

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 visit _____
- 2) **Has your pet had any previous surgeries?**
 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 heartworm/flea/tick prevention and any 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?** N/A Date _____
- 8) **If female, has your pet ever had a litter?** N/A No Yes, date of last litter _____

Surgery cost includes: anesthesia, surgery, pain injection lasting 24 hours, go home pain medication, e-collar (if applicable), and nail trim (if applicable).

Spay Rabbit \$95 Guinea Pig \$95 Rat \$80 Pig \$300 ***No pregnancy or in heat fee***	Neuter Rabbit \$85 Guinea Pig \$85 Rat \$70 Pig \$200 ***Additional fee if cryptorchid, \$10-50 per testicle***
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Other surgery is being done: _____

- Services for pet owners - Highly recommended items**
Check/Highlight all that are needed
- ____ General wellness exam (\$55)
- ____ Selamectin (\$7) (**ie: Revolution or Senergy**) Topical 1 month flea prevention, in house dose
- ____ Intestinal parasite dewormer (\$11-15)
- ____ Microchip (available for certain species only) \$15
- ____ RHDV2 rabbit vaccine (\$30) (**Must sign waiver**)
- ____ Bitter Apple Spray (\$12) Helps keep pets from licking incision

Critical Care: A nutritionally complete, versatile assisted feeding formula:

____ Carnivore (\$14-26) ferrets, cats, reptiles, other carnivorous pets

____ Herbivore (\$13-26) 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 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 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 x _____ 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.

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

Service Recommended	Owner Approved/Declined	Completed Initials	Price

Notes for O: _____

Clinic notes: _____

