



Animal ID# _____

Last name **REQUIRED**: _____ First name **REQUIRED**: _____

Address **REQUIRED**: _____ City **REQUIRED**: _____

State **REQUIRED**: _____ Zip Code **REQUIRED**: _____

Cash Payment	Surgery fee:
\$ _____	_____
Additional services: _____	
OTHER: \$ _____	

Pet Name _____ Breed/Color: _____

Cat Dog Male Female Pregnant Age if known: _____

Cell _____ Home/work: _____

Email address required **for microchip REQUIRED**: _____

Carefully read the following before signing your name.

I, acting as owner or agent of the pet named above, hereby request and authorize **No Nonsense Neutering (NNN)**, through whomever veterinarians they may designate, to perform an operation for sterilization and administer vaccinations to the animal named on the above portion of this form. I give the veterinarian permission to use her/his discretion in dealing with such conditions or any procedure she/he feels necessary. I understand that the operation that I have elected presents some hazards and that injury to or death of an animal may conceivably result, for there is some risk in the procedure and some risk in the use of anesthetics and drugs provided for the procedure. I understand that there is a risk in any surgery and I agree not to hold **No Nonsense Neutering** or the medical team responsible in the event of a medical complication, including death. I understand that some factors significantly increase surgical risk, including but not limited to pregnancy, "in heat", obesity, diseases that affect the immune system and heartworm. I understand that unexpected pre-existing conditions can become apparent during surgery and that complications may occur. I understand that **No Nonsense Neutering** does not perform a *complete* physical exam before the surgery. I understand that **NON** emergency care post-operative care is available by appointment and I may need to drive to a NNN clinic other than where surgery was performed. I understand that if I seek veterinary care elsewhere, I will assume full financial responsibility. I understand that **No Nonsense Neutering** is **NOT** available to deal with post-operative **EMERGENCY** complications if they arise. I understand that if I need to seek veterinary care, I will assume full financial responsibility. I certify that my animal is in good health with no known illness within the last 2 weeks. I certify that my animal was without food since midnight the evening before surgery. I understand that if my animal is pregnant, the pregnancy will be terminated during surgery. I understand that my pet will receive a green tattoo along the incision for purposes of identifying that my pet has been fixed. I understand that the use of an E-collar for female cats and all dogs is required to prevent an animal from licking the surgical site. NOT for feral cats. I understand that it takes up to 2 weeks for vaccinations to protect my animal. I understand that some animals may have an allergic reaction (facial swelling or itching) to vaccines within the first 24 hours. If **NNN** is closed, it is my responsibility to take my pet to a veterinarian or the closest emergency clinic for which I assume financial responsibility. I understand that if my pet has not been regularly flea treated, there is no guarantee that my animal may not acquire fleas while at this clinic. I understand that **No Nonsense Neutering** is not a boarding facility and agree to be available to pick-up my animal at the agreed time. (\$20 hourly fee) **No Nonsense Neutering reserves the right to refuse to perform surgery or to postpone surgery based on the veterinarian's professional judgment.**

If a preoperative exam is unable to be performed on my PET due to temperament, I still wish to proceed with surgery _____ (initial)

Pet cat: \$80 male or female, rabies & distemper vaccines included

Feral cat: \$35 male or female, rabies vaccine included

Pet Dog 60 lbs or less rabies & distemper vaccines included

Male: \$150 **Female: \$195**

61 -100 lbs + \$25 **101-125 lbs + \$50**

126-150 lbs + \$75 **≥151 lbs + \$100**

Additional services and products

Microchip \$20, includes registration Flea /tick treatment (dog): \$15 per dose

Bordetella vaccine (dogs): \$20 Flea/tick treatment (cat): \$11 per dose

Lyme vaccine (dogs): \$25 Ear Mite Treatment (cat): \$ 5

FVRCP vaccine \$15 (**feral cats > 1 yr.**) Tapeworm Treatment (cat): \$10

dose Roundworm Treatment (cat): 2 doses: \$5

FeLV/FIV Combo (cat): **\$25**

Signature **REQUIRED**: _____ Date: _____

Vet Initials _____

Medical Record

Weight _____ lb

Last food eaten: _____

Health Questions	Yes	No
Does the Animal have any current medical/health conditions including coughing, sneezing, vomiting, diarrhea, unusually tired, vaccine reactions any other allergies or vaginal discharge? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Has the Animal ever been to a veterinarian	<input type="checkbox"/>	<input type="checkbox"/>
Has the Animal every had any previous surgeries? If so please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Is the Animal on any flea/tick preventative or heartworm meds? If so please list:	<input type="checkbox"/>	<input type="checkbox"/>
Is the Animal on any medications or supplements	<input type="checkbox"/>	<input type="checkbox"/>
Last time your female dog was in heat (if applicable) or possibly pregnant:	<input type="checkbox"/>	<input type="checkbox"/>
I have proof of previous rabies vaccine	<input type="checkbox"/>	<input type="checkbox"/>

€ Exam unable to be performed: _____

€ Male € Previously Neutered € Female € Previously Spayed

Mucous Membranes € Normal € Abnormal _____

Heart € Normal € Abnormal _____

Cryptorchid € Unilateral Left Right € Bilateral **Pregnant** Trimester _____ # of feti _____

Hernia € Abdominal € Umbilical **Parasites** € None Seen € Yes _____

€ Lactating _____

Suture € 3/0 € 2/0 € 0 € 4/0

Pre-Op Drugs Administered:

€ Telazol _____ cc IM / IV € Acepromazine _____ cc IM € Atropine _____ cc IM

€ Meloxicam _____ cc SQ € Meloxicam cc PO _____ € TTD _____ cc IM

Post-Op Services:

€ Rabies 1 year € FVRCP (cat distemper) € Lyme € Bordetella

€ Rabies 3 year € DA2PP (dog distemper) € Microchip (sticker)

€ Nail trim € Ear tip (feral)

€ SQ Fluids € Ear cleaning € FeLV/Combo test: € Negative € Positive

Additional Drugs Administered/Dispensed:

€ Flea treatment generic-feral € 0.51 < 9lbs € 1.03 > 9lbs € Catego € Vectra 3D

€ Ivermectin _____ cc SQ /Otic € Praziquantel _____ cc SQ € Pyrantel _____ cc

€ Buprenex _____ cc € Antisedan _____ cc

€ Convenia _____ cc SQ Reason: _____

€ Trazodone _____ mg _____

€ Cephalexin _____ mg _____

€ Other: _____

Notes: _____

