

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

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

Client ID: \_\_\_\_\_

Patient ID: \_\_\_\_\_

Owners Name (First and Last): \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ 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 Pricing (Includes nail trim, e-collar & pain meds)**

Domestic Cat - Female	Domestic Cat - Male
0-5lbs - \$45	0-5lbs - \$40
5-10lbs - \$50	5-10lbs - \$45
10-15lbs - \$55	10-15lbs - \$50
15lbs+ - \$60	15lbs+ - \$55

\*\*NO pregnancy or in heat fees      \*\*Additional fees if pet is cryptorchid from \$10-\$50

**Feral Cats (Must be assessed as feral by staff. Must come in humane trap.) Will be ear tipped. Rabies, Revolution Pain meds included \$40**

**Additional Services for Cat Owners:**  
**Highly recommended items**  
 (Check/Highlight all that are needed)

- \_\_\_\_\_ FVRCP Vaccine (\$12)
- \_\_\_\_\_ FVRCP/FeLV Combo Vaccine (\$20)
- \_\_\_\_\_ FeLV/FIV Test (\$30)
- \_\_\_\_\_ FeLV Vaccine (\$15)
- \_\_\_\_\_ VCheck Heart Disease Test (\$35)
- \_\_\_\_\_ Advantage Multi (\$18) 1 month repelling fleas, ear mites, roundworms, hookworms and heartworms
- \_\_\_\_\_ Advantage Multi Dose (\$8-\$18)
- \_\_\_\_\_ Bravecto (\$50) 3 month flea/tick prevention
- \_\_\_\_\_ Credelio (\$18 to \$22) 1 month flea/tick prevention
- \_\_\_\_\_ Revolution \$(5) 1 month flea prevention, in house dosing
- \_\_\_\_\_ Revolution PLUS (\$18) 1 month flea prevention, go home dose -
- \_\_\_\_\_ Tapeworm Treatment (\$8 to \$15)
- \_\_\_\_\_ Microchip (\$12) (REQUIRES EMAIL ADDRESS)
- \_\_\_\_\_ Bitter Apple Spray (\$10 - helps with keeping pets from licking incision)
- \_\_\_\_\_ Ear tip (recommended for feral, stray, outdoor cats)
- \_\_\_\_\_ **Transportation Fee (\$10, for any surgery done outside of the Dalton location)**

**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 received (Staff Initials: \_\_\_\_\_)
- \_\_\_\_\_ **Pre-Anesthetic Bloodwork (\$110) available at the Dalton clinic only**

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

**\*\*Continued on Back\*\***

- 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

Notes: