

Staff's Assessment (May not be the same as owner's information)

DOG'S FIRST AND LAST NAME:	CLINIC DATE (YEAR/MO/DY) 2024- - CAGE#
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HISTORY:

Last time dog ate:	Is your pet microchipped?
Any sneezing, coughing, vomiting?	Any seizures ever?
Any allergies/current meds?:	E-Collar, PHOVIA?
Does the client have any medical concerns they want checked out?	

() **PRE-SX BW**

PRE-ANESTHETIC EXAM:

COLOR and COAT PATTERN:	COAT LENGTH: ()short ()med ()long	BREED:
GENDER: ()Male ()Female ()Already neutered	WGT:	ESTIMATED AGE:
CONDITION: ()GOOD ()Emaciated ()VeryThin()Thin ()Overwgt ()Obese		
Mm:	Hydration: ()Normal ()Dehydrated Mild Moderate Severe	
H&L:	HR/RR:	Temp:
Eyes/Ears/Nose:		
Mouth/Teeth/Throat:		
Skin/Coat:		
Abdominal:		
MS:		
Neuro:		
Microchip Scan: ()None found ()Found MC# ()Placed MC#		

() IV catheter

Time	Drugs/Anes:	Route	Other Sx Procedure:	Time / PO2 / HR	Vax Given: Rabies ()1y ()3y
	TTD: cc	IM	()Umbilical Hernia	/ /	Rabies label
	But: cc	IM	()Extraction(s) #	/ /	
	Prop cc	IV	()Dewclaws()Fr()Back	/ /	()DA2PP DA2PP label
	Amp: cc	IM	()	/ /	
	Isoflurane 5%		()MC provided by owner	/ /	
	Sx Prcdr/Iso%	O2/HR	()MC provided by BSNC	/ /	
	Start OHE/		Laboratory Tests:	/ /	
	End OHE /		()Heartworm test:	/ /	
	Start Cast/		()Cytology:	/ /	
	End Cast /				

Notes from SN sx: ()In heat ()Cryptorchid R L ()Lactating ()Abd ()Ing ()Pyometra ()Preg x ()Pent cc Bupiv 0.5% Splash block ()Linea ()Scrotum ()Intratesticular	()Fecal Direct: ()Fecal Float: ()Urinalysis Color: Appearance: glucose: ketones: bili: pH: bl: pro: uro: lk: sediment: sediment: sp gr:	Add'l Meds Given: ()Meloxicam SQ ()Bupr cc ()Antisedan IM ()Meloxicam cc by mouth once a day x 2d Meds to go home: () Rimadyl 75mg # Give tabs once daily for 2 days ()Trazodone mg# Give tabs BID x 5d
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_____**Surgeon's Initials** () **Phovia** ()Nail Trim ()Karo ()Ears ()D/L ()P/U ()F/U
A: ()B ()T
P:

BREVARD SPAY/NEUTER CLINIC

PET DOG

Owner's Name:	Today's Phone:		Today's Date:
Owner's Address:	City:	Zip:	Email:
Dog's Name:	Coat color and pattern:		
Dog's Age: () No idea	Breed:		
Gender () Female () Male () Not sure	How long have you had this pet?		
	Where did you get this pet?		

I request the following procedures that are marked with (X) for the dog described above:

SURGERY PROCEDURES	FEE	SURGERY PROCEDURES	FEE
() Spay 0-25#	\$110.00	() Neuter 0-25#	\$100.00
() Spay 25.1-40#	\$120.00	() Neuter 25.1-40#	\$110.00
() Spay 40.1-55#	\$130.00	() Neuter 40.1-55#	\$120.00
() Spay 55.1-70#	\$140.00	() Neuter 55.1-70#	\$130.00
() Spay 70.1-85#	\$160.00	() Neuter 70.1-85#	\$150.00
() Spay 85.1-100#	\$180.00	() Neuter 85.1-100#	\$170.00
() In heat add	\$30.00	() Cryptorchid add	\$50.00
() Pyometra add	\$50.00	() Extract Deciduous Teeth add	\$20.00 @
() Umbilical hernia repair add	\$40.00	() Dewclaw Rem. () Front () Back	\$100.00 @

VACCINATIONS	w/Surgery
() Distemper/Adeno2/Parainfluenza/Parvovirus Vaccination	\$20.00
() Rabies Vaccination 1yr (if no proof of previous rabies vaccination)	\$20.00
() Rabies Vaccination 3yr (with proof of previous rabies vaccination)	\$20.00
() Bordetella	\$25.00

() Heartworm Test	\$30.00	() Light Therapy (accelerates healing)	\$10.00
() Fecal Analysis	\$45.00	() Microchip Insertion/Registration	\$40.00 CASH
() Urine Analysis	\$45.00	(X) Pre-Surgical Bloodwork	\$100.00
() E-Collar (cone)	\$10.00	(X) I decline pre-surgical bloodwork. Initial:	

- I am 18 years or older. I am responsible for the animal described above, or have been designated the agent for the person responsible for this animal.
- I give consent to Brevard Spay/Neuter Clinic to receive, transport, perform sterilization surgery on, vaccinate, treat, apply a tattoo (green line) on the abdomen/near the scrotum indicating my animal has been fixed and/or prescribe medications for this animal.
- I understand that Brevard Spay/Neuter Clinic will take all reasonable precautions against injury, escape, or death of this animal. I assume all risks and I will not hold Brevard Spay/Neuter Clinic responsible in any way.
- I consent to the administration of any anesthetics and or drugs deemed proper by the veterinarian and understand that there is some risk in the use of anesthetics and or drugs.
- I consent to the administration of vaccinations, and understand that this can cause adverse reactions in some animals.
- I consent to the performance of sterilization of this animal regardless of whether it is male, female, cryptorchid, in heat, or pregnant.
- I consent to the treatment for any condition discovered which, in the veterinarian's opinion, requires medical attention or an additional procedure, including but not limited to ear mites, abscesses and other infections, severely infected and painful teeth, ingrown nails.
- If additional procedures are recommended and I consent to them by phone, I will pay the difference at the time of pick up.
- I will pick my animal up from the clinic the same day as the surgery at the time and place designated by the staff. If I do not claim the animal in 24 hours, it will be considered abandoned and disposed of in accordance with Brevard Spay/Neuter Clinic policy. If the animal is abandoned, a report of illegal animal abandonment will be filed.
- I understand and agree that if a third party is assisting in payment, they will receive a copy of the invoice.

^ Owner or Owner-Agent's Signature

^ Date

NONPROFIT: () HOPE () ASAP () Daphne () Hollis () _____

AMT PAID A.M. \$ _____ () Cash
() Last 4 CC _____

AMT DUE P.M \$ _____