



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** (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 \$ _____

Vaccination and Identification

___ Rabies (Dogs and Cats) Proof Provided \$12

___ Dist/Hep/Parvo/ParaInfluenza \$12

___ Bordetella - (Dogs) \$12

___ FVRCP- (Cats) \$12

___ Leukemia - (Cats) \$12

___ All three vaccines \$30

___ Ear Tip (Feral cats) \$5

___ 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 \$ _____

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 \$ _____

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: Sorbrycryl _____ **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

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. Nicole Eaton, DVM License #7383

Dr. _____, DVM License # _____

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				

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)

Additional costs that may apply:

- For Enlarged Uterus Fee (EUF) which can be result of a dog that is pregnant, in-heat, overweight, had multiple litters, or has mild infection - under 30 lbs \$20, over 30 lbs \$25,
- Pregnant or in/heat cat \$10
- Pyometra – severe infection of uterus \$ at discretion of veterinarian
- Different Anesthetic fee of \$10 for Boxers; Boxer mixes; pets 7 yrs and older; cardiac patients
- Extra Suture Fee (on an as needed basis) - \$10 usually for obese dogs that require additional suture material
- Crypt orchid (testicles have not fully descended) male dog/cat, cost of neuter plus full price of spay
- \$15 fee if pet is found to be spayed or has reactions after sedation
- If a female dog or cat is found to be already spayed during surgery, the regular surgery fee will apply
- \$12 if a pet does not have written proof (Rabies Certificate piece of paper, not tags) of a current Rabies vaccine, it will be given day of surgery
- Other surgical procedures (additional fees may apply for IV fluids, antibiotics, anesthesia time, pain medication, E-collar)
- \$20 Umbilical Hernia
- \$15 - \$30 dewclaw removal per side (dogs, rear only)
- \$10 fractious (difficult to handle/restrain) animal
- Health Certificates - \$15 with spay/neuter, \$25 without spay/neuter
- Euthanasia - \$25
- Disposal of Body - \$25
- Emergency Exam - \$20
- Cardboard Cat Carrier - \$5

All dogs will be examined before surgery. If older age or health is a concern, we may not do surgery if we feel they are not a good surgical candidate