

ADMISSION FORM

Surgery Date: ___/___/___ 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 10 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. If live fleas are seen, a \$5 Capstar pill will be given. 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

<u>Dogs</u>	<u>Cats</u>	<u>Other Services</u>	<u>Fee Total</u>
<input type="checkbox"/> K-9 Distemper/Parvo* \$15	<input type="checkbox"/> Feline Leukemia Vaccine* \$15	<input type="checkbox"/> Cryptorchid \$20	Surgery: _____
<input type="checkbox"/> K-9 Bordetella \$15	<input type="checkbox"/> FVRCP Vaccine* \$15	<input type="checkbox"/> Umbilical Hernia \$20	All Other: _____
<input type="checkbox"/> Leptospirosis* \$15	<input type="checkbox"/> 1-year Rabies \$10	<input type="checkbox"/> Microchip \$20	Subsidy: _____
<input type="checkbox"/> Flu Vaccine* \$15	<input type="checkbox"/> Too young for Rabies	<input type="checkbox"/> Microchip Insert \$ 2	_____
<input type="checkbox"/> 1-year Rabies \$10	<input type="checkbox"/> 3-year Rabies (if proof 1 yr.) \$10	<input type="checkbox"/> E-Collar \$6 Cat / \$8 Dog	_____
<input type="checkbox"/> Too young for Rabies	<input type="checkbox"/> Felv/FIV Test \$20	<input type="checkbox"/> IV Fluids \$20	Donation: \$ _____
<input type="checkbox"/> 3-year Rabies (if proof 1 yr.) \$10	<input type="checkbox"/> Flea/Ear Mite Control \$15	<input type="checkbox"/> Subcutaneous Fluids \$10	Amt. Due: _____
<input type="checkbox"/> Heartworm Test \$20	<input type="checkbox"/> Flea/Tick/Lice Control \$15	<input type="checkbox"/> Nail Trim \$ 5	___ CS ___ V ___ MC
<input type="checkbox"/> Heartworm Prevention \$20, \$25, \$30	<input type="checkbox"/> Pain Meds (Metacam) \$10	<input type="checkbox"/> Capstar \$ 5	___ AMEX ___ D
<input type="checkbox"/> Pain Meds (Metacam) \$15	<input type="checkbox"/> Dewormer (Pyrantel) \$ 5	<input type="checkbox"/> Other _____	Amt. Due @ PU: _____
<input type="checkbox"/> Dewormer (Panacur) \$7, \$11 or \$15	<input type="checkbox"/> Tapeworm (Praziquantel) \$10		
<input type="checkbox"/> Tapeworm (Praziquantel) \$20	<input type="checkbox"/> Cardboard cat carrier \$ 5		
<input type="checkbox"/> Flea/Tick Control \$15			

***To be effective, if this is the pet's first vaccine, the pet needs a booster vaccine in 3-4 weeks. Kittens/Puppies < 10 weeks old need 2 boosters.**