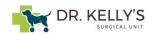


Spay/Neuter Check in Form



| Staff use only | | | | |
|-------------------------------|--|--|--|--|
| Pet's Name: | | Owner Name: | | Last time your pet ate? |
| Are you the owner | r of this pet? YES | FOSTER NO | ► IF NO, what is your relationship with t | the owner |
| What is the best p | hone number(s) to call | : NAME | NUMBER | |
| How far away do you live? | | NAME | NUMBER | |
| minutes | | | | |
| Please list any med | ications your pet takes | and last time they were \S | given: | |
| Do you have any co | oncerns about your pet | today? Examples: recent von | niting, diarrhea, weight loss, coughing, sneezing | g, increased thirst or urination |
| MALE NEUTE | R: Lacknowledge that r | ny net is healthy, and I ha | ive no medical concerns about them t | oday Tunderstand that my net will |
| | _ | near his incision site (not | painful) to show that he has been ste | |
| FEMALE SPAY | : Last heat cycle? | Has your [| pet given birth recently? NO Y | YES When? |
| resul com | It in a terminated pregraining out of heat, I undencerns about them toda | nancy and additional char rstand additional charges ay. I understand that my p | is found to be pregnant, I authorize the ges will apply. Additionally, if my pet a could apply. I acknowledge that my poet will receive a small tattoo near her yold unnecessary future anesthesia an | is found to be going into heat or just bet is healthy, and I have no medical r incision (not painful) to show that |
| | | | cal Blood Tests* read carefully | |
| blood tests are o | done. These disorders o | ould lead to unforeseen of dure. We <u>REQUIRE</u> blood | conditions, including liver, kidney, or becomplications during the procedure; to testing for pets 10 years and older or prior to surgery. | herefore, we strongly recommend |
| My pet is <u>UNDER</u> | <u>l 10 years</u> of age with no l | • | ns, I understand the risks associated with t | the procedure and decline blood testing. |
| My pet <u>has had b</u> | plood tests prior to this ag | p <u>ointment</u> , I've been inforn | ned of the results and told it is ok to move | forward with today's procedure. |
| | | SU | RGICAL CONSENT | |
| procedure(s) complications ma | and have had the oppo by arise during surgery, gical Unit is not respons | rtunity to ask questions r and no guarantees have ible for any costs that ma | y medical and surgical care to my pet. related to potential side effects, risks, been made or implied concerning the ay arise as a result of surgical complication and agree to proceed with the scheduling the scheduling the scheduling and agree to proceed with the scheduling the scheduling transfer and agree to proceed with the scheduling transfer and agree to proceed with the scheduling transfer and transfer are to proceed with the scheduling transfer are to my pet. | and difficulties. I am aware that results of the surgery. I understand ations. I acknowledge that I have fully |
| Signature: | | | Date: | |
| · | | provide FREE SURG | nation? Donations provided to Pal ICAL care for pets in need. | |
| EXTRAS: DOG Vaccines: | ☐ Sedativ | | nal Glands \$25 □ Ear Cleaning \$2 r W/Fluids \$91 □ Antinausea Injec □ Da2pp with Lepto \$45 □ Influenz | |

<u>CAT Vaccines</u>: ☐ Rabies \$32 ☐ FVRCP \$37 ☐ Combo Vaccine (FELV W/FVRCP) \$47 ☐ Blood Test for FELV/FIV \$49