

DATE _____

voucher # _____

Client called for p/u: _____

Technician: _____

OWNER INFORMATION

Name _____ Cell/ Home Phone _____
 Last First
 Address _____ Other # _____
 Street _____
 _____ Day Phone _____
 City State Zip
 Do we have a **current email address** on file for reminders and bloodwork updates? _____
 Does your pet have insurance? YES NO Insurance Info: _____
 Have you been here in the past with any animals? YES NO
 May we contact you via text? YES NO Text # _____
How did you hear about us? Internet Big Fix Program Drive-by Friend Tempe Tack & Feed Other:

PATIENT INFORMATION

Name _____ Age or Date of Birth _____
 Circle all that apply: Dog Cat Rabbit Male Female Previously: Spayed/Neutered
 Breed _____ Color _____
 Do you have an e-collar at home? Yes or No, if you do not have one would you like to purchase one from us? Yes / No
 When was your pets last heat cycle / last pregnancy? _____
During your pets spay if we find them pregnant do you authorize us to continue spay? YES NO CIRCLE ONE)
 Is your pet current on Heartgard medication? _____ Is your pet on any other medication? _____
 Any signs of illness? _____ Has your pets Behavior changed in any way recently? _____
 Circle all that Apply: Vomiting Diarrhea Coughing Sneezing Appetite Change Lethargy
 Has your pet had any previous reaction to vaccinations, medication, or anesthesia?
 Has your pet eaten in the past 12 hours? Yes No (circle one please)
 Is your pet current on vaccines? Yes No Unvaccinated (circle one please)
 Does your pet have recent blood work? Yes or No
 We do recommend that all pets prior to have anesthesia have blood work would you like us to do this today? Yes or NO

PE-(:)	W (lbs) Temp	Anesthesia Given:
P R		Anesthesia Induction- Completion Time:
		Et Tube Size _____ Eyes Lubed - _____

General Appearance N/AB	Surgery Notes:
Mm- Pink/Pale	
Eyes/Ears N/AB	
Musculo-Skeletal- N/AB	
Dental- N/AB	
Heart/Lungs N/AB	
Digestive- N/AB	
Integumentary- N/AB	

Surgery Vitals: Pulse/Res (:) Pulse/Res (:) Pulse/Res (:)

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Post-Op T/P/R _____ Recovery Status- Normal

Vaccinations Given SQ: Distemper/Parvo Bordatella Oral Rabies Fvrcp Felv-Fvrcp Felv - Vaccine Booster Needed in 3 weeks / 1 year / 3 year Rabies

Medications Given SQ: PEN (300 ku/m) Ketoprofen (100mg/ml) Loxicom (5mg/ml) Convenia (80/mg/ml): Cerenia (10mg/ml)

RX: _____

Testing Done: FELV _____ FIV _____ HW/TF/L _____ Fecal _____ Parvo _____ Ear Mites _____ Skin Scrape _____

Fluids Given: IV / SQ / Rate _____ Total Volume: _____ Deworming: _____ Suture/Staple Removal _____ Days

Procedures Done: Microchip Implanted _____ Anal Glands Expressed _____ Ears Cleaned _____ Nail Trim _____

Rimadyl Injection given sq. (50mg/ml) Vetprofen- mg # start give Tablets by mouth once daily for days

Veterinarian Signature: _____



Please Circle Services you would like to be completed at this time. The basic plan does not include a spay or neuter.

<p>DOG</p> <p>INCLUDES:</p> <p>DHPP Bordatella Rabies Deworming</p>	<p>BASIC PET PLAN</p> <p>\$54.00</p> <p>Free Deworming</p>	<p>CAT</p> <p>INCLUDES:</p> <p>FVRCP FELV Rabies Deworming</p>
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CIRCLE AUTHORIZED SERVICES

Dental with other surgery	\$164.00
Dental 7 years and younger	\$194.00
Dental 8 and up (Bloodwork and nail trim included)	\$263.00

All dental procedures include SQ or Iv Fluids, antibiotics to go home and a penicillin injection and pain medication during the procedure. Some pets may require additional pain medication which can be purchased if needed.

I understand that Arizona Spay and Neuter Clinic will take all reasonable precautions against injury, Escape or death of my pet, but will not be held liable or responsible in any way in connection therewith as it is thoroughly understood that I, the owner, assume all risks. I am aware that this facility is not a 24-hour care facility. I also give Arizona Spay Neuter Clinic permission to use my pet's photo/video for client education or social media purposes.

X _____

**Signature of Legal Owner or Authorized Person
(I am at least 18 years of age)**

Arizona Spay and Neuter Clinic recommends that ALL Pet's that are getting spayed, neutered, declawed, & mass removals go home with a **E-COLLAR** so that they will not bother surgical sites. If you chose to decline e-collar you are assuming all risks/costs associated with repair of surgical sites.

Initials: _____

Go Home Pain Medication	\$15.00-25.00 (dogs)
Pain Injection	\$12.00
Tramadol Sedative/ Pain Med	\$25.00
Dog Spay < 50 lbs	\$84.00
Dog Spay 50-100 lbs	\$120.00
Dog Neuter < 50 lbs	\$74.00
Neuter 50-100 lbs	\$97.00
Cat Spay	\$58.00
Cat Neuter	\$41.00
Cherry eye repair	\$175.00 per eye
Mass removals depending on size	\$60 and up
Wart Removal	\$30.00- 60.00
Rabbit Spay	\$133.00 w/pain meds
Rabbit Neuter	\$123.00 w/ pain meds
Tooth Extractions	\$20.00 - 200.00 per tooth
Baby teeth extracted	\$18.00 per tooth
Umbilical Hernia (depending on size)	\$30.00-60.00
IV Catheter & Fluids	\$32.00
SQ Fluids Only	\$20.00
NexGard Flea/Tick Control	\$18.00-20.00 Per Month
HeartGard Medication	\$38.00-49.00 Per 6 month
Pregnant or in Heat	\$25.00-50.00
Cryptorchid	\$25.00-100.00
Antibiotic Injection	\$7.00- 60.00
Declaw w/ pain medication	\$174.00 with spay/neuter
Declaw w/ pain medication	\$194.00
Rabies	\$18.00
Feline leukemia	\$18.00
Feline Distemper	\$18.00
Felv- Fvrcp Combo	\$36.00
Distemper Parvo	\$18.00
Bordatella Oral (Kennel Cough)	\$18.00
Microchip	\$52.00
Deworming	\$18.00
Ear Mite / Cleaning	\$24.00 – 48.00
Fecal Float	\$20.00 – 60.00
Antibiotics	\$24.00- 48.00
Convenia Injection – last 2 weeks	\$60.00
Nail Trim \$9.00 w/ surgery	\$18.00 without Surgery
Heartworm/Tick Fever Test	\$36.00
Heartworm Only	\$18.00
FELV/FIV Test	\$36.00
E-Collar	\$15.00
Physical Exam	\$40.00
Saturday Fee	\$20.00
Anal Glands Expressed	\$25.00
Dewclaw Removal	\$30.00 -60.00 per dewclaw
Anesthesia	\$ 44.00 every 15 minutes
Health Certificate with Exam	\$55.00
Outside Prescription requires Exam	\$10.00
Bloodwork Depending on Panel	\$69 and up

*** I have received a copy of my pet's aftercare instructions: Spay/Neuter, Dental, Declaw, Mass Removal, Vaccines, Other. Initials: _____

*** I have been made aware of all risks associated with anesthesia and have no additional questions at this time. Initials: _____

This is an approximate estimate for today's services