



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**

<b>Owner's Name:</b> Last _____ First _____		<b>Telephone Number:</b> _____	
<b>Address:</b> No. _____ Street _____ City _____ State _____ Zip _____			
<b>Email address:</b> _____			

**ANIMAL INFORMATION**

<b>Animal's Name:</b> _____		<b>Microchip #:</b> _____			
<b>Species:</b> CAT Indoor only Indoor/outdoor Feral	<b>Breed:</b> OTHER _____	<b>Color:</b> _____	<b>Sex:</b> M      F	<b>Age or Birthday:</b> _____	

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	Hernia Repair
Rabies vaccine	Revolution in-house	FeLV/FIV test
FVRCP	Revolution Flea Meds	FeLV vaccine
Deworming	Extraction of retained baby teeth	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: \_\_\_\_\_

