

101 Spay-Neuter & Dental Clinic

CLIENT INFORMATION:

Name:	PRIMARY PHONE:	
Address:	EMERGENCY PHONE:	
City:	Zip Code:	EMAIL:

PATIENT INFORMATION:

NAME:	CANIN:[] FELINE:[]	
MALE:[] FEMALE:[]	AGE:	
COLOR:	BREED:	

- 1) HAS YOUR PET SHOWN ANY SIGNS OF ILLNESS? VOMITTING [] DIARRHEA [] COUGHING [] SNEEZING [] CHANGE IN APPETITE [] ON ANY MEDS? _____
- 2) HAS YOUR PET HAD ANY PREVIOUS REACTIONS TO VACCINATIONS, MEDICATION, OR ANESTHESIA? YES [] NO [] IF YES PLEASE DESCRIBE _____
- 3) IF PET IS PREGNANT DO YOU WISH TO CONTINUE WITH SURGERY? YES [] NO [] INITIAL _____
- 4) DENTAL EXTRACTIONS ARE NECESSARY IN SOME DENTALS. DO YOU AUTHORIZE EXTRACTIONS: YES [] NO []

Soap

Surgery

WEIGHT:	TEMP:	PRE-MEDS:	AMOUNT	ROUTE	INITIALS	TIME
HR:	RR:	ATROPINE 0.54 MG/ML				
	MM/CRT:	ACE PROMAZINE 10 MG/ML				
NOTES:		HYDROMORPHONE 2MG/ML				
DR. INITIALS: _____		ANESTHESIA:		TUBE SIZE:		
GA:	N / AB	SEVOFLURANE:		INITIALS:		
INT:	N / AB	TELAZOLE:				
MUSCULO:	N / AB	T/P/R IND:		TIME:		INITIALS:
CIRC:	N / AB	T/P/R:		TIME:		INITIALS:
ABD:	N / AB	T/P/R:		TIME:		INITIALS:
GU:	N / AB	T/P/R:		TIME:		INITIALS:
RESP:	N / AB	RECOVERY T/P/R		AWAKE TIME:		
EARS:	N / AB	TECH INITIALS:				
EYES:	N / AB					
LYMPH:	N / AB					
ORAL:	N / AB					
NEURAL:	N / AB					

INJECTIONS:

MEDICATIONS:

PENICILLIN 300,000 U/ML _____

RIMODYL 50 MG/ML _____

HYDROMORPHINE 2MG/ML _____

I UNDERSTAND THAT THE STAFF AT 101 SPAY AND NEUTER CLINIC WILL TAKE REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE OR DEATH OF MY PET, BUT WILL NOT BE HELD RESPONSIBLE OR LIABLE IN ANY WAY IN CONNECTION HEREWITH AS IT IS THOUGHRLY UNDERSTOOD THAT I, THE OWNER/AUTHORIZED AGENT ASSUME ALL RISKS. I AM AWARE THAT 101SPAY AND NEUTER CLINIC DOES NOT PROVIDE 24 HOUR CARE.

SIGNATURE OF AUTHORIZED PERSON _____

DATE _____

CIRCLE AUTHORIZED SERVICES

CAT NEUTER	\$37.00
CAT SPAY	\$55.00
DOG NEUTER <35 LBS.	\$65.00
DOG NEUTER 36-50 LBS.	\$89.00
DOG NEUTER 51-75 LBS	\$98.00
DOG SPAY <35 LBS.	\$73.00
DOG SPAY 36-50 LBS.	\$94.00
DOG SPAY 51-75 LBS.	\$118.00
PRE-ANESTHETIC PANEL	\$63.00
MICRO CHIP (NO REGISTRATION FEE)	\$50.00
FRONT DECLAW/MEDS	\$200.00
CRYPTORCHID CHARGE	\$40.00
OBESE CHARGE	\$20.00
IN HEAT CHARGE	\$20.00
PREGNANT CHARGE	\$35.00
AGGRESSIVE DOG CHARGE	\$25.00
EAR MITE TREATMENT	\$22.00
HEARTWORM TEST	\$35.00
FELINE HWT/FELV/FIV TEST	\$35.00
DEWORMING	\$15.00
FLOURIDE TX	\$10.00
CAT VACCINE PACKAGE	\$50.00
DOG VACCINE PACKAGE	\$50.00
RABIES ONLY	\$20.00
E-COLLAR	\$15.00
FECAL ANALYSIS	\$18.00
INJECTION PACKAGE	\$30.00
MEDICATION PACKAGE	\$30.00
DENTAL PROPHYLAXIS W/ANESTHESIA & NO LINDER	\$230.00
DENTAL W/OTHER PROCEDURE	\$150.00
TOE NAIL TRIM	\$10.00
Total	\$
AMOUNT DUE	\$
AMOUNT PAID	\$

CASH
VISA
MASTERCARD

101 Spay-Neuter & Dental Clinic

AUTHORIZATION FOR ANESTHESIA/SURGICAL TREATMENT

Our greatest concern is the well being of your pet. We will perform an examination on your pet prior to giving anesthesia. Many conditions, including disorders of the liver, kidneys, or blood are not detected unless blood testing is performed. These metabolic derangements could lead to complications or even death. (Initials)_____. To avoid potential problems, and further protect your pet's health and safety, we strongly recommend a blood screening prior to any anesthetic procedure. Our in house laboratory is fully equipped to perform these tests. Results will be available and evaluated before anesthesia is given to your pet.

YES_____, I approve for my pet to have the recommended blood screening today.

NO_____, I decline the recommended blood screening at this time. I understand the risk to my pet and the need for the screening to be done.

I understand that anesthesia carries risks and I give 101 Spay and Neuter Dental Clinic permission to place my animal under anesthesia. I authorize the use of appropriate anesthetics, and other medications. I further understand that hospital support personnel will be employed as deemed necessary by the Veterinarian. I realize that results cannot be guaranteed and will not hold 101 Spay and Neuter Clinic responsible should my pet expire. I have read and understand this authorization and consent for my pet to undergo the procedure.

_____ (Initials)

Pain medication, antibiotics and anti inflammatory medications are recommended to ease the pain and prevent infections during and following surgery and we provide an affordable package for you.

[] Post surgical injection package includes: pain injection, antibiotic injection and anti-inflammatory injection; the total cost for the package is \$30.00 [] Approve [] Decline

[] Take home medication package includes: pain medication, antibiotics, and anti-inflammatory medication; the total cost for the package is \$30.00 [] Approve [] Decline

Signature of authorized person: _____ Date: _____

Phone: _____ E-Mail: _____