



Dog Intake Form



Owner Name:		Phone #:	Email :
Owner Address:		City, State, Zip	
Dog's Name:		Dog's Size: <input type="checkbox"/> 1-25lbs <input type="checkbox"/> 26-44 lbs <input type="checkbox"/> 45+ lbs	
Approx Age:	Yrs.	Mos.	Colors:
Birth Date:			Breed:
(If Known)			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Services (Payment Due at Check-In)

<input type="checkbox"/> Sterilization	\$ _____	<input type="checkbox"/> Microchip	\$ 15
<input type="checkbox"/> Rabies vaccine	\$ 10	<input type="checkbox"/> Post-Op Pain Med (Recommended)	\$ 10
<input type="checkbox"/> DHPP	\$ 12	<input type="checkbox"/> E-Collar	\$ 5
<input type="checkbox"/> Heartworm Test	\$ 15	<input type="checkbox"/> Leash	\$ 1
<input type="checkbox"/> Donation \$ _____	TOTAL AMOUNT DUE: _____		DISC MC VISA CASH

Health Information

How long have you had this Pet? _____ Is your Pet : In Heat Pregnant N/A

Is your Pet on medication? _____ Has your Pet ever had a seizure? _____

Surgical Waiver

PLEASE READ AND INITIAL BELOW

I, the undersigned, hereby request surgical spay/neuter services at Animal Resource Center dba SpaySA

____ I understand the risks inherent to anesthesia and surgery. I understand that my dog will not undergo a pre-anesthetic evaluation and I accept the risks of any underlying health problem that would complicate survival/recovery from anesthesia and surgery.

____ I agree to hold harmless and indemnify the Animal Resource Center dba SpaySA, their officers, their volunteers, and their employees from any loss, injury or damages arising out of or in any way connected to services requested herein.

____ I agree to pick up the dog following surgery as directed. I understand that if I fail to pick up the dog as directed I will be subject to a late fee.

____ I certify to the best of my knowledge that this dog has not bitten anyone in the preceding 10 days. I understand if any dog I present bites anyone while in the care of Animal Resource Center dba SpaySA, we are required to report the bite to Animal Care Services (ACS) and the dog will be transferred to ACS for quarantine.

____ I understand that if any dog I present damages or removes the surgical sutures, there will be a \$25.00 resuturing fee.

____ I agree on behalf of myself, my heirs, personal representatives, and executors to allow SpaySA to use any photograph of me or my pet in their public relation efforts.

I, the undersigned completely understand and agree with the above:

Sign: _____ Date _____

Cryptorchidism is the failure of one or both testes to descend from the abdomen to the scrotum during fetal development. If your pet is cryptorchid, this will result in an additional charge of \$25. Also, if your pet is found to have an umbilical **hernia** or is pregnant **over 45 days** there will be an additional charge of \$25.

I agree to the additional charge of \$25.00 if my animal is found to be cryptorchid, has a hernia, or is over 45 days pregnant.

Signature _____ Date _____

We will **NOT** perform surgery if this form is not signed and your pet has any of the above stated issues.

Staff Only- Do Not Fill Out

Animal Name: _____ Age: _____ Gender: _____

Surgeon: Littleton Rogers Campbell Other: _____

Vet Tech: _____

Physical Exam

Weight: _____ Under 3 months or over 6 years : Y / N Yes: DVM Initial _____

Physical Appearance (eyes, nose, hydration, condition, cryptorchid, pregnant, hernia): _____

Temp: _____ DVM Initial: _____

Pregnant: Y / N Over 45 days: Y / N

DVM Notes: _____

Vet Tech Notes: _____

Fluids: IV / SQ _____

Surgical Notes

Ovariohysterectomy: Routine procedure with both ovaries and uterine body removed via ventral midline incision. Linea is closed with simple interrupted or cruciate pattern using monofilament absorbable sutures (Monomend MT). A three layer closure with subcutaneous and subcuticular sutures is performed using monofilament absorbable suture. The closed incision then has glue applied to the skin surface. Tattoo along the incision.

Orchiectomy: Routine procedure with both testicles removed via prescrotal or scrotal incision. Monofilament absorbable suture used to ligate large canine neuters and pedicle tie used for small canine, pediatrics, and feline neuters. Incision closed with simple interrupted or cruciate pattern. Tattoo on skin near testicles .

Notes for Alternate procedure/complications: _____

Intubated: Y / N Masked: Y / N Isoflurane: Y / N

Prescribed Meds: _____

Rabies: Other: Microchip: