

## ADMISSION FORM

Surgery Date: \_\_\_/\_\_\_/19 Your Name: \_\_\_\_\_ Pet's Name: \_\_\_\_\_  
(First Name) (Last Name)

Species:  Cat  Dog Sex:  Male  Female  Unknown Pet's Breed: \_\_\_\_\_ Pet's Color: \_\_\_\_\_

Pet's Age: \_\_\_\_\_ If a female pet, has your pet had a litter of kittens/puppies:  Yes  No

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Telephone No. (where we can reach you TODAY): \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Pay it Forward: To help other animals get spayed/neutered, I donate:**  \$20  \$10  \$5  \$1 Other \$ \_\_\_\_\_

**Pet History – Please answer to the best of your knowledge (circle Y for yes and N for no):**

- Has your pet ever had a seizure? If yes, **please stop here** and speak with a staff member. Y N
- Did your pet eat after 9 pm last night if 6 months or older or after 6 am if younger than 6 months? Y N
- In the last 2 weeks, have you seen sneezing, vomiting, coughing, diarrhea, appetite/activity level change, injury or other change in your pet's health? Y N
- Is there any chance your pet is pregnant? If yes, take-home pain medication may be required. Y N
- Has your pet had any prior surgeries or have health issues, such as heart murmur, FIV, Feline Leukemia? Y N
- During last 30 days, has your pet been on any medication, including flea prevention, antibiotics, steroids, etc.? Y N
- To your knowledge, is your pet allergic to any drugs or has your pet had prior vaccine reactions? Y N
- Does your pet have a current rabies vaccine and, if so, do you have proof of that with you today? If no and your pet is over 3 months of age, your pet will be given a 1 year rabies vaccine for \$10 because it is required by law. Y N
- Would you like a \$20 lifetime microchip to help your pet get back to you if lost? Y N
- Would you like us to treat for fleas, ear mites, ticks or tapeworms if we see them? Flea/mite/tick treatment is \$15; tapeworm treatment is \$10 for cats and \$20 for dogs. Y N
- All pets receive pain medication at the time of surgery that lasts 24 hours. Would you like an additional 3-day supply of pain medication to take home - \$10 cats/\$15 dogs? These are administered orally through syringes. Y N

**Services requested today:**

Treat for fleas/ear mites/tapeworms/ticks/lice if seen

**Dogs**

- K-9 Distemper/Parvo\* \$15
- K-9 Bordetella \$15
- Leptospirosis\* \$15
- 1 year Rabies \$10
  - Too young for Rabies
- 3 year Rabies (if proof 1 yr.) \$10
- Heartworm Test \$20
- Heartworm Prevention \$24, \$30, \$36
- Pain Meds (Metacam) \$15
- Dewormer (Panacur) \$7, \$11 or \$22
- Tapeworm (Praziquantel) \$20
- Flea/Tick (Frontline) \$15

**Cats**

- Feline Leukemia\* \$15
- FVRCP\* \$15
- 1 year Rabies \$10
  - Too young for Rabies
- 3 year Rabies (if proof 1 yr.) \$10
- Felv/FIV Test \$20
- Flea/Mites (Revolution) \$15
- Pain Meds (Metacam) \$10
- Dewormer (Pyrantel) \$ 5
- Tapeworm (Praziquantel) \$10
- Cardboard cat carrier \$ 5

**Other Services**

- Cryptorchid \$20
- Umbilical Hernia \$20
- Microchip \$20
- Microchip Insert \$ 2
- E-Collar \$6 Cat / \$8 Dog
- IV Fluids \$20
- Subcutaneous Fluids \$10
- Nail Trim \$ 5
- Diphenhydramine \$ 5
- Other \_\_\_\_\_

**Fee Total**

Surgery: \_\_\_\_\_  
 All Other: \_\_\_\_\_  
 Subsidy: \_\_\_\_\_  
 Donation: \$ \_\_\_\_\_  
 Amt. Due: \_\_\_\_\_  
 \_\_\_ CS \_\_\_ V \_\_\_ MC  
 Amt. Due @ PU: \_\_\_\_\_

**\*To be effective, if this is the pet's first vaccine, you should get your pet a booster vaccine in 3-4 weeks. UCAN offers \$15 booster vaccines at its Friday vaccine clinics from Noon to 2:30 p.m. (no appointment necessary).**