|  |  |
| --- | --- |
| Owner Name: Email: | Animal Name: |
| **ADDRESS** | **PHONE** |

* I, acting as owner or agent of the pet, hereby request and authorize A.C.S. Clinic veterinarian to perform a spay/neuter surgery on the animal named on this form. All dogs found to be pregnant will be spayed.
* **I understand the surgery presents some hazards including exposure to infectious diseases, and that injury to, or death of such pet may result, for there are some risk in the procedure and the use of anesthetics and drugs in providing this service.**
* In the case of an unforeseen adverse event, efforts will be made to resuscitate and stabilize the patient.
* **I certify that my animal is in good health and has had no food since 9:00p.m. the evening prior to surgery.**

**Initial**

o

**If your pet has eaten in the last 12 hours it may result in vomiting while under anesthesia. If this occurs, your pet can inhale the vomit into its lungs, which may lead to life threatening pneumonia.**

* I understand A.C.S. Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk. I understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, diseases and Heartworms.
* I understand A.C.S. Clinic may not perform a complete physical examination before surgery is performed.

**If your pet licks or chews at site, in the presence of staff, an E-Collar will be sent home at owners expense ($11)**

* **If fleas/evidence of heavy flea infestation are found would you like treated?please circle one Yes No.**
* **\*\*Last Flea Treatment Given – Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Requested** | **Vaccine/Service/Information** | **Price** |
|  | **If Female** – last heat cycle date |  |
|  | Rabies Vaccine**(Required by law)if your pet has had this vaccine please show proof at this time** | $13 |
|  | DHLPP Vaccine **(Required by ACS per policy) if your pet has had this vaccine please show proof at this time** | $14 |
|  | **E-Collar** (recommended to deter licking/chewing surgery site) | $10 |
|  | Canine Lyme/Heartworm Test (**Test required first to vaccinate**) | $39.10 |
|  | Lyme Vaccine (Recommended for dogs with a negative test) | $30 |
|  | Bordatella Vaccine(Kennel Cough, required to board) | $20 |
|  | Dewormer (Price depends on weight) | $20-45/pill |
|  | Seresto Collar (8 month Flea/Tick preventative ) | $65 |
|  | Flea Treatment (Price depends on weight) | $15-27/dose |
|  | Microchip (lifetime license application given to PA residents)-may be a fee to register | $25 |
|  | Fecal Analysis | $15.50 |
|  | Nail Trim | $16-$20 |
|  | Waiting for vaccine records to be faxed |  |
| **Notes for vet** |  |  |

**I understand payment in full is due when I pick up my pet.**

**Females Checkout: 8:30am next day. Males Checkout: 3:30pm same day.**

**There will be a $20 charge for late checkout starting at 9am.**

(Males who come with females may be picked up following day at 8:30am)

Signature of Owner/Guardian Date

**Would you like to donate $1.00 to help support our Sanctuary? YES NO CIRCLE ONE- Thank you to all who donate.**

Notes to go home:

A red and white sign

Description automatically generated with medium confidence**\*\*\*CLINIC USE ONLY—DO NOT WRITE BELOW THIS LINE\*\*\***A red and white sign

Description automatically generated with medium confidence

Animal Name: Breed: Color

DOB: Circle: Male Female

Owner:

Vet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Date

T: P: R: Weight: # oz

**Physical Exam**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Normal** | **Abnormal** | **Not Evaluated** |
| General Appearance |  |  |  |
| BCS |  |  |  |
| Integument |  |  |  |
| EENT |  |  |  |
| Musculoskeletal |  |  |  |
| Cardiovascular |  |  |  |
| Respiratory |  |  |  |
| GI |  |  |  |
| Genitourinary |  |  |  |
| Nervous System |  |  |  |
| Lymph Nodes |  |  |  |
| Endocrine |  |  |  |
| Reproductive |  |  |  |
| Oral |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Vaccinations** | **Requested** | **Completed** |
| Rabies |  |  |
| DHLPP |  |  |
| DHPP |  |  |
| E-Collar |  |  |
| 4DX |  |  |
| Lyme Vacc |  |  |
| Bordatella |  |  |
| Dewormer |  |  |
| Flea Treatment |  |  |
| Microchip |  |  |
| TNT |  |  |
| Vaccines Current |  |  |
| Other |  |  |

Problems Identified:

**Anesthesia**

**Procedure**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Dose** | **Duration** | **Total** |
| Carprofen |  |  |  |
| Cephalexin |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Dose** | **Route** | **Admin.** |
| Atropine |  | SQ/IM |  |
| Ace |  | SQ/IM |  |
| Butorphanol |  | SQ/IM |  |
| Propofol |  | IV |  |
| Isoflourane |  | Gas |  |
| Other |  |  |  |

|  |
| --- |
| **Routine OVH Routine Castration**    *See ACS Clinic Handbook for detailed surgery protocol* |
| **Other Notes:** |
|  |

Ovarian pedicles/testicular cords

Uterine body

Linea

SQ

Skin

**Controlled:**

**Post-Op Meds**

Ovarian pedicles/testicular cords

Uterine body

Linea

SQ

Skin