



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

FEMALE

MALE

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 Pet is Here for:

Mass Removal (Location: _____)

Dental

Amputation (Location: _____)

Eye Enucleation/Entropion

Hernia Repair (Inguinal or Umbilical)

Other: _____

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

- ____ Nail Trim (No charge with other service)
- ____ E-Collar (No charge with other service)
- ____ FVRCP Vaccine (\$10)
- ____ FeLV/FIV Test (\$25)
- ____ FeLV/FVRCP Combo Vaccine (\$20)
- ____ FeLV Vaccine (\$15)
- ____ Bravecto (3 month flea/tick prevention - \$45)
- ____ Revolution (1 month flea prevention, in house dosing - \$5)
- ____ Revolution (1 month flea prevention, go home dose - \$18)
- ____ Tapeworm Treatment (\$8 to \$15)
- ____ Microchip (\$10)
- ____ Pre-Anesthetic Bloodwork * (\$110 - \$120)

*available only in Dalton Clinic,

**** 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.
- 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.
- To my knowledge, the animal listed above is in good health.
- 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 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 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 if the animal is not the gender that was initially thought, I am responsible for any additional fees associated with the procedure.
- 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.
- _____ (Please initial). I agree that, unless I initial below, my pet's photo may be taken and used on social media or other promotional purposes.
- 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 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.

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

Any other Notes: