

Spay and Neuter Surgery Center



DOG INTAKE FORM

Date: _____

Client First Name: _____

Client Last Name: _____

Pet's Name: _____

| Pet's Vaccine History | |
|--|--|
| Is your pet up to date on vaccines? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If no, would you like to get vaccines today? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please select the vaccines you would like done today: | |
| <input type="checkbox"/> DA2PP (<i>Distemper/Parvo</i>): \$18.50 | <input type="checkbox"/> Rabies: \$18.50 |
| <input type="checkbox"/> Bordetella: \$18.50 | <input type="checkbox"/> Influenza: \$30 |
| <input type="checkbox"/> Lepto: \$23 | <input type="checkbox"/> Lyme: \$23 |

| | |
|--|--|
| Have you owned your dog for at least 1 month? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has your dog eaten after 10 pm last night? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does your dog shy away, growl, or try to bite when approached by strangers? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Please select the following items you would also like to have done today: | |
| <input type="checkbox"/> Cone Collar (<i>to prevent licking</i>): \$16.39 | <input type="checkbox"/> Microchip: \$20 |
| <input type="checkbox"/> Flea Medication: \$20.40 | <input type="checkbox"/> Tapeworm Treatment: \$22.50 |
| <input type="checkbox"/> Sedative Medication To Go Home (<i>to help keep calm for hyperactive dogs</i>): price dependent on dose | |

| Pet's Medical History (please check the box) | YES | NO | |
|---|-----|----|-------------------|
| In the last two weeks, has your pet had any of the following: coughing, sneezing, vomiting, diarrhea, not eating or drinking, change in behavior? | | | If yes, describe: |
| Has your pet been diagnosed with any medical condition (heart murmur, seizures, etc.)? | | | If yes, describe: |
| Has your pet sustained any serious injury (hit by car, attacked by other animal, etc.)? | | | If yes, describe: |
| Has your pet ever had surgery before? | | | If yes, describe: |
| Has your pet had a reaction to vaccines, medications, or anesthesia? | | | If yes, describe: |
| Is your pet currently on any medications? | | | Please list: |

| For Female Dogs (please answer the following questions) | | | |
|---|--|--|----------------|
| Has your pet had any litter(s)/babies? | | | If yes, when: |
| Do you think your pet is pregnant? | | | How far along: |
| Has your pet had a heat cycle? | | | If yes, when: |

I would like to leave a donation of \$ _____ to help shelter animals at the EBSPCA.

Authorization for Sterilization Surgery

I certify to my knowledge that the above animal is in good health. I acknowledge that all pre and post operative care is my fiscal responsibility. I agree that I will be financially responsible for any post-operative medical treatment relating to this procedure or any other unrelated medical problems of my animal.

Initial Here

I understand that there are certain medical risks associated with this procedure, including but not limited to: infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, or death. I will hold harmless the East Bay SPCA, its officers, directors, veterinarians, technicians, volunteers, and agents for any problems experienced by the animal as a result of the procedure or the above risk factors.

Initial Here

I understand that the medical staff of the East Bay SPCA will perform a physical examination for anesthesia, but will not perform a comprehensive cardiac exam or other diagnostic tests. I understand that there are increased risks due to the fact that the East Bay SPCA will not perform an extensive pre-operative diagnostic evaluation and that this exam does not replace a regular physical exam performed by my primary veterinarian.

Initial Here

I understand that for the health and safety of my animal and other patients, it is strongly recommended to have my animal current on vaccinations. I further understand that if my pet is not current on vaccinations that there may be additional risks towards the health of my animal and that it is my financial responsibility if any such issues should arise.

Initial Here

I understand that my pet will have a permanent tattoo placed on or near the incision. The tattoo is a straight line about 1 to 2 cm long and only a couple mm wide. The color of the tattoo ink is green.

Initial Here

I understand that if in the course of treatment a condition is discovered that requires medical attention or additional procedures are needed, that the attending veterinarian will, in his/her absolute discretion, perform such procedures. Additional procedures may include, but are not limited to, hernia repair, pregnancy, special handling for aggressive animals, deciduous (baby) tooth extraction, or administration of IV fluids. If the female is found to be pregnant, I understand that the East Bay SPCA will terminate the pregnancy. I consent to these procedures and agree to pay all additional charges.

Initial Here

I understand that if my animal is not picked up before 5:00 pm on the day of surgery, there will be a minimum of an additional \$50 late pickup fee.

Initial Here

I understand that if my animal is not picked up on the assigned day, the animal may be transferred to another facility for boarding and boarding charges will accrue. If my pet is transferred to the shelter, additional redemption fees will incur. I understand that the East Bay SPCA does not have 24 hour staff and that the animal left overnight will be unattended and will not be monitored for any possible complications including but not limited to: infection, hemorrhage, allergic reaction, anesthetic drug reaction, anesthesia-induced cardiac compromise, or death.

Initial Here

I, the undersigned, being of legal age and responsible for the animal described above, have read fully and understand this entire page. I authorize the East Bay SPCA Spay Neuter Surgery Center ["EBSPCA"] to anesthetize, surgically sterilize, and provide other medical care ["Procedure"] to the animal described.

Print Owner Name

Signature

Date

Telephone Number

YES NO I would like a consultation at pickup to go over facts about the medication being sent home

DO NOT SIGN BELOW UNLESS INSTRUCTED TO DO SO BY THE VETERINARIAN

Higher Risk Surgery Condition _____

I acknowledge that because of the medical condition of the animal identified above, the surgery performed at the East Bay SPCA is considered a higher risk surgery. The staff veterinarian has informed me, and I fully understand the possible risks and complications that could occur due to the above condition. I understand that I will take all financial responsibility if my animal experiences any complications due to this high risk condition. **If the above condition requires that my animal needs transfer to and further treatment or observation at a 24 hour Emergency facility, I will take all financial responsibility for this treatment.** Signature: _____