

id a e a ete ina e ice
O C O

Intake: _____
Input: _____
Discharge: _____

Ace: _____ Meloxicam: _____
Torb: _____
Propofol: _____
Lid: _____

Client
Patient

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 dog been to the vet in the last 30 days?
No Yes, Vaccines Yes, Sick Explain: _____
2) Has your dog had any previous surgeries?
No Yes Explain: _____
3) Has your dog been drinking/eating normally for the past two weeks?
No Yes Explain: _____
4) Is your dog 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 dog have any current health issues?
No Coughing Sneezing Vomiting Diarrhea Lethargy Vaccine Reaction
Allergies Other: _____
6) Has your dog ever had a reaction to any medications or vaccines?
No Yes Explain: _____
7) If female, when was the last heat cycle for your dog? _____ -
8) If female, has your dog had puppies before? Yes No If yes, date of last litter: _____

Surgery Pricing (Includes nail trim, e-collar & pain meds)

Female		Male	
2-40lbs -	\$90	2-40lbs -	\$75
41-70lbs -	\$100	41-70lbs -	\$85
71-100lbs -	\$110	71-100lbs -	\$95
101-120lbs -	\$120	101-120lbs -	\$105
121-140lbs -	\$130	121-140lbs -	\$110
141-160lbs -	\$140	141-160lbs -	\$125
161-180lbs -	\$150	161-180lbs -	\$135

****Additional fee if pet is cryptorchid from \$10-\$50**

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 e e e (Staff Initials: _____)
- _____ re est etic oo work (\$11) *available at the Dalton clinic only*

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

****Continued On Back****

Services for Dog Owners:

Highly recommended items

(Check/Highlight all that are needed)

- _____ DA2PP (\$12)
- _____ DA2PP+Lepto (\$12)
- _____ Bordetella (Kennel Cough - \$12)
- _____ K9 Influenza Vaccine (\$25)
- _____ Rattlesnake vaccines (\$25)
- _____ Lyme Vaccine (\$25)
- _____ Lepto Vaccine (\$12)
- _____ Heartworm Test (\$12)
- _____ VCheck Heart Disease Test (\$35)
- _____ SNAP 4DX Test (\$35 -tests for Heartworms & lyme disease)
- _____ Bravecto (3 month flea/tick prevention - \$55)
- _____ Credelio (1 month flea/tick prevention - \$18 to \$22)
- _____ Flea Assassin (1 month flea prevention - \$5)
- _____ Interceptor Plus (Heartworm Prevention - \$6 to \$11)
- _____ Iverheart Max (Heartworm Prevention - \$5 to \$10)
- _____ Microchip (\$12) (**REQUIRES EMAIL ADDRESS**)
- _____ Anal Gland Expression (\$20)
- _____ Bitter Apple Spray (\$10, helps to keep pet from licking incision)
- _____ **Transportation fee for any surgery done outside of Dalton (\$10)**

- 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.
- _____ (Please initial) 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.
- _____ (Please initial) 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, 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: