

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. Pets with live fleas at time of surgery will be given Capstar and a \$5 fee will be added to bill.

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**
- \$50 Female Dog Spay
 - \$50 Male Dog Neuter
 - \$35 Female Cat Spay
 - \$35 Male Cat Neuter
- Additional procedures—** Cost in addition to spay/neuter
- \$15 Cryptorchid
 - \$20 Umbilical Hernia Repair

- HIGHLY RECOMMENDED**
- \$10 Take Home Pain Medication
 - \$15 E-collar (Prevents licking of incision)
 - \$20 *Love My Pet Package Deal-Take Home Pain Medication and E-Collar (\$5 savings!)

- PARASITE PREVENTION/TREATMENT**
- \$15 Flea and tick control for 1 month: Frontline Plus
 - \$5 Deworm-hooks/roundworms
 - \$5 Ear Mite Tx (may require further treatments)

- SHOTS & MICROCHIP**
- \$10 Dog Distemper
 - \$15 Oral Bordetella
 - \$10 Cat Distemper
 - \$10 Rabies Vaccine: MUST BE 12 WEEKS OR OLDER
 - \$25 Microchip with Lifetime Registration

- TESTS**
- \$20 Dog Heartworm Test (includes 1 Tri Heart tablet)
 - \$20 Cat Leukemia AIDS test

- EXTRAS**
- \$25 6mo Tri-Heart HW Prev. SM (up to 25#)
 - \$30 6mo Tri-Heart HW Prev. MED (26-50#)
 - \$40 6mo Tri-Heart HW Prev. LG (51-100#)
 - \$5 Ear cleaning & nail trim
 - Feral Ear Tip: 3/8" (1cm) of left ear is removed.
 No charge. (Feral=lives outside and/or untouchable)
 - \$_____ Office Use _____

Pet's Name: _____ **Friendly? Y/ N**

Male or Female Age: _____ **Color:** _____ **Breed:** _____

Date of last heat: _____ **Possibly pregnant: Y/N**

Health issues? Y/N Describe: _____

List Medications: _____

Last time pet has eaten? _____

I give permission for the following person to pick up my pet:

- 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, etc.
 - Liver, kidney or heart problems (murmurs, shunts, elevated enzymes, other issues)

FOR OFFICE USE ONLY: Physical Exam _____ lbs. _____ oz.

Test Results
 FIV/Felv: _____
 Positive _____
 Negative _____
 HW: _____
 Positive _____
 Negative _____

Meds: _____