

MINN-KOTA PAAWS CANINE SPAY/NEUTER INTAKE FORM

CLIENT INFORMATION

Owner Name:	Phone:	Date:
Address: :		
Email:	Current Veterinarian:	

PET INFORMATION

PET NAME:	SEX	BREED:	COLOR:	AGE:
How long have you owned this pet?			Do you have other pets at home? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOUR PET IS FEMALE Has your pet ever had a litter? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YOUR PET IS FEMALE When was her last heat cycle?		
Do you consider your pet to be healthy today? <input type="checkbox"/> YES <input type="checkbox"/> NO	If not, why?			
Has your pet received any medications in the last 2 weeks? YES NO If yes, what did they receive?				
How did you obtain your pet? <input type="checkbox"/> Stray <input type="checkbox"/> Friend/Neighbor <input type="checkbox"/> Shelter/Rescue <input type="checkbox"/> Craigslist/FB <input type="checkbox"/> Pet Store/Breeder				

PLEASE INDICATE WHICH SERVICES YOU WOULD LIKE YOUR PET TO RECEIVE TODAY:

<input type="checkbox"/> Rabies Vaccine (no additional charge) Minn-Kota PAAWS requires proof of current Rabies Vaccination prior to surgery or your pet will be vaccinated at the time of surgery. Animals must be 12 weeks of age or older to receive vaccination. A 1 year vaccine will be provided unless it is documented that your pet is eligible for a 3 year booster.	<input type="checkbox"/> Bordetella Vaccine (\$15) <input type="checkbox"/> Microchip (\$15) <input type="checkbox"/> Heartworm Test (\$20) <input type="checkbox"/> Fecal Test (\$20) <input type="checkbox"/> Pyrantel (dewormer) (\$5) <input type="checkbox"/> Pre-Operative Bloodwork (Basic Blood Panel) (\$45) <input type="checkbox"/> Weight Surcharge (81-99# \$20)(100-120# \$40)
<input type="checkbox"/> Distemper Vaccine (no additional charge)	OTHER: TOTAL: OWNER PAID: BALANCE:

SURGICAL CONSENT: PLEASE READ AND SIGN BELOW

Minn-Kota PAAWS uses licensed veterinarians and approved materials for all procedures performed.

It is important to understand that the risk of injury or death, although extremely low, is always present during surgery and anesthesia.

Carefully read and ensure you understand the following before signing your name.

- I request and authorize Minn-Kota PAAWS to administer vaccinations, and perform an operation for reproductive sterilization of the Animal.
- I understand that all surgery, anesthesia, vaccinations, and medications carry risks, and that unforeseen conditions such as Heartworm /Pregnancy /Heat Cycle/Age/Obesity/Undiagnosed Chronic Disease may be present which can increase the risks of complications such as abnormal bleeding, infection, allergic reactions, or even death. I understand that this is not a full-service veterinary clinic and pre-operative blood screening is available, but not mandatory. I agree not to hold the participating veterinarian(s), their representative(s) or the facility liable for damages. I certify that all the information regarding my pet is correct and true to the best of my knowledge.
- I understand that if the Animal is pregnant, the pregnancy will be terminated at the time of surgery. I understand that if the Animal presents with an open/reducible umbilical hernia, it will be repaired at the time of surgery at an additional charge (\$25-\$75).
- I understand that at the Veterinarian's discretion if live fleas are found on the Animal, and the Animal is not currently on any flea preventive, the Animal will receive flea treatment. I will be charged for such treatment (\$10).
- If an emergency occurs, or a medical condition is discovered that requires urgent immediate medical treatment, I consent that the attending Veterinarian may perform such treatment, or transport the Animal to another Veterinarian for the provision of such treatment at my expense, without seeking additional authorization or consent from me.
- I will provide the care described in the Post Operative Instructions.
- I hereby release Minn-Kota PAAWS employees/volunteers/boar from any claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. Owner/agent hereby agrees to indemnify and hold Minn-Kota PAAWS harmless for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters or acts of God.

Owner Signature: _____ **Date:** _____

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.

PET NAME:	SEX	BREED:	COLOR:	AGE:
Owner Name: : «ClientName»		Phone: : «ClientPhoneCell»		Date: «AppointmentDate»

<p>CANINE SERVICES</p> <p>Spay/Neuter: _____</p> <p>Rabies: _____</p> <p>Distemper: _____</p> <p>Bordetella: _____</p> <p>Microchip: _____</p> <p align="center"><i>Place Microchip ID Here</i></p> <p>HW Test: _____</p> <p>Fecal Test: _____</p> <p>Pyrantel: _____</p> <p>Other: _____</p> <p>Other: _____</p>	<p align="center">VACCINES</p> <p align="center">RABIES</p> <p>Date: _____ 1 yr 3yr</p> <div style="border: 1px solid black; height: 50px; margin: 5px 0;"></div> <p>Next Rabies Due: _____</p> <p>Rabies Tag # _____</p> <p align="center">DISTEMPER</p> <div style="border: 1px solid black; height: 50px; margin: 5px 0;"></div>	<p align="center">VETERINARIAN NOTES</p> <p align="center">Weight _____ lbs</p> <p>_____ mL Butorphanol 10mg/ml IM _____ mL ACP 1mg/ml 10mg/ml IM</p> <p>_____ mL Medetomidine 1mg/ml IM _____ mL Propofol 10mg/ml IV</p> <p>_____ mL Buprenorphine 0.5mg/ml IM IV _____ mL Antisedan IM</p> <p>_____ mL midazolam 5mg/ml IV</p> <p>_____ mL ketamine 100mg/ml IV</p> <p>_____ mL meloxicam 5mg/ml SQ post op</p> <p>_____ mL bupivacaine 0.5% + local block _____ ml lidocaine 2% local block</p> <p>ETT = _____ Isoflurane/Oxygen Maintenance</p> <p>PREMED GIVEN: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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NOTES:

Rx: _____ mLs Metacam Oral 1.5mg/ml. Give _____ mLs by mouth once a day for three days. Start the morning after surgery. This is a non-steroidal anti-inflammatory medication for use in animals only. Give with food. Do not give with any other NSAIDs or steroid medications. Do not use if there is any vomiting or diarrhea.

Surgical Technique: Standard procedure unless otherwise noted.

Ovariohysterectomy (Spay): Ventral midline incision at or caudal to umbilicus. Both ovaries and uterus are removed. Ovarian pedicles and uterine body are ligated with a modified Miller's knot using monofilament absorbable suture (i.e. PDO). Additional ligatures are placed on the pedicles, broad ligament and uterus as needed. The linea is closed in a simple continuous pattern with monofilament absorbable suture. The SQ is closed in a simple continuous pattern. The skin is closed in a simple continuous intradermal pattern and secured with tissue glue. No external sutures are placed. Green tattoo ink is applied in a linear fashion to the dermis near the incision site.

Orchiectomy (Neuter): Pre-scrotal incision. Testicles are exteriorized and the spermatic cord is ligated with a modified Miller's knot using a closed ___ or open ___ technique. The SQ is closed in a simple continuous pattern. The skin is closed in a simple continuous intradermal pattern and secured with tissue glue. No external sutures are placed. Green tattoo ink is applied to the dermis near the incision site.

Attending Veterinarian's signature. Please keep this record as proof of sterilization / vaccinations.

Dr. Danielle Oetker, DVM ND 1271 _____