

PLEASE PRINT	Date	Account #	Weight
OWNER INFORMATION			
Owner Name		Cellphone	OK to Text YES NO
Address		Other Day Phone	
City, State, Zip		Email Address	

PET INFORMATION				Circle all that apply:				
Name	Age	Color	Breed	Male	Female		Dog	Cat
				Current on Vaccines: YES NO				

CURRENT MEDICATIONS (Please list)/PREVIOUS MEDICAL PROBLEMS (Please describe)

PLEASES CIRCLE SERVICES REQUESTED TODAY

DOG SERVICES						
Weight of Dog (Pounds)		<u>2-40</u>	<u>41-80</u>	<u>80+</u>		
Spay	\$140	\$180	\$240			
Neuter	\$120	\$160	\$180			
Additional charge for difficulties - active heat/pregnancy/obesity			\$25-\$100			
Bloodwork (Required 5 yrs+)			\$50			
Cerenia (Required for flat-faced dogs - i.e. frenchies, bulldogs, pugs)			\$35			
E-collars - All dogs required			\$20			
Heartworm Test	Negative	Positive	\$30			
Microchip			\$35			
Nail Trim with surgery			\$5			
Post-Op Pain Meds To Go Home (TGH) - All dogs required			\$15			
Sedative - Large or Highly Active Dogs			\$15			
VACCINES (Office Use Only)	Expirations		Loc	Route	Initials	Cost
Rabies (Required by law)	1 yr	3 yr		SQ		\$29
Bordetella (Kennel Cough)	1 yr			PO		\$29
DA2PP (Parvo/Distemper)	3-4 wks	1 yr	3 yr		SQ	\$29
Leptospirosis	4 wks	1 yr			SQ	\$40

CAT SERVICES						
Cat Spay						\$85
Cat Neuter						\$70
Feral Cats						\$60
Additional charge for difficulties - active heat/pregnancy/etc.			\$20-\$30			
Bloodwork (Required 5 yrs+)			\$50			
Cerenia			\$35			
E-collars (Recommended for females)			\$15			
FIV/FelV Test	Negative	Positive	\$50			
Microchip			\$35			
Nail Trim with surgery			\$5			
Post-Op Pain Meds TGH - Recommended			\$15			
Convenia			\$35			
VACCINES (Office Use Only)	Expirations		Loc	Route	Initials	Cost
Rabies	1 yr	3 yr		SQ		\$29
FelV (Leukemia)	4 wks	1 yr	3 yr		SQ	\$42
FVRCP (Core vaccine)	4 wks	1 yr	3 yr		SQ	\$34

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 understand that additional charges may apply if during surgery my pet is overweight, pregnant, in recent or active heat, or Cryptorchid.
- 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 _____

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 \$35 cost) if needed? **CIRCLE** YES NO Initial _____

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:	\$
TOTAL	

Veterinary Signature _____ Date _____

Valley Spay and Neuter Pet Surgery Record

Patient Name: _____					Owner Name: _____					Date: _____	
Vitals:	Weight lbs	Temp	Pulse/Resp	MM/CRT	Body Condition: Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Critical <input type="checkbox"/>						
Time: _____			/	/	Behavior: Social <input type="checkbox"/> Fearful/Caution <input type="checkbox"/> Aggressive/Feral <input type="checkbox"/>						
Exam Notes:											

Blood Work: Pre-Surgical Panel **Initials:** _____

Procedure: Spay Neuter Stenotic Nares Umbilical Hernia Mass Removal Rear Dew Claws Other _____

Medications Admin	Atropine	Telazol	Meloxicam	Pen G	Ace	Reglan	Zofran	Cerenia	Torb	DKT*	Antisedan
Bottle #											
Concentration (/ml)	0.54mg	100mg	5mg	300kiu/ml	10mg	5mg	2mg	10mg	10mg	see chart	5mg
DOSE (ML)											
ROUTE	SQ	IV-IM	SQ	SQ	SQ-IM	SQ	SQ	SQ	SQ	IM	IM
TIME											
INITIALS											

* DKT: DexMedetomidine 0.19mg/ml + Ketamine 1.28mg/ml + Butorphanol 2.8mg/ml

Induction:
 Time: _____ ISO/O2: _____/_____ Pulse: _____ Resp: _____ MM/CRT: _____/_____ SPO2: _____ Initials: _____ ET Tube Size: _____

Other Services: Nail Trim Microchip Insertion Only E-Collar Size (cm) CIRCLE: 10 12.5 15 20 25 30

Vaccinations/Testing:	DOGS				CATS			
	Rabies	Bordetella	DA2PP	Lepto	Rabies	FeLV	FVRCP	FVRCP
Expiration								
Location								
Route								
Initials								
Tests:	HWT	+Positive	-Negative		FIV/FelV	+Positive	-Negative	

Anesthesia:	Surgery Start Time: _____	Surgery End Time: _____	Fluids Given:
Time: _____ ISO/O2: _____/_____ Pulse: _____ Resp: _____ MM/CRT: _____/_____ SPO2: _____ Initials: _____			Type: _____
Time: _____ ISO/O2: _____/_____ Pulse: _____ Resp: _____ MM/CRT: _____/_____ SPO2: _____ Initials: _____			Rate: _____
Time: _____ ISO/O2: _____/_____ Pulse: _____ Resp: _____ MM/CRT: _____/_____ SPO2: _____ Initials: _____			Route: _____
Time: _____ ISO/O2: _____/_____ Pulse: _____ Resp: _____ MM/CRT: _____/_____ SPO2: _____ Initials: _____			Total (mls): _____
Time: _____ ISO/O2: _____/_____ Pulse: _____ Resp: _____ MM/CRT: _____/_____ SPO2: _____ Initials: _____			Initials: _____

Additional Surgery Notes: Check the option that applies to the patient

Female:	Male:	Other:
Enlarged Uterus <input type="checkbox"/>	Cryptorchid _____	Hernia _____
Heat <input type="checkbox"/>	Inguinal R <input type="checkbox"/> L <input type="checkbox"/>	Inguinal <input type="checkbox"/>
Pregnancy <input type="checkbox"/>	Abdominal R <input type="checkbox"/> L <input type="checkbox"/>	Abdominal <input type="checkbox"/>

Additional Surgery Notes: _____

Recovery: Time: _____ am/pm Temp: _____ Pulse/RR: _____/_____ MM/CRT: _____/_____ Initials: _____

Time: _____ am/pm Temp: _____ Pulse/RR: _____/_____ MM/CRT: _____/_____ Initials: _____

Extubated time: _____ Normal Rapid Prolonged

Take home meds:	Concen	Amount	Route	Times/Day	# Days	Total
Gabapentin (Liq)	50mg/ml		by mouth		3	
Meloxicam (Liq)	1.5mg/ml		by mouth		3	
Trazadone (Tabs)	100mg		by mouth		5	

Date: _____ **Veterinary Signature:** _____