

E-mail Address

Last Name First Name
 Street Address
 City State Zip Code

ANSWER PHONES IMMEDIATELY-For safety reasons, waiting may result in partial services and partial billing.

Phone #'s: () - Alt # () -

Consent: I am the owner, or the authorized agent for the owner, of the animal described on this form, and I have the authority to execute this consent. I hereby give Dr. Lori Cobb, Ace of Spays, LLC and any authorized agents, staff, or representatives consent and authority to perform spay/neuter surgery and administer or dispense medications & vaccines requested on this form. The spay/neuter surgery, which requires general anesthesia, involves the removal of the uterus and ovaries in females and removal of the testicles in males. I understand what will be done. I have been informed that there are certain risks and complications associated with any operation or procedure of this type. I have read "Potential Complications from Spay/Neuter Surgery," "Post-Operative Care Instructions," and "Vaccination Reactions." My questions, if any, have been answered. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that the veterinarian performs all surgeries and utilizes clinic support personnel as deemed necessary. I understand that I am financially responsible for all post-operative veterinary care whether it is provided by Ace of Spays, LLC or another veterinary facility. I understand that fetuses of pregnant pets will be aborted during the surgery and that spay/neuter surgery is not reversible. I will pay \$15 per 15 minute interval if I pick up my pet after closing time.

Sign: _____ **Surgery Date:** _____ **Pre-Operative Blood Tests Are Recommended**

SPAY/NEUTER SURGERY

Cats
 Female Male
 Sex not known
 Check here if this cat ever goes outside

Dogs
 Female Male
 0-29 lb 30-69 lb
 70-99 lb 100-124 lb
 125-149 lb 150 & up

Have you been to this location (AOS or PTW) before: YES NO

Pet's Name: _____ Friendly? _____ Male or Female? _____

Age: _____ Color: _____ Long or short hair? _____

Breed: _____ Date of last heat: _____

List Medications: _____

Health issues? _____ Describe: _____

HIGHLY RECOMMENDED

Conventional Pain Relief Decline: Pain Collar
 E-collar (cone) **OR** Bite-Free Collar (dogs only)
 Prevent licking of incision-often not needed for male cats **NOTE: WE CANNOT ADD-ON COLLARS AT PICK UP DUE TO TIME CONSTRAINTS**

EXTRA SURGERY

Ear Tip: The tip of the left ear is removed. FERAL CATS! \$0
 \$_____ Office Use _____
 \$_____ Office Use _____

TESTS

Dog Heartworm Test
 Cat Leukemia/FIV test | This is an ELISA screening test
 More information is available at <http://aceofspays.com/other-services/>

PARASITE PREVENTION/TREATMENT

Heartworm Preventative 6 month supply (FOR DOGS WITH A NEGATIVE TEST OR DOGS UNDER 6 MONTHS OF AGE)
 Flea Preventative 3 month supply _____
 Flea Preventative 1 month applied _____
 Deworm-hooks/roundworms (two doses required)
 Ear Mite Treatment for Cats (Advantage Multi-also kills fleas, hookworm & roundworm)

SHOTS & MICROCHIP

Dog Distemper: adenovirus type 2, parainfluenza, parvovirus
 Cat Distemper: rhinotracheitis, calici, panleukopenia
 Rabies Vaccine: **MUST BE 12 WEEKS OR OLDER**
 Microchip with Lifetime Registration

GROOMING

Ear Cleaning
 Nail Trim

DR. DISCRETION PACKAGE

1 2 3

PAYMENT OPTIONS

We Prefer Debit or Credit Cards but also take cash

TELL US IF YOUR PET HAS HAD...

- Allergic reactions or allergies (like hives, facial swelling, trouble breathing, passing out)
- Runny nose, difficulty breathing, coughing, sneezing, asthma or other respiratory conditions
- Excessive bleeding from wounds or from nail trims. Blood in stool or urine, bloody nose, other bleeding
- Heart murmurs or abnormal lab values
- Poor appetite, excessive thirst or urination, diarrhea, constipation, black stool, weight loss
- Any other health problems or concerns

FOR OFFICE USE ONLY: Physical Exam _____ lbs. _____ oz. Call

Test Results PE Visual

HW neg pos Comments: _____
 FeLV neg pos
 FIV neg pos