

My Kids Have Paws Veterinary Services
CAT MISC SURGICAL INTAKE FORM
706-671-1104

Client ID: _____

Patient ID: _____

Intake: _____	TTD: _____
Input: _____	Melox: _____
Discharge: _____	Lid: _____

Owners Name (First and Last): _____ Phone Number: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Animal's Name: _____ Animal's Age/DOB: _____ Male or Female

Animal's Breed: _____ Animal's Colors: _____

1) Has your cat been to the vet in the last 30 days?
 No Yes, Vaccines Yes, Sick Explain: _____

2) Has your cat had any previous surgeries?
 No Yes Explain: _____

3) Has your cat been drinking/eating normally for the past two weeks?
 No Yes Explain: _____

4) Is your cat on any current medications or had any injections in the last 30 days? Including heartworm/flea prevention and any supplements or over the counter medications given.
 No Yes Explain: _____

5) Does your cat have any current health issues?
 No Coughing Sneezing Vomiting Diarrhea Lethargy Vaccine Reaction
 Allergies Other: _____

6) Has your cat ever had a reaction to any medications or vaccines?
 No Yes Explain: _____

7) If female, when was the last heat cycle for your cat? _____ -

8) If female, has your cat had kittens before? Yes No If yes, date of last litter: _____

Surgery Pet is Here for:

Mass Removal (Location: _____)

Dental

Amputation (Location: _____)

Eye Enucleation/Entropion

Hernia Repair (Inguinal or Umbilical)

Other: _____

Additional Fees:

Vaccines required for all pets undergoing surgery:

_____ Rabies 1 year (\$12)

_____ Rabies 3 year (\$20, must have proof of unexpired 1 year)

Proof of rabies brought in (Staff Initials: _____) _____

Pre-Anesthetic Bloodwork (\$120)

_____ Pre-Anesthetic Bloodwork (\$110) available at the Alton clinic only

- Services for Cat Owners**
- Highly recommended items**
- Check/Highlight all that are needed
- C accine
 - C / e Com o accine
 - e / est
 - e accine
 - Check Heart isease est
 - dvantage lti month re elling fleas ear mites
 - ro ndworms hookworms and heartworms
 - dvantage lti ose
 - ravecto month flea/tick revention
 - Credelio to month flea/tick revention
 - evol tion month flea revention in ho se dosing
 - evol tion S month flea revention go home dose
 - a eworm reatment to
 - icrochi S SS
 - itter le S ray hel s with kee ing ets from licking incision
 - art i recommended for feral stray o tdoor cats

Contin ed on ack

Pre-anesthetic bloodwork is recommended for cats older than 7 years or with underlying conditions.

- 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: _____ Date: _____

For Clinic Use Only:

Weight: _____

P? # ___ IH? PP?

Any additional services?

Fluids: _____ mls Price: _____

Capstar/Lufenuron/Revolution Given? Yes No Price: \$3 \$5

Other Recommended Services:

Service Recommended	Owner Approved/Declined	Initial when Completed	Price:

Notes