

Spay Neuter Express

Registration Form

(please print)

Today's Date:		ID #: <small>(For Hospital Use Only)</small>	Weight:	Sex:
Last Name:		First Name:		Middle:
Address:		City:	State:	Zip:
Phone-Where you can be reached today:		Email Address:		
How did you hear about us?				
Pet Name:		Age:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Altered: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Canine <input type="checkbox"/> Feline	Breed:		Color:	
Any previous medical problems? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe: _____ _____ _____				

The following services are available. All services must be paid in full prior to services rendered.

Please read carefully and sign on back.

Dogs	Cats
<input type="checkbox"/> Spay (Female) \$75.00	<input type="checkbox"/> Spay (Female) \$45.00
<input type="checkbox"/> Neuter (Male) \$65.00	<input type="checkbox"/> Neuter (Male) \$35.00
<input type="checkbox"/> Pain Control Injection \$10.00*	<input type="checkbox"/> Pain Control Injection \$10.00*
<input type="checkbox"/> AVID Microchip \$20.00	<input type="checkbox"/> AVID Microchip \$20.00
<input type="checkbox"/> Rabies Vaccine \$15.00	<input type="checkbox"/> Rabies Vaccine \$15.00
<i>Date of last vaccination: _____</i>	<i>Date of last vaccination: _____</i>
<input type="checkbox"/> Distemper/Lepto/Parvo Vaccine \$15.00	<input type="checkbox"/> Distemper/Upper Respiratory Vaccine \$15.00
<input type="checkbox"/> Heartworm Test \$20.00	<input type="checkbox"/> Feline Leukemia Vaccine \$15.00
<input type="checkbox"/> Fecal Worm Test \$15.00	<input type="checkbox"/> Fecal Worm Test \$15.00
<input type="checkbox"/> General De-wormer \$10.00	<input type="checkbox"/> Feline Leukemia/FIV/Heartworm Test \$30.00
<input type="checkbox"/> Flea Treatment (Frontline) \$15.00	<input type="checkbox"/> Tapeworm Treatment \$15.00
<input type="checkbox"/> Bordetella Vaccine \$15.00	<input type="checkbox"/> General De-wormer \$10.00
<input type="checkbox"/> Lyme Vaccine \$15.00	<input type="checkbox"/> Flea Treatment/Parasite Control (Revolution) \$15.00
<input type="checkbox"/> Tape/Hook/Round/Whipworm Treatment - \$10-40 (based on weight)	<input type="checkbox"/> Ear Mite Treatment \$10.00

*Required with surgery.

Total Fee: <small>(For Hospital Use Only)</small>	Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit	Paid in Full: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Potential Complications of Spay/Neuter Surgery

Common:

- Scrotal swelling and bruising in male dogs that resolve without treatment.
- Self inflicted trauma to the surgery site, this includes suture removal by the animal, skin infections caused by licking or contact with unclean surfaces, and other damage. These problems can be prevented by discouraging your dog from licking and purchasing and placing a cone over its head if uncontrollable.
- Hematoma or Seroma (a collection of blood or fluid) around the surgery site or in the scrotum, that will cause enlargement of the scrotum, but will resolve over time.
- Minor swelling or redness around the incision, often related to minor reaction to the absorb-able sutures, this will also resolve over time without treatment.

Uncommon:

- Anesthetic or surgical complications resulting in death.
- Other anesthetic or surgical complications resolving with treatment.
- Hernias resulting from breakdown of suture requiring surgical repair.
- Internal bleeding during or after surgery that can result in death.
- Surgical site infections at or around the suture site.
- Internal adhesions (scarring) that could impair gastrointestinal or urinary tract function.
- Possibility of other unforeseen complications.

Discharge: Your pet will be discharged at _____ pm. You must pick up your pet at this time. If not, you will be charged \$25 per day, and you may be required to pick up your pet at another location. Initial _____

Additional Fees: There is an additional fee of \$25 if your dog is over 65 lbs., or if your female dog is in heat or pregnant. There is an additional fee of \$45 if your male dog or cat has an undescended testicle(s). You will be responsible for this fee at pick up. There is no additional charge for in heat or pregnant female cats. Initial _____

The information on this form is true to the best of my knowledge, I authorize and direct Spay Neuter Express and Animal Hospital of Lowell, and its veterinarians and other employees to treat my pet. I understand the nature of these procedures and no guarantee has been implied or made as to the results or cure. I understand that there may be risk involved in the treatment of my pet, including death. I have read the "Potential Complications of Spay/Neuter Surgery" above. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures or use of additional medications at an additional charge. I understand that under no circumstances will I be reimbursed for any charges, fees or costs related to any sort of aftercare or complications. I will read the discharge instructions and will be responsible for the care of my pet. I authorize and direct the doctors and staff of Spay Neuter Express to perform anesthesia, surgery and other treatment for my pet.

X

SIGNATURE

DATE

(For Hospital Use Only)

Examination (normal unless noted):					
Temp:	Pulse:		Respiration:		
Anesthesia (typical protocol unless noted):		<u>Canine</u>	<u>Feline</u>		
Acepromazine		0.01 mg/lb SQ	---		
Xylazine		1.0 mg/lb	0.5 mg/lb		
Ketamine		5 mg/lb	10 mg/lb		
Isoflorine		Y N %____	Y N %____		
Surgery (typical protocol unless noted):					
Suture	4/0	3/0	2/0	Webmax	Other
Recovery (typical unless noted):					
Ketofen	1mg/#	Yohimbine - Canine .05 mg/lb IV		Feline 0.1 mg IM	
Durapen	30,000 IU/#				
Temp:	Pulse:		Respiration:		