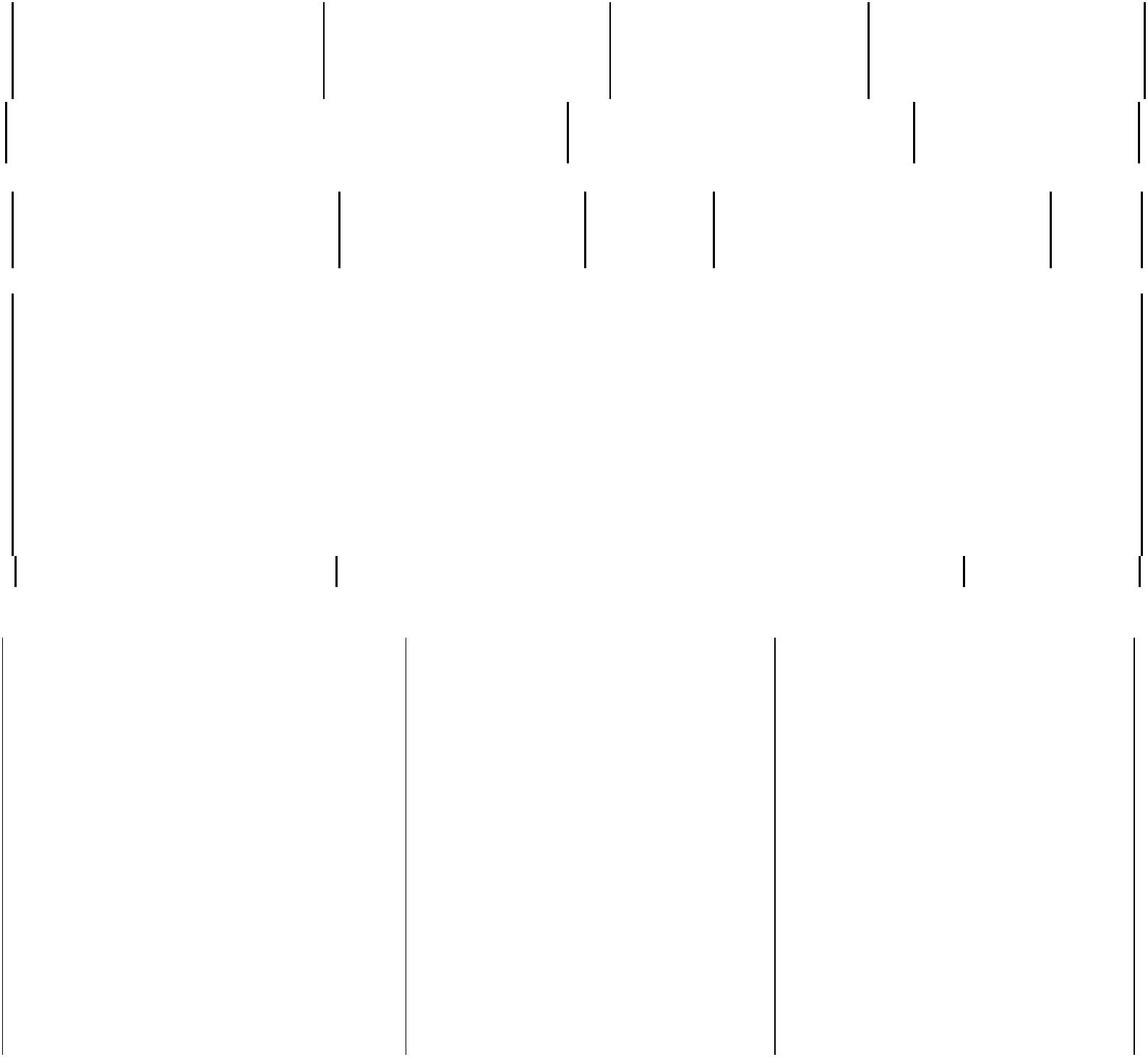
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **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 | | | | | | | | | $20 |  |  |  |  |  |
|  |  |  |  |  | | |  |  | | |  |  |  | |  |  | | | | |  |  | | |  |  |  | | |  |  |  |  | | |  |  |  |  |  |  |
|  |  | [**\_**] Cat Neuter (Male) | | $100 | | | | | | |  |  | [\_] Strongid (Wormer) | | | | | | | |  | $15 | | |  |  | [\_] Dog DHLPPV (Lepto) | | | | | | | | | $25 |  |  |  |  |  |
|  |  |  |  |  | | |  |  | | |  |  |  | |  |  | | | | | |  | | |  |  |  | | |  |  |  |  | | | |  |  |  | |  |
|  |  | [\_] Cat Spay (Female) | | $130 | | | | | | |  |  | [\_] Tape Worm Treatment | | | | | | | | | $15 | | |  |  | [\_] Dog Kennel Cough (1YR) $20 | | | | | | | | | |  |
|  |  |  |  |  | | |  |  | | |  |  |  | |  |  | | | | | |  | | |  |  |  | | |  |  |  |  | | |  |  |  |  |  |  |
|  |  | [\_] Dog Neuter (Male) -40lbs | | $180 | | | | | | |  |  | [\_] Cat Distemper FRCP | | | | | | | | | $20 | | |  |  | [\_] Dog Influenza | | | | | | | | | $50 |  |  |  |  |  |
|  |  |  |  | | | |  |  | | |  |  |  | |  |  | | | | | |  | | |  |  |  | | |  |  |  |  | | |  |  |  |  |  |  |
|  |  | [\_] Dog Neuter (Male) 40lbs+ $200 | | | | | | | | |  | [\_] Cat Leukemia Vaccine | | | | | | | | | $20 | | |  |  | **[\_]** Heartworm Test | | | | | | | | | $25 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | | | | | |  | | |  |  |  | | |  |  |  |  | | | |  |  |  | |  |
|  |  | [\_] Dog Spay (Female) | |  |  |  |  |  |  |  |  |  | [\_] Cat Leukemia-AIDS Test | | | | | | | | | $40 | | |  |  | [\_] Heartworm Prevention/Type | | | | | | | | | |  |
|  |  |  |  | | | |  |  | | |  |  |  | |  |  | | | | | |  | | |  |  |  | | |  |  |  |  | | | |  |  |  | |  |
|  |  | [\_] Dental Cleanings (CAT/DOG) $200 | | | | | | | | |  | [\_] Cat Works FEMALE | | | | | | | | | $190 | | |  |  | IVERM EL1% HG TRIFEX | | | | | | | | | |  |
|  |  |  |  |  | | |  |  | | |  |  |  | |  |  | | | | |  |  | | |  |  |  | | |  |  |  |  | | | |  |  |  | |  |
|  |  | [\_] IV Anesthesia R/ Telazol | | CAT | | | | | | |  | [\_] Cat Works MALE | | | | | | | |  | $170 | | |  |  | [\_] Flea and Tick Treatment/Type | | | | | | | | | |  |
|  |  |  |  | | | |  |  | | |  |  |  | |  |  | | | | | | | | |  |  |  | | |  |  |  |  | | | |  |  |  | |  |
|  |  | [\_] IV Anesthesia R/VAL/KET DOG | | | | | | | | |  | [\_] Soft Paws – Front /Back $30/40 | | | | | | | | | | | |  | ADV L/REV L NEXGARD L /M | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  | | | | | | | | |  |  |  | | |  |  |  |  | | |  |  |  |  |  |  |
|  |  | [\_] Gas Anesthesia | |  |  |  |  |  |  |  |  |  | [\_] Pre Anesthesic Blood Work $120 | | | | | | | | | | | |  | [\_] Microchip | | | | | | | | | $30 |  |  |  |  |  |
|  |  |  |  |  | | |  |  | | |  |  |  | |  |  | | | | | | | | |  |  |  | | |  |  |  |  | | |  |  |  |  |  |  |
|  |  | [\_] Pain Meds (REQUIRED) | | $10 | | | | | | |  |  | [\_]Antibiotics for home $15 to $20 | | | | | | | | | | | |  | [\_] Nail trim | | | | | | | | | $10 |  |  |  |  |  |
|  |  |  |  | | | |  |  | | |  |  |  | |  |  | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **\* 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 \_\_\_\_\_\_\_\_