



Pet Services and Medical Record

Owner name \_\_\_\_\_ Date of pet's surgery \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 County: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Pet's name \_\_\_\_\_ Color \_\_\_\_\_ Pet's age or DOB \_\_\_\_\_  
 Breed \_\_\_\_\_ M/F \_\_\_\_\_

**Surgery** (Nail trim for dogs included w/ surgery) \_\_\_\_\_  
 \_\_\_ Spay / Neuter – *your female pet will receive a small tattoo at incision site to show that she has been sterilized.*  
 \_\_\_ EUF- (in-heat /pregnant) to be determined by veterinarian \_\_\_\_\_  
 \_\_\_ E-collar ( to go home with animal ) \$10  
 \_\_\_ If my animal is found to have an umbilical hernia, I authorize it to be repaired at time of surgery \_\_\_ Yes \_\_\_ No \$20  
 \_\_\_ If my animal is found to have retained baby teeth, I authorize the extractions at time of surgery \_\_\_ Yes \_\_\_ No  
 Teeth Pulled \_\_\_\_\_ @ \$10 Per Tooth \$ \_\_\_\_\_

**Parasite Control & Prevention**  
 \_\_\_ Flea Prevention (fleas and ticks) \$15 each Qty: \_\_\_\_\_ = \$ \_\_\_\_\_  
 \_\_\_ Heartworm Prev (cost weight based) \$ \_\_\_\_\_ Qty: \_\_\_\_\_ = \$ \_\_\_\_\_  
 (must be tested or provide proof of current test)  
 \_\_\_ Dewormer:  
 Roundworms (Dogs and Cats) \$10  
 Tapeworms, roundworms, hookworms ( Cats) \$ \_\_\_\_\_  
 Tapeworms (Dogs) (cost weight based) \$ \_\_\_\_\_  
 \_\_\_ Ear clean \$10 / Ear mite treatment \$20 \$ \_\_\_\_\_

**Vaccination and Identification**  
 \_\_\_ Rabies – (Dogs and Cats) \$12  
 \_\_\_ Dist/Hep/Parvo/ParaInfluenza \$12  
 \_\_\_ Bordetella – (Dogs) \$12  
 \_\_\_ FVRCP- (Cats) \$12  
 \_\_\_ Leukemia- (Cats) \$12  
 \_\_\_ All three vaccines \$30  
 \_\_\_ Ear Tip (Feral cats) \$5  
 \_\_\_ Microchipping \$25

**Labwork**  
 \_\_\_ Felv / FIV test (Cats) \$25  
 \_\_\_ HW Test (Dogs) \$20  
 \_\_\_ Fecal Exam – (Dogs and Cats) \$15

**Other Services Requested/Rec.:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I have been advised as to the nature of the procedure, the potential risks (including the risk of death), and at-home care. I also understand that no guarantee of successful treatment can be made. If my pet is in need of post surgical care, I will seek another veterinary hospital at my own expense.

I understand that I have to provide written proof of a current rabies vaccine or it will be given the day of surgery at the cost noted above. I understand that it takes up to two weeks for vaccinations to protect my animal.

**Signature of owner/agent:** \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE!!!! OFFICE USE ONLY!!!!**

Exam: Wt(lbs): \_\_\_\_\_ T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_  
 Pain: \_\_\_\_\_  
 Induction: \_\_\_\_\_  
 Procedure Description: \_\_\_\_\_  
 \_\_\_\_\_  
 Patient monitoring performed under anesthesia  
 RX: Carprofen: \_\_\_\_\_mg # \_\_\_\_\_ Sig: Give \_\_\_\_\_ PO SID x \_\_\_\_\_ d  
 Addtl Recommendations from Vet: \_\_\_\_\_

**RABIES Certificate**

Tag # \_\_\_\_\_ 1 yr 3 yr

Rabies Expires on: \_\_\_\_\_

Vaccine Serial (Lot) No. \_\_\_\_\_

Dr: \_\_\_\_\_

**Shannon Snoke, DVM License # 8644**