LBS: _	
K#: _	Staff use only

Spay/Neuter Check in Form



Per's Name:	Stell die omy		VOUD N					
What is the best phone number(s) to call: NAME: NUMBER:	Pet's Name:	Age:	YOUR Name:		When did your pet	last eat?		
Number N	Are you the owner of this pet?	YES FOSTER	NO ► IF NO,	IF NO, what is your relationship with the owner				
Make NeUTER: I acknowledge that my pet is healthy, and I have no medical concerns about them today. I understand that my pet will receive a small tattoo near his incisions site front painfully to show that he has been sterilized to avoid unnecessary future anesthesia and surgery. FEMALE SPAY: Last heat cycle?	What is the best phone number(s)	to call: NAME:		NUMB	BER:			
Pease list any medications your pet takes and last time they were given: Do you have any concerns about your pet today? Examples: recent vomiting, diarrhea, weight loss, coughing, sneezing, increased thirst or wination MALE NEUTER: lacknowledge that my pet is healthy, and I have no medical concerns about them today. I understand that my pet will receive a small tattoo near his incision site (not painful) to show that he has been sterilized to avoid unnecessary future anesthesia and surgery. FEMALE SPAY: Last heat cycle? Has your pet ever given birth? NO YES When? C. Section The standard of the pet will receive a small green tattoo near her incision (not painful) to show that she has been spayed to avoid unnecessary future anesthesia and surgery. I acknowledge that my pet is NOT pregnant. If my pet is found to be pregnant, I authorize the spay to continue knowing this will result in a terminated pregnancy and additional charges will apply. Additionally, if my pet is found to be going into heat or just coming out of heat, I understand additional charges could apply. *Pre-Surgical Blood Tests* Please read carefully Prior to surgery, our team will examine your pet. However, many conditions, including liver, kidney, or blood disorders go undetected unless blood tests are done. These disorders could lead to unforeseen complications during the procedure; therefore, we strongly recommend blood testing before ANY surgical procedure. We REQUIRE blood testing for pets 10 years and older or when determined necessary by the doctor prior to surgery. My pet is UNDER 10 years of age with no known pre-existing conditions, I understand the risks associated with the procedure and decline blood testing. My pet HAS HAD blood testing in the last 30 DAYS, I've been informed of the results and told it is ok to move forward with today's procedure. SURGICAL CONSENT I hereby authorize Dr. Kelly's surgical team to provide veterinary medical and surgical care to my pet. I understand the nature of today's procedure(s) and have	How far away do you live?	NAME:		NUMB	ER:			
New Pre-Surgical Blood Tests* Please and last time they were given:	minutes							
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Voluntary donation to help pets in need	Would you be willing to prov	ide a small tax-de	eductible donation? I	Donations provided t	to Pal Fund are used :	to subsidize and		
EXTRAS: E-Collar \$16								
Pain Meds To Go Home \$25 ☐ Sedatives \$30+ ☐ IV Catheter W/Fluids \$97 ☐ Antinausea Injection \$29+	Voluntary donation to he	lp pets in need	\$5 \$ \$1	0 \$15	\$20 OTHER.	\$		
	REQUIRED for DOGS unless prov	Го Go Home \$25	☐ Sedatives \$30+	☐ IV Catheter W/Flui	ds \$97 Antinause	a Injection \$29+		

<u>CAT Vaccines</u>: ☐ Rabies \$34 ☐ FVRCP \$40 ☐ Combo Vaccine (FELV W/FVRCP) \$50 ☐ Blood Test for FELV/FIV \$52