

Paradox Spay/Neuter Clinic Admission

DOG

Owner Information (Please Print Clearly)

Name: _____ Date _____

Address: _____ City: _____ Zip: _____ County: _____

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

#1 Pet: _____ Male _____ Female _____ Age: _____ Wt: _____

Breed: _____ Color: _____ Short Medium or Long Hair _____

List any health problems your pet may have: _____

List all medication your pet has taken in the last 2 weeks: _____

#2 Pet: _____ Male _____ Female _____ Age: _____ Wt: _____

Breed: _____ Color: _____ Short Medium or Long Hair _____

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

In heat/pregnant \$20 to \$100 EXTRA

50-69.9 lbs \$10 / 70-89.9 lbs \$20 / 90-109.9 lbs \$30 / 110+ lbs \$40

Vaccines & Testing

Rabies \$16 _____ Bordetella \$16 _____ DHPP \$16 _____ DHLPP \$16 _____ **Boosters Required** _____

Heartworm Test \$23 _____ Negative _____ Positive _____

Heartworm Prv (1m) _____ (6m) _____ W/ _____ \$ _____

Flea/Tick Prv (1m) _____ (6m) _____ W/ _____ \$ _____

Nail Trim \$10 _____ Nail Grinding \$15 _____ Microchip: \$25 _____

Ear Exam \$12 _____ Negative _____ Positive _____ w/ _____

Skin Scrape \$12 _____ Negative _____ Positive _____ w/ _____

Fecal Exam \$12 _____ Negative _____ Positive _____ w/ _____ Dewormer \$ _____ w/ _____

Addtl Pain Meds \$15 _____ for 3 days. Antibiotics at Doctors Discretion _____ \$ _____

Heartworm Treatment Injection 1 _____ 2 _____ 3 _____ \$ _____ 1st Heartworm Prv \$ _____

Other _____ \$ _____

Other _____ \$ _____

Male Dogs Require E-Collar Small & Medium \$10 _____ Large & X-Large \$15 _____

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!