

**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: \_\_\_\_\_

**PUPPY FEMALE: Spay: \$65 \_\_\_\_\_ PUPPY MALE: Neuter: \$60 \_\_\_\_\_**  
**DOG FEMALE: Spay: \$75 \_\_\_\_\_ DOG MALE: Neuter: \$70 \_\_\_\_\_**  
When was last heat cycle? \_\_\_\_\_ Does he have 2 testicles? Yes/No

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

**Vaccines & Testing (optional)**

Rabies \$16 \_\_\_\_\_ Bordetella \$16 \_\_\_\_\_ DHPP \$16 \_\_\_\_\_ DHLPP \$16 \_\_\_\_\_ **Boosters Required \_\_\_\_\_**  
HeartwormTest \$23 \_\_\_\_\_ 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 \_\_\_ \$ \_\_\_\_\_ 1<sup>st</sup> 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!