



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 \$100-300)

____ Other: _____ \$ _____

Parasite Control:

____ Broad spectrum Dewormer*

____ Heartworm Prevention*

____ Flea/Tick Control* Price, type of product &
availability varies. Please ask us what is available.**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 \$93 (Sent to Lab)

____ Senior Wellness Profile \$135 (Sent to Lab)

____ Heartworm/Lyme/Anaplasma/Ehrlichia \$30

____ Fecal Examination \$35-40

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 the 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

When did your dog last eat? _____

How did you hear about the Rascal Unit? _____

Do you have a regular veterinarian? ☐ Yes ☐ No

IF your dog is female: When was her last heat cycle? _____ ☐ Unsure

Has she had any litters? ☐ No. ☐ Yes, When? _____

Could your dog be 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: _____