

SURGERY SIGN IN FORM

Rabies # _____

Owner Information: PLEASE FILL IN THIS FORM FULLY ELIGIBLY VET STATE BOARD RULE

Last name	First name	Phone	2nd phone
Address		City	Zip

Pet's Information: Cat Dog Other

Name	Breed	Sex	Description / Color/ WEIGHT	AGE
		M F		

Any health problems?	
Any changes in - Appetite Drinking Activity * Has pet - Sneezed Coughed Vomited Diarrhea	
Where does pet live? Outdoor/Indoor- both * Allergies-Reactions to Vaccines or Medications:	
Current Vaccines-	Current Medications-
Has pet been to vet?	How long ago? Past tests/treatment/surgeries-
Last time she/he had food ?	Water Food
How did you acquire this pet?	How long have you had your pet?
DOG - Last Heartworm Test	Is dog on heartworm prevention YES NO Name: last dose :

SURGERY

CATS

DOGS

<input type="checkbox"/> FREE Rabies With Surgery	<input type="checkbox"/> Ear Cleaning / Mite Treat \$10	<input type="checkbox"/> Dog Vaccine DA2PPV \$10
<input type="checkbox"/> Cat Neuter (Male) \$40	<input type="checkbox"/> Strongid (Wormer) \$10	<input type="checkbox"/> Dog DHLPPV (Lepto) \$15
<input type="checkbox"/> Cat Spay (Female) \$60	<input type="checkbox"/> Tape Worm Treatment \$10	<input type="checkbox"/> Dog Kennel Cough (1YR) \$10
<input type="checkbox"/> Dog Neuter (Male) -40lbs \$60	<input type="checkbox"/> Cat Distemper FRCP \$10	<input type="checkbox"/> Dog Influenza \$20
<input type="checkbox"/> Dog Neuter (Male) 40lbs+	<input type="checkbox"/> Cat Leukemia Vaccine \$15	<input type="checkbox"/> Heartworm Test \$15
<input type="checkbox"/> Dog Spay (Female)	<input type="checkbox"/> Cat Leukemia-AIDS Test \$25	<input type="checkbox"/> Heartworm Prevention/Type
<input type="checkbox"/> Dental Cleanings (CAT/DOG)	<input type="checkbox"/> Cat Works FEMALE \$115	IVERM EL1% HG TRIFEX
<input type="checkbox"/> IV Anesthesia R/ Telazol CAT	<input type="checkbox"/> Cat Works MALE \$95	<input type="checkbox"/> Flea and Tick Treatment/Type
<input type="checkbox"/> IV Anesthesia R/VAL/KET DOG	<input type="checkbox"/> Soft Paws – Front /Back \$20/30	ADV L/REV L NEXGARD L /M
<input type="checkbox"/> Gas Anesthesia	<input type="checkbox"/> Pre Anesthetic Blood Work \$80	<input type="checkbox"/> Microchip \$20
<input type="checkbox"/> Pain Meds (REQUIRED) \$10	<input type="checkbox"/> Antibiotics for home \$10 to 20	<input type="checkbox"/> Nail trim \$5

* Pregnancy CAT \$10-\$30 Dog \$10-\$40 *Cryptorchid \$10-25

**Animals not picked up at time specified will need to be picked up in Douglasville after extra fees. After 48 hours the pet will be turned into a local animal shelter.*

***By signing below you agree to the procedures you checked above & refuse the ones you did not check**

**By signing below you state that you are the owner or agent of this animal and have the authority to consent for anesthetic and surgical procedures.*

**By signing below you understand the risks associated with surgery on heartworm positive dogs & Leukemia positive cats. If not checked above and paid for- you are refusing a recommended procedure.*

I understand that risk and potential complications, including death, exist with anesthesia and surgery. I accept the stipulation that the veterinarians and staff will not be held liable or responsible for any complications that may occur. I agree to pay any extra charges at time of pick up

I understand I need to keep up with my paper work and that copies require a written request and may take up to 10 days.

Sign _____ Date _____ Paid _____ Owe _____