

**INTAKE FORM**

**ASPCA® Veterinary Services of  
North Carolina, P.C. (828) 252-2079**

Animal ID # \_\_\_\_\_  
 Cash \$ \_\_\_\_\_  
 Check # \_\_\_\_\_

Date of Surgery

Owner's First Name  Owner's Last Name  Emergency Phone (in case of complications)  Cell Phone

Owner's Street Address  City  State  Zip Code

Animal's Name  Contact Email   
 Dog  Cat

Animal's Age (Years)  Animal's Age (Months)  Animal's Breed  Animal's Color(s)   
 Male  Female

Has your animal been to a veterinarian within the last 30 days?  Yes  No If yes, what was the reason for the visit?:  Regular checkup  Vaccines  Sick or injured

Does your animal have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)?  Yes  No If yes, please describe: \_\_\_\_\_

Is your animal taking any medications, including any flea or tick treatments (given in the last thirty days), insulin, thyroid, or steroids?  Yes  No If yes, please describe: \_\_\_\_\_

**ASPCA Veterinary Services of North Carolina, P.C. ("AVSNC") uses qualified staff and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. Please be advised that there are additional important terms, conditions, and information regarding your animal's treatment on the reverse side of this agreement and the other agreements attached hereto. Please carefully read, and ensure you understand, all of the information on BOTH SIDES of this agreement and the other agreements attached hereto before signing your name:**

- I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Animal"), hereby request and authorize AVSNC, including its affiliates and each of their employees, volunteers, veterinarians and/or other agents (collectively, "AVSNC Parties"), to receive, transport, prescribe for, treat and/or administer vaccinations and/or perform an operation for sexual sterilization of the Animal.
- I certify that the Animal has not bitten anyone in the last ten (10) days.
- I understand that the operation I have elected presents some hazards, and that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand and accept these risks to the Animal.
- I understand that it takes up to two (2) weeks for vaccinations to protect the Animal and I [client must choose one of the following options]:  
 certify that the Animal has been vaccinated within one (1) year prior to this date; or  
 waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or  
 request recommended vaccinations at the time of surgery, as selected below, with the knowledge that the Animal will still not be protected.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand, in particular, that if the Animal develops kennel cough or other upper respiratory infections after surgery, I am responsible for treatment at my own cost.
- I understand that AVSNC and/or any AVSNC Party has the right to refuse any service and/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.
- I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at AVSNC. If I choose for the Animal to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), and heartworms.
- I understand that if the Animal is an acceptable surgical and/or vaccination candidate, sterilization procedures and/or vaccinations will be performed regardless of the Animal's gender and/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.
- If an unforeseen event/emergency situation 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 understand that my further consent will be required for non-emergency treatment EXCEPT in cases where the Animal has an open umbilical hernia, which may be repaired at the time of surgery at an additional charge of \$15 without my further consent.

**PLEASE SEE ADDITIONAL IMPORTANT TERMS, CONDITIONS, AND INFORMATION REGARDING YOUR ANIMAL'S TREATMENT ON THE REVERSE OF THIS AGREEMENT AND THE OTHER AGREEMENTS ATTACHED HERETO.**

**THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.**

**Requested Feline Vaccines & Services**

- Feline Distemper Vaccine  FeLV/FIV Test  
 Feline Leukemia Vaccine  Hernia Repair  
 Rabies Vaccine (1-year)  Rabies Vaccine (3-year)

**Requested Canine Vaccines & Services**

- Canine Distemper/Parvo Vaccine  Heartworm Test  Nail Trim  
 Kennel Cough Vaccine  Hernia Repair  Microchip F/A  
 Rabies Vaccine (1-year)  Rabies Vaccine (3-Year)

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THIS AGREEMENT AND THE ATTACHED AGREEMENTS.  I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL (when picking up) \_\_\_\_\_

#### **ADDITIONAL IMPORTANT TERMS, CONDITIONS AND INFORMATION REGARDING YOUR ANIMAL'S TREATMENT**

- I understand that the Animal will remain at AVSNC overnight for recovery. I understand that AVSNC is not staffed overnight and that the Animal may be unattended during this time. In the event that the Animal requires care or further medical attention beyond that provided by AVSNC during recovery, or if a mechanical failure or other issue renders the AVSNC clinic unable to safely treat the Animal, I agree that AVSNC and/or any AVSNC Party may, in its sole discretion, transfer the Animal to a veterinary hospital selected in its sole discretion to conduct treatment and/or provide overnight care. In the very rare event of a sudden death, I give consent for a necropsy to be performed at no charge to determine the cause of death.
- I will provide recovery space that is clean, indoors, warm, and dry. I will provide proper post surgery monitoring and care for the Animal, including but not limited to, the care described in the *Post-Operative Instructions*. I agree to abide by the "ASPCA Bite/Scratch Protocol for North Carolina, Buncombe County," a copy of which is available upon my request. If I suspect the Animal has any post operative complications, I agree to follow the *Post-Operative Instructions* that have been provided to me.
- I understand that if the Animal is infested with fleas, AVSNC may, in its sole discretion, administer a flea product (including but not limited to Capstar, which effects of treatment last 24 hours), to the Animal. I agree to pay the \$3 cost for this treatment when the Animal is picked up from AVSNC.
- I understand that I, or someone authorized by me, must pick up the Animal from the location designated by the medical staff, and at the time designated by the medical staff on the day of the surgery and/or vaccination. I understand that, if I do not retrieve the Animal at the designated time, the Animal may be considered by AVSNC to be abandoned by me upon expiration of the statutory hold period. In that event, I understand that, upon expiration of the statutory hold period, AVSNC shall have discretion to deal with the Animal as it deems appropriate, including, but not limited to, exercising its right to either turn the Animal over to Buncombe County Animal Control ("Animal Control") or dispose of the Animal as deemed just and proper and as allowed by the State of North Carolina under GS 90-187.7(a). I agree to pay a boarding fee of up to \$100 per night plus any related costs to medicate or provide for the Animal.
- I understand and agree that the AVSNC and AVSNC Parties (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal and/or any vaccinations to be given to the Animal, and I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full responsibility, financial and otherwise, if the Animal becomes ill, unless the illness is a post-operative complication caused directly by the surgery. I hereby agree to indemnify and hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF AND AVSNC, AND (E) VOLUNARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

**INTAKE FORM**

**ASPCA® Veterinary Services of  
North Carolina, P.C. (828) 252-2079**

Animal ID # \_\_\_\_\_  
 Cash \$ \_\_\_\_\_  
 Check # \_\_\_\_\_

Date of Surgery

Owner's First Name  Owner's Last Name  Emergency Phone (in case of complications)  Cell Phone

Owner's Street Address  City  State  Zip Code

Animal's Name  Contact Email   
 Dog  Cat

Animal's Age (Years)  Animal's Age (Months)  Animal's Breed  Animal's Color(s)   
 Male  Female

Has your animal been to a veterinarian within the last 30 days?  Yes  No If yes, what was the reason for the visit?:  Regular checkup  Vaccines  Sick or injured

Does your animal have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)?  Yes  No If yes, please describe: \_\_\_\_\_

Is your animal taking any medications, including any flea or tick treatments (given in the last thirty days), insulin, thyroid, or steroids?  Yes  No If yes, please describe: \_\_\_\_\_

**ASPCA Veterinary Services of North Carolina, P.C. ("AVSNC") uses qualified staff and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. Please be advised that there are additional important terms, conditions, and information regarding your animal's treatment on the reverse side of this agreement and the other agreements attached hereto. Please carefully read, and ensure you understand, all of the information on BOTH SIDES of this agreement and the other agreements attached hereto before signing your name:**

- I, being lawfully authorized to make decisions on behalf of the animal named/described above (the "Animal"), hereby request and authorize AVSNC, including its affiliates and each of their employees, volunteers, veterinarians and/or other agents (collectively, "AVSNC Parties"), to receive, transport, prescribe for, treat and/or administer vaccinations and/or perform an operation for sexual sterilization of the Animal.
- I certify that the Animal has not bitten anyone in the last ten (10) days.
- I understand that the operation I have elected presents some hazards, and that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand and accept these risks to the Animal.
- I understand that it takes up to two (2) weeks for vaccinations to protect the Animal and I [client must choose one of the following options]:  
 certify that the Animal has been vaccinated within one (1) year prior to this date; or  
 waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery; or  
 request recommended vaccinations at the time of surgery, as selected below, with the knowledge that the Animal will still not be protected.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand, in particular, that if the Animal develops kennel cough or other upper respiratory infections after surgery, I am responsible for treatment at my own cost.
- I understand that AVSNC and/or any AVSNC Party has the right to refuse any service and/or procedure to any animal for any reason, including, but not limited to, situations where surgery is deemed a health risk. Such refusal is at the sole discretion of the attending veterinarian.
- I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at AVSNC. If I choose for the Animal to have such bloodwork, I understand that it must be performed at a full-service veterinary clinic.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), and heartworms.
- I understand that if the Animal is an acceptable surgical and/or vaccination candidate, sterilization procedures and/or vaccinations will be performed regardless of the Animal's gender and/or medical condition, including but not limited to, pregnancy. I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.
- If an unforeseen event/emergency situation 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 understand that my further consent will be required for non-emergency treatment EXCEPT in cases where the Animal has an open umbilical hernia, which may be repaired at the time of surgery at an additional charge of \$15 without my further consent.

**PLEASE SEE ADDITIONAL IMPORTANT TERMS, CONDITIONS, AND INFORMATION REGARDING YOUR ANIMAL'S TREATMENT ON THE REVERSE OF THIS AGREEMENT AND THE OTHER AGREEMENTS ATTACHED HERETO.**

**THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.**

**Requested Feline Vaccines & Services**

- Feline Distemper Vaccine  FeLV/FIV Test  
 Feline Leukemia Vaccine  Hernia Repair  
 Rabies Vaccine (1-year)  Rabies Vaccine (3-year)

**Requested Canine Vaccines & Services**

- Canine Distemper/Parvo Vaccine  Heartworm Test  Nail Trim  
 Kennel Cough Vaccine  Hernia Repair  Microchip F/A  
 Rabies Vaccine (1-year)  Rabies Vaccine (3-Year)

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THIS AGREEMENT AND THE ATTACHED AGREEMENTS.  I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL (when picking up) \_\_\_\_\_

### **ADDITIONAL IMPORTANT TERMS, CONDITIONS AND INFORMATION REGARDING YOUR ANIMAL'S TREATMENT**

- I understand that the Animal will remain at AVSNC overnight for recovery. I understand that AVSNC is not staffed overnight and that the Animal may be unattended during this time. In the event that the Animal requires care or further medical attention beyond that provided by AVSNC during recovery, or if a mechanical failure or other issue renders the AVSNC clinic unable to safely treat the Animal, I agree that AVSNC and/or any AVSNC Party may, in its sole discretion, transfer the Animal to a veterinary hospital selected in its sole discretion to conduct treatment and/or provide overnight care. In the very rare event of a sudden death, I give consent for a necropsy to be performed at no charge to determine the cause of death.
- I will provide recovery space that is clean, indoors, warm, and dry. I will provide proper post surgery monitoring and care for the Animal, including but not limited to, the care described in the *Post-Operative Instructions*. I agree to abide by the "ASPCA Bite/Scratch Protocol for North Carolina, Buncombe County," a copy of which is available upon my request. If I suspect the Animal has any post operative complications, I agree to follow the *Post-Operative Instructions* that have been provided to me.
- I understand that if the Animal is infested with fleas, AVSNC may, in its sole discretion, administer a flea product (including but not limited to Capstar, which effects of treatment last 24 hours), to the Animal. I agree to pay the \$3 cost for this treatment when the Animal is picked up from AVSNC.
- I understand that I, or someone authorized by me, must pick up the Animal from the location designated by the medical staff, and at the time designated by the medical staff on the day of the surgery and/or vaccination. I understand that, if I do not retrieve the Animal at the designated time, the Animal may be considered by AVSNC to be abandoned by me upon expiration of the statutory hold period. In that event, I understand that, upon expiration of the statutory hold period, AVSNC shall have discretion to deal with the Animal as it deems appropriate, including, but not limited to, exercising its right to either turn the Animal over to Buncombe County Animal Control ("Animal Control") or dispose of the Animal as deemed just and proper and as allowed by the State of North Carolina under GS 90-187.7(a). I agree to pay a boarding fee of up to \$100 per night plus any related costs to medicate or provide for the Animal.
- I understand and agree that the AVSNC and AVSNC Parties (collectively, the "Released Parties") shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal and/or any vaccinations to be given to the Animal, and I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full responsibility, financial and otherwise, if the Animal becomes ill, unless the illness is a post-operative complication caused directly by the surgery. I hereby agree to indemnify and hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF AND AVSNC, AND (E) VOLUNARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.

**POST-OPERATIVE INSTRUCTIONS**

**ASPCA® Veterinary Services of  
North Carolina, P.C. (828) 252-2079**

Animal ID # \_\_\_\_\_  
 Cash \$ \_\_\_\_\_  
 Check # \_\_\_\_\_

Date of Surgery

Owner's First Name  Owner's Last Name  Emergency Phone (in case of complications)  Cell Phone

Owner's Street Address  City  State  Zip Code

Animal's Name  Contact Email   
 Dog  Cat

Animal's Age (Years)  Animal's Age (Months)  Animal's Breed  Animal's Color(s)   
 Male  Female

Has your animal been to a veterinarian within the last 30 days?  Yes  No If yes, what was the reason for the visit?:  Regular checkup  Vaccines  Sick or injured  
 Does your animal have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)?  Yes  No If yes, please describe: \_\_\_\_\_

Is your animal taking any medications, including any flea or tick treatments (given in the last thirty days), insulin, thyroid, or steroids?  Yes  No If yes, please describe: \_\_\_\_\_

**POST-OPERATIVE INSTRUCTIONS**

- You must restrict the Animal's activity for the next ten days to allow the tissue time to heal, and avoid causing the incision to open. Cats should stay indoors. All dogs should go out on a leash to urinate/defecate and then return inside to rest. Keep the incision site dry; do not bathe or apply topical ointment during the recovery period.
- Keep males away from unspayed females for 30 days. Keep females away from unneutered males for seven days. Be prepared to keep pets separate during the recovery period.
- Check the incision site twice daily. Females should have no drainage; redness and swelling should be minimal. The incision for male dogs is directly on the scrotum and is left open to allow for drainage. Small amounts of drainage/discharge is normal for up to three days. Too much activity causes increased drainage, so activity restriction is very important. Do not allow the Animal to lick or chew at the incision. If this occurs, an Elizabethan collar MUST be applied to prevent additional licking/chewing that could cause infection.
- Appetite should return gradually within 24 hours of surgery. Do not change the Animal's diet at this time, and do not give them junk food, table scraps, milk, or any other *people food* during the recovery period. Feeding them their regular diet will help avoid gastro-intestinal upset.
- Minimal redness and swelling of the surgery site should resolve within several days, but if they persist longer, please call our office at **(828) 252-2079**. After office hours, please call **(855) 4-FIX-AVL**. You should also contact us immediately if you notice any of the following: pale gums; depression; unsteady gait; loss of appetite or decreased water intake; vomiting; diarrhea; discharge or bleeding from the incision; difficulty urinating or defecating; labored breathing. Do not give human medication to the Animal. It is dangerous and can be fatal.
- If the Animal received a vaccine at our clinic other than rabies, please discuss a "booster" vaccine with your regular veterinarian. Canine distemper/parvo vaccine, feline leukemia vaccine, and feline distemper vaccine all need to be "boostered" three to four weeks after administration of the first vaccine for maximum effectiveness.
- We will make every reasonable effort to treat at OUR CLINIC, at minimal cost, any post-operative complications resulting directly from the surgery, if the above post-operative instructions are followed in full. Your regular veterinarian must address illnesses or injuries that are not a direct result of surgery. Please call for an appointment as soon as you see any cause for concern at **(828) 252-2079**. After office hours, please call **(855) 4-FIX-AVL**.

- Spay Ovariohysterectomy – unless otherwise noted, there are no sutures to remove
- Neuter Castration – unless otherwise noted, there are no sutures to remove
- Already Spayed/Neutered Please contact this clinic if you have any questions or notice signs of heat
- In Heat Please keep away from intact males for at least two weeks
- Pregnant: \_\_\_\_\_ Unless otherwise noted, there are no sutures to remove
- Cryptorchid Undescended testicle(s) – your pet has two incisions

The Animal received a green tattoo next to their incision. This tattoo is a scoring process in the skin. IT IS NOT AN EXTRA INCISION.

Our vets recommend that you establish a wellness program for the Animal with a regular full-service veterinarian.

Please see your regular veterinarian to address the following concerns about the Animal:

Over/Underweight  Ear Concerns  Skin Concerns  Tapeworms/Internal Parasites  Dental Concerns  Fleas/Ticks

Other: \_\_\_\_\_

VET: \_\_\_\_\_ Weight \_\_\_\_\_ Kgs.

The Animal has received these vaccinations/services today:

DA<sub>2</sub>LPPv  Bordetella  Ivermectin  Meloxicam  Nail Trim  Microchip

DA<sub>2</sub>PPv  FVRCP  FeLV Rabies  1-Year  3-Year  Ear Tip  Hernia Repair

HW Test  -neg  +pos  FeLV Test  FeLV/FIV Test (only owned cats)  -neg  FeLV +pos  FIV +pos  Other \_\_\_\_\_

**Requested Feline Vaccines & Services**

Feline Distemper Vaccine  FeLV/FIV Test  Nail Trim  Canine Distemper/Parvo Vaccine  Heartworm Test  Nail Trim

Feline Leukemia Vaccine  Hernia Repair  Microchip F/A  Kennel Cough Vaccine  Hernia Repair  Microchip F/A

Rabies Vaccine (1-year)  Rabies Vaccine (3-year)  Rabies Vaccine (1-year)  Rabies Vaccine (3-Year)

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THIS AGREEMENT AND THE ATTACHED AGREEMENTS.  I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL (when picking up) \_\_\_\_\_

**TREATMENT CARE**

**ASPCA® Veterinary Services of  
North Carolina, P.C. (828) 252-2079**

Animal ID # \_\_\_\_\_  
 Cash \$ \_\_\_\_\_  
 Check # \_\_\_\_\_

Date of Surgery  
 \_\_\_\_\_

Owner's First Name \_\_\_\_\_ Owner's Last Name \_\_\_\_\_ Emergency Phone (in case of complications) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Owner's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Animal's Name \_\_\_\_\_ Contact Email \_\_\_\_\_  
 Dog  Cat

Animal's Age (Years) \_\_\_\_\_ Animal's Age (Months) \_\_\_\_\_ Animal's Breed \_\_\_\_\_ Animal's Color(s) \_\_\_\_\_  
 Male  Female

Has your animal been to a veterinarian within the last 30 days?  Yes  No If yes, what was the reason for the visit?:  Regular checkup  Vaccines  Sick or injured  
 Does your animal have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)?  Yes  No If yes, please describe: \_\_\_\_\_

Is your animal taking any medications, including any flea or tick treatments (given in the last thirty days), insulin, thyroid, or steroids?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_ cc Ace 10 mg/mL SQ IM      \_\_\_\_\_ cc Hydromorphone 2 mg/mL SQ IM      \_\_\_\_\_ cc Ketamine 100 mg/mL IV IM      \_\_\_\_\_ cc Atipamezole 5 mg/mL IM  
 \_\_\_\_\_ cc Dilute Ace 1 mg/mL SQ IM      \_\_\_\_\_ cc Cefazolin 100 mg/mL SQ IV      \_\_\_\_\_ cc mL LRS/Saline IV SQ      \_\_\_\_\_ cc Atropine 0.5 mg/mL SQ IV IT  
 \_\_\_\_\_ cc Midazolam/Diazepam 5 mg/mL IV IM      \_\_\_\_\_ cc Meloxicam 5 mg/mL SQ IM      \_\_\_\_\_ cc Ivermectin SQ  
 \_\_\_\_\_ cc TTDex IM      \_\_\_\_\_ cc PenG 300,000 units/mL IM SQ      \_\_\_\_\_  
 \_\_\_\_\_ cc Lidocaine 2% IT      \_\_\_\_\_ cc Euthasol IV IC IP      \_\_\_\_\_  
 \_\_\_\_\_ cc Dexdomitor \_\_\_\_\_ mg/mL IV IM      \_\_\_\_\_ cc \_\_\_\_\_  
 Maintained on O<sub>2</sub> + Iso

Postpartum  Fatty  
 Friable  
 S: BAR Abnormal  
 O: Physical exam = WNL      Abnormal  
 A: Surgical candidate = Yes      No  
 P: Surgically sterilize = Accept      Decline  
 TPR = WNL      ABN \_\_\_\_\_

**SPAY** (Ventral midline incision)  
 Ovarian peds:  Instrument tie       Circumferential       (Modified) Millers      Suture \_\_\_\_\_  
 Uterine stump:  Transfixation       Circumferential       (Modified) Millers      Suture \_\_\_\_\_  
 Abdominal wall:  Cruciate       Simple interrupted       Continuous      Suture \_\_\_\_\_  
 Subcutaneous:  Simple continuous      Suture \_\_\_\_\_  
 Skin:  Subcuticular pattern       Surgical glue       Staples      Suture \_\_\_\_\_

Spay  
 Neuter  
 Already Spayed/Neutered  
 In Heat  
 Pregnant: \_\_\_\_\_  
 Cryptorchid

**NEUTER**      Technique:  Closed castration       Open castration  
 Skin Incision:  Pre-scrotal       Scrotal  
 Cord ligation:  Instrument tie       Circumferential       (Mod.) Millers       Transfixation      Suture \_\_\_\_\_  
 Sc/skin closure:  Simple interrupted       Subcuticular mattress       Surgical glue       Staples      Suture \_\_\_\_\_

Please see your regular veterinarian to address the following concerns about the Animal: **VET:** \_\_\_\_\_ Weight \_\_\_\_\_  
 Over/Underweight       Ear Concerns       Skin Concerns       Tapeworms/Internal Parasites       Dental Concerns       Fleas/Ticks  
 Other: \_\_\_\_\_ Kgs.

The Animal has received these vaccinations/services today:  
 DA<sub>2</sub>LPPv       Bordetella       Ivermectin       Meloxicam       Nail Trim       Microchip  
 DA<sub>2</sub>PPv       FVRCP       FeLV      Rabies  1-Year       3-Year       Ear Tip       Hernia Repair  
 HW Test       -neg       +pos       FeLV Test       FeLV/FIV Test (only owned cats)       -neg       FeLV +pos       FIV +pos       Other \_\_\_\_\_

**Requested Feline Vaccines & Services**      **Requested Canine Vaccines & Services**  
 Feline Distemper Vaccine       FeLV/FIV Test       Nail Trim       Canine Distemper/Parvo Vaccine       Heartworm Test       Nail Trim  
 Feline Leukemia Vaccine       Hernia Repair       Microchip F/A       Kennel Cough Vaccine       Hernia Repair       Microchip F/A  
 Rabies Vaccine (1-year)       Rabies Vaccine (3-year)       Rabies Vaccine (1-year)       Rabies Vaccine (3-Year)

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THIS AGREEMENT AND THE ATTACHED AGREEMENTS.  I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL (when picking up) \_\_\_\_\_