

E-mail Address

Last Name  First Name   
 Street Address   
 City  State  Zip Code

List phone numbers where you can be reached ALL DAY. **PLEASE**, be sure to answer your phone ALL DAY

Phone #'s: (    )    -    Alt # (    )    -

**Consent:** I am the owner, or the authorized agent for the owner, of the animal described on this form, and I have the authority to execute this consent. I hereby give AARC/Joplin Humane Society Spay and Neuter Clinic, and any authorized agents, staff, or representatives consent and authority to perform spay/neuter surgery and administer or dispense medications & vaccines requested on this form. The spay/neuter surgery, which requires general anesthesia, involves the removal of the uterus and ovaries in females and removal of the testicles in males. I understand what will be done. I also understand that my pet will not be checked for pregnancy prior to surgery and that, if pregnant, fetuses will be aborted. I have been informed that there are certain risks and complications associated with any operation or procedure of this type. I have read "Potential Complications from Spay/Neuter Surgery," "Post-Operative Care Instructions," and "Vaccination Reactions." My questions, if any, have been answered. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that the veterinarian performs all surgeries and utilizes clinic support personnel as deemed necessary. I understand that I am financially responsible for all post-operative veterinary care whether it is provided by AARC/Joplin Humane Society or another veterinary facility. I agree to pick up my pet before closing time or I will pay \$20 per 15 minute interval until I arrive in order to compensate tired staff.

Signed: \_\_\_\_\_ Surgery Date: \_\_\_\_\_ **Pre-Operative Blood Tests Are Recommended**

- SPAY/NEUTER SURGERY**
- Female Dog Spay \$50
  - Male Dog Neuter \$50
  - Female Cat Spay \$35
  - Male Cat Neuter \$35
  - SPONSORED clinic
  - VOUCHER
- HIGHLY RECOMMENDED**
- Take Home Pain Medication \$10
  - Bite-Free Collar (Prevents licking of incision) \$15
  - E-collar (Prevents licking of incision) \$10
  - Love My Pet Package Deal-Take Home Pain Medication and E-Collar \$15 (\$5 savings!)

Pet's Name: \_\_\_\_\_ Friendly? \_\_\_\_\_ Male or Female? \_\_\_\_\_  
 Age: \_\_\_\_\_ Color: \_\_\_\_\_ Long or short hair? \_\_\_\_\_  
 Breed: \_\_\_\_\_ Date of last heat: \_\_\_\_\_  
 Health issues? \_\_\_\_\_ Describe: \_\_\_\_\_  
 List Medications: \_\_\_\_\_  
 Last time pet has eaten? \_\_\_\_\_  
 I give permission for the following person to pick up my pet:  
 \_\_\_\_\_

- PARASITE PREVENTION/TREATMENT**
- Heartworm Preventative 1 month FREE with test
  - Flea and tick control for 1 month: Frontline Plus \$5
  - Deworm-hooks/roundworms \$5
  - Ear Mite Treatment (Otomite) \$5 1tx
- SHOTS & MICROCHIP**
- Dog Distemper: \$10
  - Intranasal Bordatella \$10
  - Cat Distemper: \$10
  - Rabies Vaccine: MUST BE 12 WEEKS OR OLDER \$10
  - Microchip with Lifetime Registration \$20
- TESTS**
- Dog Heartworm Test \$13 (includes 1 Tri Heart preventative tablet)
  - Cat Leukemia AIDS test \$15

- TELL US IF YOUR PET HAS HAD...**
- Allergic reactions or allergies (esp. to shots or medications)-facial swelling, trouble breathing etc.
  - Breathing problems (runny nose, difficulty breathing, a cold, asthma, pneumonia, or other respiratory conditions)
  - Bleeding problems such as excessive bleeding when nails are trimmed, blood in stool, bloody nose, other.
  - Liver, kidney or heart problems (murmurs, shunts,

- EXTRAS**
- 6mo Tri-Heart HW Prev. SM \$20
  - 6mo Tri-Heart HW Prev. MED \$28
  - 6mo Tri-Heart HW Prev. LG \$36
  - Ear cleaning & nail trim \$5
  - Dental Scaling \$10
  - Ear Tip The tip of the left ear is removed. No charge.
  - \$\_\_\_\_\_ Office Use \_\_\_\_\_

**FOR OFFICE USE ONLY:** Physical Exam \_\_\_\_\_ lbs. \_\_\_\_\_ oz.

Test Results  Visual  PE  Call

Negative

Positive only for circled items:

FIV  
 FeLV  
 HW  
 Lyme  
 Ehrlichiosis