

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

**PLEASES CIRCLE SERVICES REQUESTED TODAY**

DOG SERVICES (Pricing Effective May 1 2025)					
Weight of Dog (Pounds)	2-40	40-60	60-80	80-100	100+
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>
<b>Cerenia (Required for flat-faced dogs)</b>	\$40 < 60 lbs; \$60 60 lbs & >				<b>\$40-\$60</b>
<b>E-collars - All dogs required</b>					<b>\$20</b>
<b>Heartworm Test</b>	<b>Negative_____</b>	<b>Positive_____</b>			<b>\$30</b>
Microchip					<b>\$40</b>
Nail Trim with surgery					<b>\$5</b>
<b>Post-Op Pain Meds To Go Home (TGH) - All dogs required</b>					<b>\$20</b>
Sedative - Large or Highly Active Dogs					<b>\$15</b>

CAT SERVICES (Pricing Effective May 1 2025)		
Cat Spay		\$100
Cat Neuter		\$85
Feral Cats		\$85
Added charge for difficulties-enlarged uterus/pregnancy/weight		\$25-\$50
<b>Bloodwork (Required 5 yrs+ )</b>		<b>\$50</b>
Cerenia		\$40
<b>E-collars/Surgery Suits (Required for females)</b>		\$20
<b>FIV/FelV Test</b>	<b>Negative_____</b>	<b>Positive_____</b>
		\$50
Microchip		\$40
Nail Trim with surgery		\$5
<b>Post-Op Pain Meds To Go Home (TGH) - Required for females</b>		\$20
Convenia \$45 < 10 lbs; \$60 10 to 15 lbs		\$45-\$60

VACCINES (Office Use Only)	Expirations			Loc	Route	Initials	Cost
Rabies (Required by law)		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 &amp; 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.**

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

**I understand if my pet is found to be pregnant once surgery has started, the pregnancy will be lost.**

**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?**

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

**Payment of your bill is due in full at the time the animal is treated.**

**I have received aftercare instructions.**

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 \_\_\_\_\_

Initial\_\_\_\_\_

Initial\_\_\_\_\_

Initial \_\_\_\_\_

**CIRCLE**                      **YES**      **NO**

Initial

Initial \_\_\_\_\_

Initial

## DO NOT WRITE BELOW THIS LINE

[illegible]

**Veterinary Signature** \_\_\_\_\_

Date \_\_\_\_\_