

Date \_\_\_\_\_ Primary Owners First and Last Name: \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Alternate Phone number: ( ) \_\_\_\_\_

Cat Name \_\_\_\_\_ Cat DOB or age \_\_\_\_\_ Cat is: Male Female

Breed \_\_\_\_\_ Cat Color(s): \_\_\_\_\_ Cat is: Indoor Outdoor

Has your Cat been to vet in the last 30 days? No Yes, for vaccines Yes, for sick/general visit \_\_\_\_\_

Has your Cat had any previous surgeries? No Yes \_\_\_\_\_

Has your Cat been eating/drinking normally for the past 2 weeks? Yes No \_\_\_\_\_

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 \_\_\_\_\_

Does your Cat have any current health issues? No Coughing Sneezing Allergies Vomiting Diarrhea Lethargy Vaccine reaction Other \_\_\_\_\_

Has your Cat ever had a reaction to any medications or vaccines? No Yes \_\_\_\_\_

If female, when was the last heat cycle for your Cat? Date \_\_\_\_\_

If female, has your Cat ever had kittens? No Yes, Date of last litter \_\_\_\_\_

**\*No pregnancy or in heat fee \*Additional \$10-50 per testicle for cryptorchid**

**Your Cat is here for**

- \_\_\_\_\_ Dental
- \_\_\_\_\_ Amputation: Location \_\_\_\_\_
- \_\_\_\_\_ Mass removal: Location \_\_\_\_\_
- \_\_\_\_\_ Eye Entropion \_\_\_\_\_ Eye Enucleation \_\_\_\_\_
- Hernia Repair: \_\_\_ Umbilical \_\_\_ Inguinal \_\_\_ Other \_\_\_\_\_
- Other Surgery: \_\_\_\_\_

**Vaccine required for all pets undergoing surgery**

- \_\_\_\_\_ Rabies 1 year (\$15)
- \_\_\_\_\_ Rabies 3 year (\$28) must have proof of unexpired vaccine
- Proof of 3 year rabies ATTACHED staff initials \_\_\_\_\_*
- Proof of rabies from other Veterinarian ATTACHED staff initials \_\_\_\_\_*

**Additional Fees**

- \_\_\_\_\_ General wellness exam (\$55)

**Pre-anesthetic bloodwork is recommended**

**for pets 7+ years old or with underlying conditions**

- \_\_\_\_\_ CBC (\$45) \_\_\_\_\_ Comprehensive (\$105)
- \_\_\_\_\_ T4 (\$55) \_\_\_\_\_ VCheck Heart Disease Test (\$40)
- \_\_\_\_\_ Histopathology (\$137-321)

\_\_\_\_\_ Boarding (\$15) per weeknight

\_\_\_\_\_ Transportation Fee (\$15) required for transported pets

**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)
- \_\_\_\_\_ 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: \_\_\_\_\_
- \_\_\_\_\_ Bitter Apple Spray (\$12) Helps keep pets from licking incision
- \_\_\_\_\_ Microchip (\$15) *(REQUIRES EMAIL ADDRESS)*
- \_\_\_\_\_ Ear tip (recommended for feral, stray, outdoor cats)

Approved Declined staff initials \_\_\_\_\_

- 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.

Any concerns you have for us to check? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_