

Date _____ Primary Owners First and Last Name: _____

Street Address _____ City _____ State _____ Zip _____

Primary Phone: () _____ Email: _____

Alternate Contact: _____ Alternate Phone number: () _____

Dog Name _____ Dog DOB or age _____ Dog is: Male Female

Breed _____ Dog Color(s): _____ Dog is: Indoor Outdoor

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

Has your dog had any previous surgeries? No Yes _____

Has your dog been eating/drinking normally for the past 2 weeks? Yes No _____

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 _____

Does your dog have any current health issues? No Coughing Sneezing Allergies Vomiting Diarrhea Lethargy Vaccine reaction

Other _____

Has your dog ever had a reaction to any medications or vaccines? No Yes _____

If female, when was the last heat cycle for your dog? Date _____

If female, has your dog ever had puppies? No Yes, Date of last litter _____

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

Your dog 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 (\$25) per weeknight
 _____ Transportation Fee (\$15) required for transported pets

Services for dog owners – highly recommended items
Check/Highlight all that are needed
 _____ DA2PP+Lepto vaccine (\$20)
 _____ DA2PP vaccine (\$15)
 _____ DA2PP 3 year vaccine (\$35) must be current on 1 year DA2PP
 _____ Leptospirosis vaccine (\$15)
 _____ Bordetella vaccine (\$15)
 _____ K9 Influenza vaccine (\$35)
 _____ Rattlesnake vaccine (\$35)
 _____ Lyme vaccine (\$35)
 _____ Heartworm test (\$15) Req'd for dogs 7+ months needing HW prevention dewormer
 _____ SNAP 4DX test (\$55) Tests for heartworms and tick borne illnesses
 _____ ProHeart 12 (2-190lbs, \$60-300) ask cost for higher weight 12 month heartworm prevention injection
 _____ Simparica (\$24-31) 1 mo. flea/tick/heartworm prevention. (6 mo.& older)
 _____ Simparica Trio (\$34-42) 1 month flea/tick/heartworm prevention.
 _____ Bravecto (\$70-78) 3 mo. flea/tick prevention tablet, treats/controls roundworms/hookworms
 _____ Bravecto Quantum (based on weight: 6 month older)
 _____ Flea Assassin (\$12) 1 month flea prevention capsules
 _____ Interceptor Plus (\$12-16) Negative result heartworm prevention
 _____ Iverhart Max (\$11-14)
 _____ Bitter Apple Spray (\$12) Helps keep pets from licking incision
 _____ Anal gland expression (\$20)
 _____ Microchip (\$15) (REQUIRES EMAIL ADDRESS)

- 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: _____