

Spay/Neuter Check In Form for Dogs (Front & Back)

Owner's Name: _____ Date: _____

Pet's Name: _____ Procedure: _____

Phone Number you can be reached at **TODAY**: _____

Your pet is important to us and we will be monitoring them throughout the day. Please understand that you will not get a phone call from our technician until after our surgeries are done for the day and your pet is waking up from anesthesia.

Same day surgeries (Neuters) will be called after 3:00pm, to go home between 4:00-6:00pm

Overnight surgeries (Spays) will be called after 5:00pm, to go home the following day after 11:00am.

Cost of Spay/Neuter: _____ \$ _____

Is your pet up to date on all vaccinations? Yes No

NOT AN OPTION, all pets are required to have Rabies vaccines by NYS Law. If you cannot provide Proof of Rabies Certification **NOW**, then a Rabies vaccine will be given at an additional cost of **\$15**

Current Rabies Vaccine with proof? Yes No **\$ 15**

Would you like the Distemper (DHPP) vaccine at an additional cost? Yes No **\$ 20**

Would you like the Leptospirosis vaccine at an additional cost? Yes No **\$ 20**

Would you like the Bordetella vaccine at an additional cost? Yes No **\$ 20**

Has your pet been treated for fleas? Yes No

If yes, what did you use AND when last applied? What _____ When _____

We are a FLEA FREE Clinic. If we find fleas or evidence of fleas on your pet we will administer a flea control pill that lasts 24 hours. A deposit of \$10 will be required.

You will be pre-billed & refunded if not needed. **\$ 10**

Pre-Anesthetic Bloodwork is REQUIRED for all procedures at any age. **

At any age there may be underlying issues that go unnoticed. We **REQUIRE** a minimal of Pre-anesthetic blood work before any surgical procedure. This aids in the detection of possible underlying diseases that may affect your pet's ability to undergo surgery. This is at a cost of an additional **\$ 85**

INCLUDES:

-“PAC” (5 values checked - Basic organ function)

-Complete Blood Count (CBC). Will help us know if there is underlying infection, or anemia or if there is

Adequate platelets for clotting.

BLOOD WORK FOR ROUTINE SPAYS & NETUERS MAY BE WAIVED.....SEE BELOW ↓

HIGHLY RECOMMENDED

A more thorough organ function evaluation can be done, and it will be at an **additional \$25**.

“Comprehensive Profile” (13 values checked) is more detailed than the “PAC” and gives us more information.

Would you prefer this, a more comprehensive blood work rather than the basic? Yes No **\$ 110**

This is highly recommended to give us the most information.

If there is any concern with any of the bloodwork prior to surgery, we will call you before proceeding with the surgery.

Spay and Neuter WAIVER: There is an option of declining blood work for **ROUTINE** spay & neuter surgeries. If you decline the required blood work, you understand that there is an increased risk for surgery for your pet; as underlying disease processes may go undetected and cannot hold Compassionate Care Veterinary, PC responsible.

***I decline all required blood work prior to surgery & I understand the risk that I am taking with my pet by foregoing these necessary diagnostics prior to surgical procedures.**

Signature: _____

Spay/Neuter Check In Form for Dogs (Front & Back)

If your dog is female, when was her last heat cycle? _____

If your dog is in heat or possibly pregnant, there is a possibility her surgery will not be done today.
There is an increased risk of anesthesia complications and bleeding during surgery.

Has your pet been tested for Heartworm Disease, Lyme disease or any other tick borne disease? Yes No

When _____ Where _____

Many diseases go undetected, and can affect your pet during surgery.

We can check for those as well while your pet is already here. **Would you like this test done?**

Heartworm + 3 tick diseases (Lyme included) Yes No \$ 48

Your Pet will receive additional pain management treatment.

Laser Therapy Treatment. One Treatment Is Included: This will help to decrease inflammation, Improve healing, as well as, have pain control for up to 3 days. This will be performed on all post-op spay/ neuter procedures for no additional cost.

At Home pain medication. Included This is additional medication that you can give orally to your pet at home to help with pain management.

Would you like your pet Microchipped while your pet is sedated? Yes No

Microchip is a form of identification that your pet cannot lose, and someone cannot remove.

The microchip is scanned to obtain the owner's information to be contacted when their pet is found.

This includes the microchipping as well as the registration fee for one year \$ 75

Are there any other concerns or issues you would like to have further evaluation on? \$ Yes No \$ 45

Any concerns i.e. ears, sneezing, itching skin, sores, will require more time to evaluate and would normally require an additional office visit. To save you a second trip to the office, we will evaluate these concerns at the cost of a normal office visit plus any treatment at the same time as this surgery. *If the doctor finds on exam any other concerns or issues, you Will be charged to further evaluate and treat.*

Concerns to evaluate: _____

OSHA Fee \$ 5

Total Amount to be left as a deposit prior to surgery performed: \$ _____

Any other charges that may incur after the doctor's exam will be added to the bill and will need to be paid prior to your pet going home.

I, being responsible for the pet named above, have the authority to grant you my consent to receive, prescribe for, treat and/or operate upon my pet. I also understand that with the use of anesthesia there are risks to my pet. You are to use all reasonable precautions against injury, escape, or death of my pet, but you will not be held liable or responsible in any matter in connection therewith as it is thoroughly understood that I assume all risks. I also understand that I am financially responsible for any and all charges pertaining to the care of my pet, even if death shall occur. All fees are paid at drop off, and any remaining balance at time of pick up. After carefully reading the above, I have signed in agreement.

Signature: _____

Printed Name: _____