

<b>PLEASE PRINT</b>		<b>Date</b>	<b>Account #</b>	<b>Weight</b>
<b>OWNER INFORMATION</b>				
Owner Name		Cellphone		<b>OK to Text</b> YES NO
Address		Other Day Phone		
City, State, Zip		Email Address		
<b>PET INFORMATION</b>				<b>Circle all that apply:</b>
Name	Age	Color	Breed	Male Female Dog Cat
				Current on Vaccines: YES NO
<b>CURRENT MEDICATIONS (Please list)/PREVIOUS MEDICAL PROBLEMS (Please describe)</b>				

**PLEASES CIRCLE SERVICES REQUESTED TODAY**

DOG SERVICES (Pricing Effective May 1 2025)					
<b>Weight of Dog (Pounds)</b>	<b>2-40</b>	<b>40-60</b>	<b>60-80</b>	<b>80-100</b>	<b>100+</b>
Spay	\$160	\$180	\$220	\$270	\$290
Neuter	\$140	\$160	\$190	\$230	\$250
Added charge for difficulties-enlarged uterus/pregnancy/weight					\$25-\$100
<b>Bloodwork (Required 5 yrs+ )</b>					<b>\$50</b>
Cerenia (Required for flat-faced dogs)	\$40 to 60 lbs; \$60 60 lbs & up			\$40-\$60	
<b>E-collars - All dogs required</b>					<b>\$20</b>
<b>Heartworm Test</b>	Negative _____	Positive _____		\$30	
Microchip	\$40				
Nail Trim with surgery	\$5				
<b>Post-Op Pain Meds To Go Home (TGH) - All dogs required</b>					<b>\$20</b>
Sedative - Large or Highly Active Dogs					\$15

CAT SERVICES (Pricing Effective May 1 2025)	
Cat Spay	\$100
Cat Neuter	\$85
Feral Cats	\$85
Additional charge for difficulties - enlarged uterus/pregnancy/etc.	
	\$25-\$50
<b>Bloodwork (Required 5 yrs+ )</b>	
	<b>\$50</b>
Cerenia	\$40
E-collars (Recommended for females)	
	\$15
<b>FIV/FelV Test</b>	Negative _____ Positive _____
	\$50
Microchip	\$40
Nail Trim with surgery	\$5
Post-Op Pain Meds TGH - Recommended	
	\$20
Convenia	\$60

VACCINES (Office Use Only)	Expirations		Loc	Route	Initials	Cost
<b>Rabies (Required by law)</b>	1 yr	3 yr		SQ		\$30
Bordetella (Kennel Cough)	1 yr			PO		\$30
DA2PP (Parvo/Distemper)	3-4 wks	1 yr	3 yr	SQ		\$30
Leptospirosis	4 wks	1 yr		SQ		\$40

VACCINES (Office Use Only)	Expirations		Loc	Route	Initials	Cost
Rabies	1 yr	3 yr		SQ		\$30
FelV (Leukemia)	4 wks	1 yr	3 yr	SQ		\$45
FVRCP (Core vaccine)	4 wks	1 yr	3 yr	SQ		\$35

**TREATMENT AUTHORIZATION & RELEASE (of Pet listed above)**

- To the best of my knowledge the animal listed above is in good health. I acknowledge that all pre- and post-operative care is my financial responsibility, including complications arising from the lack of an e-collar or recommended exercise restrictions.

- I am the owner or responsible party for the animal listed above and have authority to execute this consent.

- I hereby authorize the use of such anesthetics and medications as you deem advisable, and the performance of such surgical and therapeutic procedures as you determine to be necessary. I understand that some risks always exist with anesthesia, surgery, vaccinations and treatments.

- I agree to indemnify and hold harmless Valley Spay & Neuter and its affiliates, and the attending veterinarian from and against any and all liability arising out of the performance of all the procedures referred to above.

- I understand a small green tattoo will be placed by my pet's incision, which identifies my pet as sterilized. This will prevent future surgery if my pet is lost.

**For dogs, PROOF OF RABIES VACCINE must be provided or the law requires us to administer the vaccine, which you will be charged for.** Initial \_\_\_\_\_

**Additional charges (\$25-\$100 dogs; \$25-\$50 cats) may apply for surgery difficulties due to an enlarged uterus, pregnancy, obesity or cryptorchid.** Initial \_\_\_\_\_

**Some pets experience nausea/vomiting due to anesthesia. Cerenia is an anti-nausea injection that helps counteract these symptoms.**

Do you want us to administer Cerenia (an additional \$40 cost) if needed? **CIRCLE** YES NO

Additional charge of \$25+ if dog/cat is picked up after 4:00pm. I understand this is not a 24-hour care facility. Initial \_\_\_\_\_

Payment of your bill is due in full at the time the animal is treated. Initial \_\_\_\_\_

I have received aftercare instructions and e-collar information. Initial \_\_\_\_\_

I, the pet owner or agent thereof, confirm that all information I have provided on this form is accurate and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

SUMMARY OF CHARGES BELOW:	\$
<b>TOTAL</b>	

Veterinary Signature \_\_\_\_\_ Date \_\_\_\_\_