

ANIMAL AID SOCIETY

Date _____

Phone Check
Out Time: _____

Pick-up Time: _____

Cage Number: _____

New Client? Yes NoHave you ever brought your pet(s) to the Spay & Neuter Clinic? Yes No

What Year? _____

Form of Payment: Cash Check Charge

2) Phone (cell 1) _____

(cell 2) _____

(home) _____

(work) _____

PET OWNER INFORMATION

1) Name _____

3) Mailing Address _____

STREET _____

CITY _____

STATE _____

ZIP _____

4) E-mail Address _____

PET INFORMATION

5) Pet's Name _____

6) Type of Animal (circle) Dog Cat Other

7) Breed _____

8) Color _____

9) Age _____

10) Circle:

Male Female Neutered Spayed

11) Reason for visit _____

E-Collar EAR Tip Fluids 12) Has your pet been treated for this condition? Yes No _____Bloodwork

If YES, by what veterinarian? _____

When? _____

Pain management 13) Has your pet been sick or on any medication in the last ten days? Yes No

List Medications: _____

14) Is your cat/dog on heartworm preventative? Yes No15) Has your pet scratched or bitten anyone within the last 10 days? Yes No**NEEDED TODAY****IMMUNIZATIONS**

- ___ 1) RABIES
- ___ 2) Purevax
- ___ 3) FVRCP
- ___ 4) FELV
- ___ 5) CPBBV
- ___ 6) DHLPP/PARVO
- ___ 7) LEPTO 4WAY

LABORATORY

- ___ 1) FECAL
- ___ 2) HW/BPT
- ___ 3) DIFIL
- ___ 4) FELV/FIV TEST*
- *Recommended before FELV/FIV vaccine
- ___ 5) SKIN
- ___ 6) EARS/EYES

SURGERY

- ___ 1) F CAT SPAY
- ___ 2) M CAT NEUTER
- ___ 3) F DOG SPAY
- ___ 4) M DOG NEUTER
- ___ 5) DENTAL
- ___ 6) OTHER

*Your pet will need anesthesia,
please complete the reverse side.*

OTHER

- ___ 1) GROOM
- ___ 2) TRIM NAILS
- ___ 3) BATH
- ___ 4) FLEA TREATMENT
- ___ 5) MICROCHIP

SEE REVERSE 

ARE YOU DROPPING OFF YOUR PET TODAY? WOULD YOU LIKE A PHONE CHECK OUT? YES NO

I agree that should my account become delinquent, I will be responsible for all collection costs, including but not limited to, the outstanding balance, attorney fees, court cost, collection agency fees and interest at the rate of 18% per annum (1.5% per month).

Signature _____

Staff Initial: _____

Animal Aid Spay & Neuter Clinic

Pre-Anesthesia Services offered

We are dedicated to your pet's health and well-being. The procedure(s) your pet will need today require(s) anesthesia. Every pet undergoing anesthesia/surgery is examined prior to the procedure by the attending doctor.

Pre-anesthesia blood screening:

We offer this service to screen for internal problems not readily evident on the external physical exam. These problems may include anemia, dehydration, infection, abnormal clotting, and problems with the liver, kidney, heart or other organs. These tests are the same as those performed on humans before any surgical procedure. The specific tests recommended will be determined by the age and condition of your pet.

Fees for these tests will range from \$30.00 to \$135.00 ACCEPT _____ \$ _____

Catheter and fluid administration

The insertion of an intravenous catheter to provide fluids to your pet during a medical or surgical procedure. Providing fluids helps to prevent a possible drop in blood pressure while your pet is sedated, keeps your pet's kidneys functioning well, and provides an immediate route to administer life saving emergency intervention, if needed.

The fee is \$16.00 - \$33.00 ACCEPT _____

Pain Management

The Veterinarian will provide pain management appropriate for each pet.

I request the Animal Aid Society to do the following:

_____ Neuter my male cat/dog

_____ Dental

_____ Spay/tattoo the green suture line on my female cat/dog.

_____ Bath _____ Groom

_____ X-ray(s)

_____ Other _____

_____ E-Collar

Consent and Waiver

I hereby declare under penalty of perjury that I am the owner of, or am authorized to represent for this operation, the animal(s) listed below. I am 18 years of age or older and have been advised of all risks associated with this treatment.

I have no further questions regarding the procedure. I realize that there can be no guarantee as to the animal's condition or the outcome of any procedures. I have been advised that, in the event treatment requires anesthesia, there is a risk of injury or death, small as it may be, every time an anesthetic is used.

I waive any and all claims for damages against the Animal Aid Society, its officers and employees.

NAME OF ANIMAL(S): _____

SIGNED: _____ DATE: _____ WITNESS: _____