



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:

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	CAT Indoor only Indoor/outdoor Feral	OTHER			M	F	

Is your animal on any medications including heartworm/flea/tick prevention?

Does your animal have any medical conditions/food allergies we should be aware of including any previous surgeries?

Please circle all the procedures to be performed:

- | | | | |
|-----------------------------------|----------------------------|---|---------------------------|
| Spay / Neuter | Microchipping | <u>Dogs only</u>
Heartworm/Lyme test | <u>Cats only</u>
FVRCP |
| Rabies vaccine | Flea Medication in-house | Iverhart | FelV/FIV test |
| Deworming | Flea Medication to go home | DHPP | FelV vaccine |
| Extraction of retained baby teeth | Hernia repair | Bordetella | Ear tip |

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: _____