

NEUTER SCOOTER

TREATMENT FORM Please Print Legibly



DATE			Please Print Lo			egibly PETSinc ID#			
ANIMAL NAME:				100		AGE:	WEIGHT:		
DOG CAT		MALE FEMALE			E-Mail Address				
BREED			WALL TENIA			OTHER:		11	
COLOR						TRE	ATMENT NO	OTES	
					The state of the s				
Owner						xylazine: Premed xyla/ace:	Ketamin Propofol	5.1000	
Address					PPG:				
						Other Medications:			
Phone									
Alt phone									
Attending	Attending DrTech					Medical Notes:			
Surgery	1	Time of	surgery						
Feline	Spay		Abnormal - see note						-
reine	Shak	Neuter	ADITOTTIAL - See Hote	62					
Canine	Spay	Neuter	Abnormal - see note	es					
D(-)	6	E II							Initial Below
Dental	Canine	Feline see notes for more				Mish Death	125		
Heart Worm Tx		Full	III Other			With Dental: Extractions Approved			
		Date	Inj Site			Antibiotics Approved			
		Date	Inj Site			Petpoint #			
		Follow up on							
		Ivermed	tin INJ mL			Microchip #>			
						Comprehensive Blood	l Work	\$150.00	
Other Surgery				(se	ee notes)	Pre-Anesthesia Blood	Work	\$70.00	
			7	,		Ear / Skin Cytology		\$35.00	
		Initial			Initial	Ear Cleaning		\$20.00	
Additiona	l services	Below			Below	Anal Sac Expression		\$20.00	
<u>Feline</u>			Canine			Nail Trim		\$10.00	
FVRCP	\$25		DHPPV \$2	23		Add-On Nail Grind		\$5.00	
Rabies	\$15		DHPPL \$3	1		Pain Medication		\$20.00	
FELV /FIV			Rabies \$1	1		Post OP Laser Therapy	<u>/</u>	\$20.00	
FELV Vacc	MANAGER SECONDARY		Heartworm Test \$2			Flea/Tick Prevention		ced per size	
Ear tip	\$15			40		Heartworm Preventio	n Prid	ed per size	
	100		→	20		Microchip		\$25.00	
Annual	\$109		Annual \$13			Fecal		\$30.00	
Annual w/F	ELV \$139		Annual w/Lepto \$14	0		Exam		\$55.00	
						Declined E-Collar			

PETSinc

Client Nam	e	Animal Name						
	F	Please Answer the following questions regarding your pets medical history						
Mark one	·-							
Yes	No	Is your pet Currently up to date on all appropriate vaccines? (Rabies, DHPP, Bordtella)						
Yes	No	Has your pet had anything to eat or drink this morning?						
Yes	No	Has your pet had a physical exam in the last 12 months? When?						
Yes	No	Has your pet been checked for intestinal worms in the last 6 months? When?						
Yes	No	Has any vomiting, coughing or diarrhea been noted? If so explain in notes						
Yes	No	Has your pet been ill or injured in the last 30 days? If so explain in notes						
Yes	No	Is your pet allergic to any medications? What?						
Yes	No	Is your pet on flea and tick Prevention? What type?						
Yes	No	Has your cat been tested for FELV/FIV? When?						
Yes	No	Has your dog been tested for heartworms in the last year? When?						
Yes	No	Is your dog on heartworm Prevention? What type						
Notes:								
Yes	No	We recommended all animals have Pre-Anesthesia Blood work done prior to any						
		surgery to make sure major organ functions are normal, so that the anesthesia						
Initial		can properly be filtered out of the body for the safety of your pet.						
		Additional charge \$70.00						
	11							
** REQUIRED **		* All dogs and cats are REQUIRED by LAW to have a yearly rabies vaccination. *						
		* You MUST provide documented proof of rabies vaccination at time of surgery *						
Initial		If proof is not provided an additional \$15.00 will be added for rabies vaccine						
Age 7 and Older		All animals over the age of 7 are required to have a comprehensive blood panel						
Initial		done prior to any type of anesthesia - this is a more extensive blood pannel to						
		to check the make sure your pet can under go anesthesia and surgery safely						
		Additional charge \$150.00						
_		*ALL ANIMALS*						
For t	he health a	nd safety of all animals, there is a \$20 flea application charge if your animal is noted to have fleas						
Initial		If your animal is In-Heat(\$35) or Pregnant (\$85) there is an additional charge to the cost of the surgery						
		If your animal is Cryptochid there is an additional \$135 per side						
		Your animal will have an Alteration Tattoo after surgery						
l understand the procedure(s) the veterinarian veterinarian	at during the part that the part of the part of the professional and staff as we	Agent for the above listed animal and have the authority to execute this consent and authorization of the above named surgery(s). erformance of procedure(s) unforeseen conditions may be revealed that necessitate an extension of foregoing procedure(s) or even a different or procedure(s) as necessary and desirable in the exercise of the attending sudgement. I understand I am responsible for all cost necessary for any unforeseen complication following procedure, and hold PETSING, It's all as any affiliated entity blameless. I have been advised of the nature of the procedure(s) as well as the risk involved, and realize that results cannot be guaranteed. Use of appropriately anesthesia, Pathologist examination of the excised tissue as deemed by the Veterinarian and the administration of other						
medications. I understand that the hospital staff will be utilized as deemed necessary by the veterinarian. I have read and understand this authorization and consent form completely. I understand that as a shelter PETSinc does not have dental radiology. Inherently some dental pathology is missed without this technology and the risk of leaving a small amount of tooth roots is increased.								

Date: _____

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Signed: _____