

**No More Chasin' Tails Spay/Neuter Clinic  
Admission Form**

Date: \_\_\_\_\_ Please fill out one form for each animal-DO NOT USE THIS FORM FOR FERALS

Owner/Agent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City,State,Zip: \_\_\_\_\_

Where can we reach you today? Telephone number: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species: Dog Cat Sex: Male Female Not Sure

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

How long have you owned your pet: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

**Pet History – Please answer to the best of your knowledge.**

Yes No Have you noticed any vomiting, coughing or diarrhea? Explain: \_\_\_\_\_

Yes No Has your pet ever had a seizure? Explain: \_\_\_\_\_

Yes No Has your pet been diagnosed with a heart murmur? Explain: \_\_\_\_\_

Yes No Has your pet been treated elsewhere for any illness or injury in the past 14 days?  
If yes, please explain: \_\_\_\_\_

Yes No Any chance your pet is pregnant, in heat or already spayed/neutered? Specify \_\_\_\_\_

Yes No Does your pet have any health issues or prior surgeries?  
If yes, please explain: \_\_\_\_\_

Yes No To your knowledge, is your pet allergic to any drugs?  
If yes, please explain: \_\_\_\_\_

Yes No Is your pet currently on any medication **including** heartworm and flea prevention?  
If yes, please list: \_\_\_\_\_  
When was the last time the medication was given? \_\_\_\_\_

Yes No Did your pet eat this morning? If yes, what time? \_\_\_\_\_

Yes No I have proof of a current rabies vaccination (certificate only). If not, a rabies vaccine will be given today for \$15 if your pet is over 4 months of age.

**ALL PETS RECEIVE PAIN MEDICATION WHICH IS INCLUDED IN THE SURGERY COST**

**Pre-Surgical Bloodwork**- Checks kidney/liver functions and screens for anemia and dehydration. These tests are available for all pets, however, if your pet is over the age of 5 and weighs over 90 lbs or is 7 years old and over, lab work is required to ensure that your pet is a low-risk candidate for anesthesia complications.

**Requested Vaccines and Services**

- |   |  |
|---|--|
| <input type="checkbox"/> Distemper Vaccine \$15                       | <input type="checkbox"/> Umbilical Hernia Repair \$              |
| <input type="checkbox"/> Rabies Vaccine \$15                          | <input type="checkbox"/> Nail Trim \$5                           |
| <input type="checkbox"/> Bordetella Vaccine \$15 ( <b>Dogs only</b> ) | <input type="checkbox"/> Remove Baby Teeth \$5 eac               |
| <input type="checkbox"/> Microchip \$25                               | <input type="checkbox"/> Ear Mite Treatment \$15                 |
| <input type="checkbox"/> E-Collar (Cone) \$10                         | <input type="checkbox"/> Bravecto Flea/Tick Contro<br>3 mo- \$45 |

**Pre-Surgical Bloodwork:**

- |  |
|--|
| <input type="checkbox"/> Prep Profile \$40 (under 3 yrs. old)  |
| <input type="checkbox"/> Comprehensive Profile \$50 (3 to 6 yrs. ol  |
| <input type="checkbox"/> Comp./T4 Profile \$75) (required if<br>over 7 yrs. old or 5 yrs old and over 90 lbs |

**FELINE Testing:**

- FeLV/FIV Test \$25 \_\_\_\_\_ (initial) DO NOT EUTHANIZE  
FELV positive - euthanize \_\_\_\_\_ (initial)  
FIV positive - euthanize \_\_\_\_\_ (initial)

**CANINE Testing and Preventative:**

- Heartworm Test \$20  
**\*\*Highly recommended if over 7 mo. old and not on prevention\*\***  
 Heartworm Prevention- 6 mo supply  
0-25 lbs-\$20 26-50 lbs-\$30 51-100 lbs-\$40

**All Donations Go Towards "Fixing" Community Cats**

Here is my donation of: \$50 \_\_\_\_\_ \$40 \_\_\_\_\_ \$30 \_\_\_\_\_ \$20 \_\_\_\_\_ \$10 \_\_\_\_\_ \$5 \_\_\_\_\_ Other \_\_\_\_\_

**\*\*\*\*\*See Back For Additional Information\*\*\*\*\***

**No More Chasin' Tails (NMCT) use qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. Carefully read and initial the following before signing your name:**

**Initial below:**

\_\_\_\_\_ I, acting as owner or agent of the animal named herein, hereby request and authorize NMCT, through whomever veterinarian they may designate, to perform an operation for sexual sterilization of the animal named herein.

\_\_\_\_\_ **I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.**

\_\_\_\_\_ I certify that this animal has not bitten anyone within the last 10 days.

\_\_\_\_\_ I hereby certify that my animal has been vaccinated within one year prior to this date, or I waive my right to protect my animal by not having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

\_\_\_\_\_ 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 that if my animal develops kennel cough after surgery, I am responsible for treatment at my own cost.

\_\_\_\_\_ I certify that my animal is in good health and has had no food since midnight the night prior to surgery if over 4 months old.

\_\_\_\_\_ I understand that if my DOG is **in heat** (extra \$25) or **pregnant** (extra \$25-\$45) there will be an additional charge.

\_\_\_\_\_ I understand that if my DOG/CAT is **cryptorchid (undescended testicle)** there will be an additional charge of \$25-\$45.

\_\_\_\_\_ I understand that my pet will receive a small green tattoo near their incision to show they have been sterilized.

\_\_\_\_\_ I understand that NMCT has the right to refuse service to any animal to whom surgery is deemed a health risk.

\_\_\_\_\_ I understand that NMCT will perform a limited physical examination before surgery. I also understand that my animal will not receive preoperative blood work, unless it is requested herein, otherwise I waive my right to have this service performed prior to surgery.

\_\_\_\_\_ I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, in heat, and diseases such as feline immunodeficiency virus (FIV), feline leukemia (FeLV), and heartworms.

\_\_\_\_\_ I understand that if my animal is pregnant, the pregnancy will be terminated during surgery.

\_\_\_\_\_ I understand that if my animal has an **open umbilical hernia**, it will be repaired during surgery with additional charge of \$25.

\_\_\_\_\_ I understand that if I do not retrieve my pet at the agreed-upon time, NMCT will exercise its right to transfer the animal as allowed by the State of Virginia. Owners of animals left after the agreed date shall be charged a boarding fee of \$25 per night.

\_\_\_\_\_ I hereby release NMCT, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold NMCT harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

**Payment in full is required at the time of discharge. We only accept Cash or Credit Cards.  
NO CHECKS or CARE CREDIT**

I HEREBY WARRANT THAT I AM AT LEAST 18 YEARS OF AGE  
and I HAVE READ & UNDERSTAND THE CONDITIONS LISTED ABOVE

Signature: \_\_\_\_\_ Date: \_\_\_\_\_