

My Kids Have Paws Veterinary Services
EXOTIC ANIMAL SURGICAL INTAKE FORM
706-671-1104

Intake: _____
 Input: _____
 Discharge: _____

Bup: _____ Telezol: _____
 Midaz: _____
 Melox: _____

Client ID: _____

Patient ID: _____

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 pet been to the vet in the last 30 days?
 No Yes, Vaccines Yes, Sick Explain: _____
 2) Has your pet had any previous surgeries?
 No Yes Explain: _____
 3) Has your pet been drinking/eating normally for the past two weeks?
 No Yes Explain: _____
 4) Is your pet on any current medications or had any injections in the last 30 days? Including prevention, supplements or over the counter medications given.
 No Yes Explain: _____
 5) Does your pet have any current health issues?
 No Coughing Sneezing Vomiting Diarrhea Lethargy Other: _____
 6) Has your pet ever had a reaction to any medications or vaccines?
 No Yes Explain: _____
 7) What is your pets primary diet: _____
 8) If female, when was the last heat cycle for your pet? _____
 9) If female, has your pet been pregnant before? Yes No If yes, date of last litter: _____

Surgery Pricing (Includes pain meds):

| | |
|-----------------------|-------------------------|
| Female: | Male: |
| Rabbit Spay -\$75 | Rabbit Neuter -\$65 |
| Rat Spay -\$65 | Rat Neuter -\$55 |
| Guinea Pig Spay -\$65 | Guinea Pig Neuter -\$55 |
| Pig Spay -\$300 | Pig Neuter -\$200 |

Critical Care : A nutritionally-complete, versatile assisted feeding formula, 12oz bag.

_____ Carnivore -\$33 (for ferrets ,cats, reptiles and other carnivorous pets.)

_____ Herbivore -\$26 (for rabbits, rats, guinea pigs, pigs and other herbivorous pets.)

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

- _____ RHDV2 Vaccine - \$25
- _____ Nail Trim (No charge)
- _____ E-Collar/cone (No charge)
- _____ Revolution (in house)-\$5
- _____ Deworming -\$3 to \$5
- _____ Bitter Apple Spray -\$10 (Helps to keep pet from licking at incision)

****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 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: _____

Revolution Given? Yes No Price: \$3 \$5

Other Recommended Services:

| Service Recommended | Owner Approved/Declined | Initial when Completed | Price: |
|---------------------|-------------------------|------------------------|--------|
| | | | |
| | | | |

Notes: