



OWNER Name: First _____ Middle Initial _____ Last Name _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

PET NAME: _____ DOG CAT BREED: _____ COLOR: _____ WEIGHT: _____

SEX: F M DOB/Age: _____ Was this pet a stray? YES NO Ho long have you owned this pet? _____

MY PET IS HERE FOR: SPAY NEUTER DENTAL (A tattoo indicating the pet has been sterilized will be performed.)

VACCINES YOU WANT TODAY – CIRCLE ALL THAT APPLY.

Rabies DA2PPV DA2PPV+Lepto Bordetella Feline Dist Corona Rattle Snake Leukemia NONE

If vaccinations are up-to-date, please give name of Clinic or Veterinarian: _____ You will get a Rabies Certificate with your receipt. Do you need a rabies tag for your cat? **YES NO**

OPTIONAL PROCEDURES LISTED BELOW, CIRCLE EACH PROCEDURE YES OR NO.

Tapeworms (If worms are seen) \$15 **YES NO** Ear mite treatment \$15 **YES NO**

Hernia \$20 **YES NO** Removal of puppy teeth \$5 **YES NO**

Microchip \$25 **YES NO** Express anal gland \$10 **YES NO**

DOGS –Heart worm test–Due to the effects of the anesthetics, we strongly suggest a heart worm test be performed on dogs over six months old. **Would you like your dog to have a heart worm test? YES NO**

Do you want heart worm prevention? **YES NO** Brand _____ 6 mo or _____ singles

CATS – Leukemia/FIV Test –Do you want your cat tested for Leukemia / Feline AIDS? **YES NO**

If you cat tests positive for either test, do you want them spray or neutered? **YES NO**

Onsior tablets (pain meds for cats 3-day supply). Recommend for female cats. \$15 **YES NO**

If your male is cryptorchid (undescended testicle) there will be a \$25 charge for each undescended testicle. Females in heat there will be a \$15 charge, \$15 for pregnant and \$25 for advanced pregnant. In addition, at your expense, flea control will be applied if your pet is suffering from flea infestation. This is the attending veterinarian’s call.

I have read the all of the pages of this packet and understand all potential risk, assume all responsibility after my pet leaves PET VET (PV) and I understand the relationship between PV and the attention veterinarian. If your pet is 5 years of age or older, he/she is considered a high-risk surgery. We suggest that you take your pet to a full-service veterinarian clinic for blood work. This will diagnose any underlying conditions (ex: kidney, liver, etc.) PV does not perform routine blood chemistry.

Please sign below that you understand the above statement and risk but choose to have the procedure performed.

Signature: _____ **Date:** _____

FOR VET OR VET TECH USE ONLY: Romp _____ Ket _____ Yobin _____ Metacam _____ **Notes:**