



Surgery Date \_\_\_\_\_

## CANINE SURGERY AUTHORIZATION and MEDICAL RECORD

Owner name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dog's name: \_\_\_\_\_ Color: \_\_\_\_\_ DOB/Age: \_\_\_\_\_ Breed: \_\_\_\_\_ M/F: \_\_\_\_\_

### Surgery:

- Spay / Neuter (Includes 3 days pain meds)
- Dental (Average \$100-150)
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

### Parasite Control:

- Broad spectrum Dewormer\*
- Heartworm Prevention\*
- Flea/Tick Control\*

### Sedation post-recovery:

- Trazodone \$10 - 15
- Buster Collar (E-Collar) \$10 - 15**

Organization Admin fee: \$ \_\_\_\_\_

### Vaccination and Identification:

- Rabies \$10.00
- DHLPP \$16.00
- Bordetella \$15.00
- Lyme Vaccine \$33.00
- Influenza Vaccine \$42.00
- Microchip \$30.00

### Labwork:

- Pre-Anesthesia Bloodwork (chem only) \$60
- Junior Wellness Profile \$55.00 (Sent to Lab)
- Senior Wellness Profile \$115 (Sent to Lab)
- Heartworm/Lyme/Anaplasma/Ehrlichia \$30.00
- Fecal Examination \$35-40.00

**Additional Services requested or recommended:** \_\_\_\_\_

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and veterinary staff to perform the services listed above, including the administration of pain relief medications, sedatives, and anesthetics. I understand that, although rare, there are risks with any medical treatment, sedation and anesthetic procedure including drug/vaccine reactions, infection and death. I also understand that no guarantee of successful treatment can be made.

**Signature of owner/agent:** \_\_\_\_\_

### *For Clinic Use Only (do not write in fields below)*

Wt. (lbs.): \_\_\_\_\_ Notes: \_\_\_\_\_

Pre Med: \_\_\_\_\_

Induction: \_\_\_\_\_

Procedure Description: \_\_\_\_\_

Add'l Notes: \_\_\_\_\_




Surgery Date \_\_\_\_\_

### PATIENT CHECK-IN INFORMATION

**Please fill in all information as completely as possible to allow optimal care for your dog.  
This form must be filled on the surgery day, not before**

Owners Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

**Telephone number where we can reach you today:** \_\_\_\_\_

How long have you owned this dog? \_\_\_\_\_

Where did you obtain this dog?

Shelter  Breeder  Pet Store  Stray  Friend/Relative  My dog's litter

Is your dog (circle one):  Indoor only  Outdoor Only  Indoor/Outdoor

Has your dog displayed any of the following in the last 2 weeks: (check if yes)

Sneezing  Coughing  Vomiting  Diarrhea

Has your dog ever had a seizure?  No  Yes, explain: \_\_\_\_\_

Has your dog had any previous...:

...Illness, Injury or Previous Surgery?  No  Yes, please explain: \_\_\_\_\_

...Drug or vaccine **reaction**?  No  Yes, please explain: \_\_\_\_\_

Is your dog on any long-term medications? If so, list all \_\_\_\_\_

Has your dog been given any medications in the last 30 days? If so, list type and why it was given  
\_\_\_\_\_

**IF** your dog is female: When was her last heat cycle? \_\_\_\_\_  Unsure

Has she had any litters?  No.  Yes, When? \_\_\_\_\_

Could your dog pregnant?  Yes  No

Has your dog been treated for fleas/ticks?  No  Yes, what product was used? \_\_\_\_\_

Is your dog on monthly heartworm prevention?  Yes  No

If yes, what type?  Heartguard  Interceptor  Revolution  Other: \_\_\_\_\_

When did your dog last eat? \_\_\_\_\_

How did you hear about the Rascal Unit? \_\_\_\_\_

Do you have a regular veterinarian?  Yes  No