

Paradox Spay/Neuter Clinic Admission

DOG

Owner Information (Please Print Clearly)

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

Pet Information

#1 Pet Name: _____ Male _____ Female _____ Age: _____ Weight: _____
Breed: _____ Color: _____ Short Medium or Long Hair _____
List any health problems your pet may have: _____

#2 Pet Name: _____ Male _____ Female _____ Age: _____ Weight: _____
Breed: _____ Color: _____ Short Medium or Long Hair _____
List any health problems your pet may have: _____

FEMALE: Spay: \$65 _____ **MALE:** Neuter: \$60 _____
When was last heat cycle? _____ Does he have 2 testicles? Yes/No

ALL surgeries include one dose of pain medication.
In heat or pregnant \$20 to \$50 EXTRA
Over 50 lbs \$10 Over 70 lbs \$20 Over 90 lbs \$30 Over 110 lbs \$40 EXTRA

Vaccines & Testing (optional)

Rabies \$15 _____ Bordetella \$15 _____ DHPP \$15 _____ DHLPP \$15 _____ **Boosters Required** _____
Heartworm Test \$20 _____ Negative _____ Positive _____
Heartworm Prv (1m) _____ (6m) _____ W/ _____ \$ _____
Flea/Tick Prv (1m) _____ (6m) _____ W/ _____ \$ _____
Nail Trim \$5 _____ Nail Grinding \$10 _____ Microchip: \$25 _____
Ear Exam _____ \$5 _____ \$10 _____ Negative _____ Positive _____ w/ _____
Skin Scrape \$10 _____ Negative _____ Positive _____ w/ _____
Fecal Exam \$10 _____ Negative _____ Positive _____ w/ _____ Dewormer \$ _____ w/ _____
Addtl Pain Meds \$10 _____ for 3 days. Antibiotics _____ \$ _____
Heartworm Treatment Injection 1 ___ 2 ___ 3 ___ \$ _____ 1st Heartworm Prv \$ _____
Other _____ \$ _____
Other _____ \$ _____

Male Dogs May Require E-Collar

Small & Medium \$5 _____ Large & X-Large \$10 _____

Female Dogs

I give my permission to have my female dog spayed even though she may be in **heat or pregnant incurring additional charges.** If my dog is in heat I am required to keep her away from **ALL** males for 10 days after surgery. (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 \$6.00 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!