

GRANT:

DOCTOR:

___ OF ___



P.E.T.S. Clinic – CANINE Surgery Form



Date: _____

Owner Name: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____

Cell #: _____

Work #: _____

By signing below, I hereby agree that the highlighted procedures have been approved by me. I understand that with surgery and anesthesia there is a risk of illness and/or fatality. I accept this risk and consent to the surgical procedure for my pet. Due to the volume of surgeries, your animal may be exposed to preventable illnesses during their visit today. **I agree to hold harmless and release from liability P.E.T.S. Low Cost Spay and Neuter Clinic from any illness or fatality that results from my pet receiving the following treatment(s).** To my knowledge my cat/dog is healthy and has not bitten anyone in the past ten days. I also understand and agree that in the event I am not able to pick up my animal on time from surgery, a late fee of \$25 will be charged to my account. I understand my pet will receive a small tattoo on their abdomen to indicate sterilization. *In the event of a fatality, you agree to a Necropsy.* *****Your animals' surgery may be performed by a visiting vet or an extern under the direct supervision of one of our own staff veterinarians.**

Signature of Owner: _____

Pets Name: _____

Species: DOG

Sex: _____

Breed: _____

Color: _____

Age: _____

PATIENT MEDICAL HISTORY

It is important that our veterinarian be provided as much information as possible about your pet. Please answer the following questions. A minor issue to you could be very important to our Vet. **PLEASE BE THOROUGH.**

1. How long have you had your pet?
2. Where did you get your pet?
3. Please list current medications your pet is on, INCLUDING flea and tick preventatives:
4. Has your pet been seen by a veterinarian in the past 6 months? If yes, please explain what the visit was for (include routine examinations):
5. Please tell us about previous surgeries or emergencies involving your pet. Any other concerns: (Exp. Breathing trouble, unexplained swelling, etc):

GRANT:

DOCTOR:

___ OF ___



----- FOR PETS USE ONLY -----

PET NAME: _____

Weight: _____

City Tag: _____

Rabies Tag #: _____ Transport Fee \$7

Spay: \$ _____

Pregnancy/In Heat \$30/\$20

Baby Teeth \$20:

Hernia \$20

Neuter: \$ _____

Undescended Testicle \$20 ea: _____

Scrotal Ablation \$150

E-Collar \$10

Nail Trim

Pyo/Hydro \$30

Rabies \$12

DAV2PPv+L4 B___ A___ \$15

Bordetella \$10

Canine Influenza \$25

Rattlesnake \$15

Microchip \$15

| PRODUCT | 1 MONTH | 3 MONTH | 6 MONTH |
|----------------------|------------|---------|-------------|
| Iverhart (HW) | \$7 | — | \$25 - \$35 |
| Heartgard (HW) | \$9 - \$14 | \$40 | \$50 - \$70 |
| Nexgard PLUS | \$36 | — | — |
| Nexgard (Flea/Tick) | \$26 | — | — |
| Bravecto (Flea/Tick) | — | \$60 | — |
| Dewormer/Drontal | \$4 - \$55 | — | — |

Heartworm Test \$30 NEG POS
 4 Way HW Test \$40 HW LME ANA EHR

| TOTAL | CASH | CREDIT | CASHIER INITIALS |
|-------|------|--------|------------------|
| | | | |

START: _____ END: _____

| TIME | HEART RATE | GUM COLOR | ISO LEVEL | O2 LEVEL |
|------|------------|-----------|-----------|----------|
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CRT: _____

Resp: _____

Lido: _____

Weight: _____ Xylazine: _____ Ketamine: _____ Antisedan: _____ Route: _____

Temp: _____ Butorphanol: _____ Midazolam: _____ Yohimbine: _____ Time: _____

Propofol: _____ Buprenorphine: _____ Dexmedetomidine: _____ Initial: _____