|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **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** |  |  |  |  |  |  |
| [**\_**] **FREE Rabies With Surgery** |  |  | [\_] Ear Cleaning / Mite Treat | $15 |  |  | [\_] Dog Vaccine DA2PPV | $15 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [**\_**] Cat Neuter (Male) |  $90 |  |  | [\_] Strongid (Wormer) |   | $15 |  |  | [\_] Dog DHLPPV (Lepto) |  $20 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [\_] Cat Spay (Female) | $120 |  |  | [\_] Tape Worm Treatment | $15 |  |  | [\_] Dog Kennel Cough (1YR) $15 |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [\_] Dog Neuter (Male) -40lbs | $120 |  |  | [\_] Cat Distemper FRCP | $15 |  |  | [\_] Dog Influenza | $40 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [\_] Dog Neuter (Male) 40lbs+ $150 |  | [\_] Cat Leukemia Vaccine | $15 |  |  | **[\_]** Heartworm Test | $20 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [\_] Dog Spay (Female) |  |  |  |  |  |  |  |  |  | [\_] Cat Leukemia-AIDS Test | $30 |  |  | [\_] Heartworm Prevention/Type |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [\_] Dental Cleanings (CAT/DOG) 180 |  | [\_] Cat Works FEMALE | $180 |  |  | IVERM EL1% HG TRIFEX |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [\_] IV Anesthesia R/ Telazol | CAT |  | [\_] Cat Works MALE |  |  $160 |  |  | [\_] Flea and Tick Treatment/Type |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [\_] IV Anesthesia R/VAL/KET DOG |  | [\_] Soft Paws – Front /Back $20/30 |  | ADV L/REV L NEXGARD L /M |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [\_] Gas Anesthesia |  |  |  |  |  |  |  |  |  | [\_] Pre Anesthesic Blood Work $100 |  | [\_] Microchip | $25 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | [\_] Pain Meds (REQUIRED) | $10 |  |  | [\_]Antibiotics for home $15 to $20 |  | [\_] Nail trim |  $5 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **\* Pregnancy CAT $50**  |  | **\*Cryptorchid $50** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



*\*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 \_\_\_\_\_\_\_\_