

Annual w/FELV and Testing

\$169

NEUTER SCOOTER Neuter Scooter Vet Clinic

	PETS inc		TRE	ATMENT	FORM (P	TSInc		
DATE	-		Plea	se Print L	egibly	PETSinc ID	#	
ANIMAL NAME:					AGE:	WEIGHT:		
					E-Mail Address			
DOG CAT		MALE FEM	1ALE		L Wall Madress			
BREED					OTHER:			
COLOR					TF	REATMENT NO	OTES	
					Exam: WNL ABN	ORMAL (NOTE	S BELOW)	
Owner					Xylazine:	Ketamir	ne:	
					Premed Xyla/Ace:	Propofol	:	
Address					Midazolam: Butorphanol:			
					TT Dex: Buprenorphine:			
Phone								
Alt phone					Other Medications:			
Attending Dr		Tech			Medical Notes:			
Surgery	Time of	surgery						
Feline Spay \$200		Neuter \$150						
Canine Spay >40#	-	Neuter >40# \$						
	0 \$300	40-80	-					T
	\$400	<80	\$400					Initial Below
Dental Canine		Feline						
		tics, extractions are additi			With Dental:			
Heart Worm Tx	Full	Other			Extractions Approved			
	Date	Inj Site		Antibiotics Approved				
	Date	Inj Site	9		Petpoint #			
	Follow u Diroban				Microchip #>			
	Dirobaii	IIIJ IIIL			Comprehensive Bloo	d Work	\$150.00	
Other Surgery			(se	e notes)	Pre-Anesthesia Bloo		\$70.00	
- Julies Gariges y			(50		Ear / Skin Cytology	a WOIK	\$35.00	
	Initial	•	ſ	Initial	Ear Cleaning		\$20.00	
Additional services	Below			Below	Anal Sac Expression		\$20.00	
<u>Feline</u>		<u>Canine</u>			Nail Trim		\$10.00	
FVRCP \$25		DHPPV \$	\$23		Add-On Nail Grind		\$5.00	
Rabies* \$15		DHPPL S	\$33		Pain Medication		\$20.00	
FELV /FIV test \$40		Rabies* \$	315		Post OP Laser Therag	ру	\$20.00	
FELV Vaccine \$28		Bordetella* \$2	20		Flea/Tick Prevention	Prid	ced per size	
Ear tip \$15					Heartworm Preventi	on Pri	ced per size	
		•	\$40		Microchip		\$25.00	
Annual \$109			145		Fecal		\$30.00	
Annual w/FELV \$139		Annual w/Lepto \$1	.55		Exam		\$55.00	

Declined E-Collar

Declined Pain Medicine

PETSinc

Client Name	Animal Name

Please Answer the following questions regarding your pets medical history

Mark one

Hark One						
Yes	No	Is your pet Currently up to date on all appropriate vaccines? (Rabies, DHPP, FVRCP, 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				

** REQUIRED **	* All dogs and cats are REQUIRED by LAW to have a yearly rabies vaccination. *
Initial	* You MUST provide proof of rabies / bordetella vaccinations at surgery check-in*
	If proof is not provided an additional \$15.00 will be added for rabies vaccine
	and \$20 will be added for the bordetella 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 panel to				
	check to make sure your pet can under go anesthesia and surgery safely				
		Additional charge \$150.00			
ALL ANIMALS					
For the health and safety of all animals, there is a \$28 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 Cryptorchid there is an additional \$135 per side				
	Your animal will have an Alteration Tattoo after surgery				
	· · · · · · · · · · · · · · · · · · ·				

I am the Owner/Agent for the above listed animal and have the authority to execute this consent and authorization of the above named surgery(s).

I understand that during the performance of procedure(s) unforeseen conditions may be revealed that necessitate an extension of foregoing procedure(s) or even a different procedure(s) than those set forth previously. I hear by consent and authorize the performance of such procedure(s) as necessary and desirable in the exercise of the attending Veterinarian's professional Judgement. I understand I am responsible for all cost necessary for any unforeseen complication following procedure, and hold PETSinc, it's veterinarian and staff as well 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.

I additionally authorize the 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.

Signed:	Date:
_	