

Paradox Spay/Neuter Clinic Admission

CANINE

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: _____

FEMALE: Spay under 6 months: \$65 _____ **MALE:** Neuter under 6 months: \$60 _____
Over 6 months: \$75 _____ Over 6 months: \$70 _____
When was her last heat cycle? _____ Does he have two testicles? YES NO

ALL surgeries include one dose of pain medication. Extended surgical time fees apply if:

| In heat/pregnant add \$20 to \$50 | 50-69.9 lbs add \$10 | 70-89.9 lbs add \$20 | 90-109.9 lbs \$30 | >110 lbs \$40 |

Vaccines & Testing

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 at Doctors Discretion _____ \$ _____
Heartworm Treatment Injection 1 ___ 2 ___ 3 ___ \$ _____ 1st Heartworm Prv \$ _____
Other _____ \$ _____
Other _____ \$ _____
Male Dogs May Require E-Collar Small & Medium \$5 _____ Large & X-Large \$10 _____

Client Signature and Initials Required

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!