



Pet Services and Medical Record

Date of pet's surgery/service ___/___/___

Owner Name _____ Pet's name _____

Address _____ City _____ State _____ Zip _____ County _____

Phone # (____) _____ Email _____

Pet's age or DOB _____ Breed _____ M/F _____ Color _____

Surgery (Nail trim for dogs included w/ surgery)

___ Spay/Neuter - your female pet will receive a small tattoo at incision site to show that she has been sterilized \$ _____

___ EUF - (in-heat/pregnant) to be determined by Veterinarian \$ _____

___ E-collar/cone (to go home with animal) \$10

___ Umbilical Hernia If my animal is found to have an umbilical hernia, I authorize it to be repaired at time of surgery ___ Yes ___ No \$20

___ Baby Teeth If my animal is found to have retained baby teeth, I authorize the extractions at time of surgery ___ Yes ___ No

Teeth Pulled _____ @ \$10 per Tooth \$ _____

___ Ear Tip (Feral cats) \$ N/C

Parasite Control & Prevention

___ Flea Prevention (fleas and ticks) Qty: _____ \$16 each = \$ _____

___ Heartworm (cost weight based) Qty: _____ \$ each = \$ _____
(must be tested or provide proof of current test)

___ Dewormer: _____

Roundworms (Dogs and Cats) \$ _____

Tapeworms, roundworms, hookworms (cats) \$ _____

Tapeworms (Dogs) (cost weight based) \$ _____

___ Ear clean \$10/Ear mite treatment \$20 \$ _____

Vaccination and Identification

___ Rabies (Dogs and Cats) Proof Provided \$13

___ Dist/Hep/Parvo/Parainfluenza \$13

___ Bordetella - (Dogs) \$13

___ FVRCP - (Cats) \$13

___ Leukemia - (Cats) \$13

___ All three vaccines \$33

___ Microchipping \$25

Labwork

___ Felv/FIV test (cats) Result: _____ \$25

___ HW Test (Dogs) Result: _____ \$20

___ Fecal Exam - (Dogs & Cats) Result: _____ \$15

Other Services Requested/Recommended

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I have been advised as to the nature of the procedure, the potential risks (including the risk of death), and at-home care. I also understand that no guarantee of successful treatment can be made. If my pet is in need of post surgical care, I will seek another veterinary hospital at my own expense. I understand that I have to provide written proof of a current rabies vaccine or it will be given the day of surgery at the cost noted above. I understand that it takes up to two weeks for vaccinations to protect my animal. **Signature of owner/agent** _____

Weight: _____ PE-WNL _____ Other: _____

Spay: _____ Routine: _____ In Heat: _____ Other: _____

Neuter: _____ Routine: _____ Pediatric: _____ Other: _____

Suture: Sorbycryl _____ Other: _____ All major vessels & organs were double ligated with suture or autoligated. Layers were closed in a continuous pattern. All patients were monitored during anesthesia.

TX: Carprofen: _____ mg.# _____ sig: Give _____ PO BID x _____ days.

TX: Loxicam: 1.5 mg/ml: Give _____ cc SID x _____ days

Ace	m/l	Torb 10 mg/ml	m/l	btl	Midazolam 5 mg/ml	m/l	btl
Rimadyl 50 mg/ml		TTD			Ketamine 100 mg/ml		
Metacam 5 mg/ml		Antisedan			Bupi 0.6 mg/ml		
Loxicam 1.5 mg/ml		Tramadol 50mg	Qty				

Office Use Only – Please Do Not Write Below This Line

RABIES Certificate

Tag # _____ 1 yr 3 yr

Rabies Expires on: _____

Vaccine Serial (Lot) _____

Dr: _____

Dr. _____, DVM License # _____

Dr. _____, DVM License # _____

Additional Notes: _____



Admission Form

Please fill in all information as completely as possible to ensure optimal care for your pet.

Owners Name: _____ Patient's Name: _____

Telephone number where you can be reached today: (____) _____

How long have you owned this pet? _____

Where did you obtain this pet? _____

Has your pet displayed any of the following in the last 2 weeks: (check if yes)

Sneezing ____ Coughing ____ Vomiting ____ Diarrhea ____

Has your pet ever had a seizure? No ____ Yes ____ explain _____

Has your pet had any previous:

...Illness? No ____ Yes ____ explain _____

...Injuries? No ____ Yes ____ explain _____

...Surgery? No ____ Yes ____ explain _____

...Drug or vaccine reaction? No ____ Yes ____ explain _____

Is your pet on any long-term medications? No ____ Yes ____

If yes, list all _____

Has your pet been given any medications in the last month? No ____ Yes ____

If yes, list type and why it was given: _____

If your pet is female: When was her last heat cycle? _____ Unsure

Has she had any litters? No ____ Yes ____ If yes, when was the last? _____

Is your pet pregnant? No ____ Yes ____ Possibly ____

Has your pet been treated or dipped for fleas/ticks in the last month? No ____ Yes ____

If yes, what product was used? _____

When was the last time your pet was:

Heartworm tested? _____ Not tested ____ Unsure if tested _____

Leukemia/FIV tested? (cats) _____ Not tested ____ Unsure if tested _____

Is your pet on monthly heartworm prevention? No ____ Yes ____

If yes, what type? Heartguard Interceptor/Sentinel Revolution Iverheart Trifexis

When did your pet last eat? _____

How did you hear about Ohio Spay/Neuter Project? _____

Do you have a regular veterinarian? No ____ Yes ____ Name _____

Is your pet living: Inside, Outside, or Both (circle one)