

GRANT:

DOCTOR:

____ OF ____



P.E.T.S. Clinic – FELINE 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: CAT

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:

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____ OF ____

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



PET NAME: _____

EAR NOTCH: Yes, I would like to have the ear notched
on my feral cat at NO charge.

Initial: _____

Weight: _____

City Tag: _____

Rabies Tag #: _____

Transport Fee \$7

Spay: \$ _____

Pregnancy/In Heat \$30/\$20

Hernia \$20

Nail Trim

Cat Box \$10

Neuter: \$ _____

Undescended Testicle \$20 ea. _____

Rabies \$12

HCPCh B__ A__ \$15

FeLV B__ A__ \$10

Microchip \$15

FeLV/FIV Test \$30 NEG POS

EUTH YES NO

PRODUCT	1 MONTH	3 MONTH
Senergy (Flea, Tick, Earmite)	\$15	—
Bravecto (F/T) Must be 6 Months of Age	—	\$55
Drontal/Profender Dewormer	\$6 - \$20	—
Nexgard Combo	\$26	—

TOTAL	CASH	CREDIT	CASHIER INITIALS

START: _____

END: _____

TIME	HEART RATE	GUM COLOR	ISO LEVEL	02 LEVEL

Weight: _____

Antisedan: _____

Metacam: _____

DKT: _____

Route: _____

Temp: _____

Yohimbine: _____

Buprenorphine: _____

Time: _____

CRT: _____

Resp: _____

SQ Fluids: _____

Initial: _____