

Paradox Spay/Neuter Clinic Admission

FELINE

Date: _____ Client Name: _____
Address: _____ City: _____ Zip: _____ County: _____
Today's Phone # _____ E-Mail Address _____
How did you hear about us? _____ Have you been here before? Y/N
Do you have any outdoor cats in your area that need to be sterilized? Y/N

For Office Use Only

#1 Pet: _____ Gender: Male Female Age: _____ Wt: _____
Breed: _____ Description and Color: _____
List any health problems your pet may have: _____
List all medication your pet has taken in the last 2 weeks: _____

#2 Pet: _____ Gender: Male Female Age: _____ Wt: _____
Breed: _____ Description and Color: _____
List any health problems your pet may have: _____
List all medication your pet has taken in the last 2 weeks: _____

#3 Pet: _____ Gender: Male Female Age: _____ Wt: _____
Breed: _____ Description and Color: _____
List any health problems your pet may have: _____
List all medication your pet has taken in the last 2 weeks: _____

FEMALE: Spay: \$55 _____ **MALE:** Neuter: \$35 _____ Two Testicles? YES NO

ALL surgeries include one dose of pain medication. Pregnant \$20 to \$50 EXTRA

Vaccines & Testing

Rabies \$15 _____ FVRCP \$15 _____ Leukemia \$15 _____ **Boosters Required** _____
Felv/Fiv Test \$30 _____ Negative _____ Positive _____ w/ _____
Nail Trim \$5 _____ Soft Paws \$20 _____ (front only) Microchip: \$25 _____
Flea/Tick Prv (1m) _____ (6m) _____ W/ _____ \$ _____
Ear Exam _____ \$5 _____ \$10 _____ Negative _____ Positive _____ w/ _____
Fecal Exam \$10 _____ Negative _____ Positive _____ w/ _____
Dewormer _____ W/ _____ \$ _____
Addtl Pain Meds \$10 _____ for 3 days Antibiotics _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

Female Cats

I give my permission to have my female cat spayed even though she may be in **heat or pregnant** **incurring additional charges.** (Please initial) Yes _____

Anesthesia Release

I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand there are risks associated with anesthesia and surgical procedures. I give my permission to have my pet(s) listed above surgically sterilized. If my pet(s) has fleas I understand a Capstar will be given and \$3.00 per animal will be added to my bill.

Signature: _____ Date: _____

PAYMENT IS DUE AT TIME OF PICK UP! NO EXCEPTIONS! Total Paid \$ _____
CASH, DEBIT OR CREDIT CARD ONLY! WE DO NOT ACCEPT CHECKS!