



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  
\_\_\_ Dental (Average \$100-150) \$ \_\_\_\_\_  
\_\_\_ Other: \_\_\_\_\_ \$ \_\_\_\_\_

### Parasite Control:

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

\* Price, type of product and availability varies.  
Please ask what is available at clinic for current information.

\_\_\_ Buster Collar (E-Collar) \$10

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:

\_\_\_ Junior Wellness Profile \$55.00 (Sent to Lab)  
\_\_\_ Senior Wellness Profile \$115 (Sent to Lab)  
\_\_\_ Heartworm/Lyme/Anaplasma/Ehrlichia \$30.00  
\_\_\_ Fecal Examination \$20.00-35.00  
\_\_\_ Pre-Anesthesia Bloodwork \$60

**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 assistants 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 below this line)*

Pre-op exam: Wt(lbs): \_\_\_\_\_

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

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

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



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? \_\_\_\_\_

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? Yes No

If yes, explain: \_\_\_\_\_

Has your dog had any previous... (circle yes or no):

...Illness? Yes No If yes, please explain: \_\_\_\_\_

...Injuries? Yes No If yes, please explain: \_\_\_\_\_

...Surgery? Yes No If yes, please explain: \_\_\_\_\_

...Drug or vaccine **reaction**? Yes No If 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 month? 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? If so, when was the last time? Yes \_\_\_\_\_ No

Is your dog pregnant? (circle one) Yes No Could be

Has your dog been treated or dipped for fleas/ticks in the last month? Yes No

If yes, what product was used? \_\_\_\_\_

When was the last time your dog was Heartworm tested? \_\_\_\_\_ Not tested Unsure if has been

Is your dog on monthly heartworm prevention? Yes No

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

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

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

Do you have a regular veterinarian? Yes No