



125 Pullman Crossing, Suite 101 Grasonville, MD 21638 (410) 827-6464	7401 Van Dusen Road Laurel, MD 20707 (301) 483-7080
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Today's Date:

Dog Surgery Form

PATIENT RECORD

Owner's Name:		Telephone Number:	
Last	First		
Address:			
No.	Street	City	State Zip
Email address:			

ANIMAL INFORMATION

Animal's Name:		Microchip #:			
Species:	Breed:	Color:	Sex:	Age or Birthday:	
DOG			M F		

Please circle all the procedures to be performed:

Spay / Neuter	Microchipping	Extraction of retained baby teeth
Rabies vaccine	Heartworm/Lyme Test	Hernia Repair
DHPP	Triheart	IV Fluids (\$55 additional)
Lepto	Bravetco	Pre-surgical bloodwork
K9 Influenza	Activyl	(must be done in advance is \$60 additional)
Bordetella		
Other:		

Please read and sign:

Spay Now will provide post-operative surgical rechecks for our patients for no charge during our regular clinic hours. If any medications are needed, there may be a nominal fee. Please call us if your pet is having any problems after surgery. If you elect to take your animal elsewhere for postoperative care, we cannot reimburse you for any costs involved.

Subcutaneous or intravenous fluids may be given at the doctor's discretion. IV fluids will incur an additional charge if needed. Animals will be treated for fleas or ticks at the doctor's discretion and additional charges may apply.

All female animals will receive a small tattoo near the spay incision to identify that they have been spayed should they become separated from you.

I hereby declare that I am the owner, guardian, or responsible party for the animal listed above. I consent to and authorize Spay Now, Inc. to perform the above listed procedures on my animal. I also consent for Spay Now, Inc. to administer medications and/or ear cleaning, nail trimming, and/or grooming as deemed necessary or prudent. While I expect these procedures to be performed to the best abilities of the veterinarian and staff, I understand that with any vaccination, medication, anesthesia, or surgical procedure there are risks, including drug and vaccine reactions, bleeding, infection or anesthetic complications including death of the animal. I expect that reasonable precautions will be used to ensure the animal's safety and well-being while in Spay Now's care.

I agree to release and hold harmless Spay Now, Inc., its agents, employees, and volunteers from all actions, causes of action, damages, claims or demands, which I, my heirs, executors, administrators, or assigns or the animal's owner may have against the above referenced releases, for any and all damages, causes, or actions and injuries known or unknown, which may arise as a result of the surgery or treatment received by my animals. I have read and agree to the above:

Signature: _____ Date: _____

Owner's name: _____ **Dog's name:** _____ **Date:** _____

MEDICAL HISTORY QUESTIONNAIRE FOR DOGS PRESENTED FOR ANESTHESIA AND SURGERY:

IS YOUR DOG CURRENTLY HAVING ANY PROBLEMS? YES NO

IF YES, PLEASE DESCRIBE:

IS YOUR DOG CURRENTLY ON HEARTWORM PREVENTATIVE? YES NO

IS YOUR DOG CURRENTLY ON FLEA/TICK MEDICATION? YES NO IF YES, WHAT MEDICATION?

IS YOUR PET TAKING ANY OTHER MEDICATIONS INCLUDING VITAMINS, SUPPLEMENTS, AND OVER THE COUNTER MEDICATIONS? YES NO IF YES, WHAT MEDICATIONS?

HAS YOUR DOG HAD ANY PREVIOUS SURGERIES INCLUDING C-SECTIONS? YES NO IF YES, PLEASE DESCRIBE:

HAS YOUR DOG HAD ANY PREVIOUS LITTER? YES NO

IS THERE A POSSIBILITY YOUR DOG COULD BE PREGNANT? YES NO (ADDITIONAL CHARGES APPLY IF YOUR DOG IS PREGNANT)

HAS YOUR DOG EVER HAD OR ARE THEY CURRENTLY HAVING ANY OF THE FOLLOWING? (PLEASE CHECK ALL THAT APPLY):

- SEIZURES
- BLEEDING GUMS OR UNEXPLAINED BRUISING
- UNEXPLAINED WEIGHT LOSS
- EXCESSIVE DRINKING/ THIRST
- EXCESSIVE VAGINAL DISCHARGE
- EXCESSIVE VOMITING OR DIARRHEA

If you checked any boxes, please explain:

IV fluids are included in the price of dentals and surgeries other than spay/neuter when deemed necessary by the veterinarian. IV fluids are recommended for older dogs, large females and dogs that are in heat. There is an additional charge to have IV fluids with a spay/neuter surgery.

Pre-surgical bloodwork may identify rare problems that may affect surgical outcome. Purebred dogs are at higher risk for genetic problems such as bleeding disorders, congenital kidney or liver problems. Bloodwork is strongly recommended for purebred dogs and dogs over the age of 7 years. If elected, blood work must be done prior to the day of surgery.

Please check one of the following options:

- I WOULD LIKE PRE-SURGICAL BLOOD WORK FOR MY DOG AND WILL PAY THE \$60 TO HAVE IT DONE.
- I DECLINE PRE-SURGICAL BLOOD WORK.
- I HAVE HAD BLOOD WORK DONE AT MY REGULAR VETERINARIAN AND PROVIDING A COPY.

Signature of responsible party: _____ **Date:** _____