

**COMPLETE FORM IN
BLUE OR BLACK INK
LEGIBLY**



Animal ID #
(For Office Use Only)

SPAY/NEUTER

2002 West Superior Street
Duluth, MN 55806
T: (218)-623-6342
F: (218)-623-6719

E: medical@northlandspayneuter.org

Date of Surgery

Owner's First Name

Owner's Last Name

Feline Canine Male Female

Animal's Name

Animal's Breed

Animal's Age/D.O.B.

Animal's Color

Owner's Street Address

City

State

Zip Code

Emergency Phone Number

Alternate Phone Number

Email Address

Has the animal ever undergone a previous surgical procedure? Yes No If yes, please describe: _____

Does the animal have any previous or current medical/health conditions (include coughing, sneezing, vomiting, diarrhea and/or ingesting foreign objects)? Yes No If yes, please describe: _____

Has the animal been to a veterinarian within the last 30 days? Yes No If yes, what was the reason for the visit:

Routine Checkup Vaccines Injury Illness Other: _____

Is the animal currently taking any medications, including any flea and/or tick treatments (administered in the last 30 days) or received an injection(s), other than vaccines, in the past 30 days? Yes No If yes, please describe: _____

REQUESTED VACCINES/SERVICES

***VACCINATION MAY REQUIRE A BOOSTER AT AN ADDITIONAL COST*
(CONTINGENT ON ANIMAL'S PREVIOUS VACCINATION HISTORY)**

Canine

- ___ Rabies Vaccine (\$15)
- ___ Canine Distemper Combo Vaccine* (\$20)
- ___ Bordetella Vaccine (\$20)
- ___ Lyme Vaccine* (\$35)
- ___ Leptospirosis Vaccine* (\$25)
- ___ Microchip – Includes registration (\$25)
- ___ Canine Heartworm Test (\$30)
- ___ 4DX Test – Heartworm and Tick-Borne Diseases (\$45)
- ___ Additional E-Collar (Cone) (\$10)
- ___ Medical Pet Shirt Upgrade (\$30)
- ___ Anal Gland Expression (\$20)
- ___ Flea/Tick Prevention (Varies)
- ___ Umbilical Hernia Repair (\$25)
- ___ Pregnant (\$25)
- ___ Cryptorchid – Undescended Testicle (\$25/Testicle)
- ___ Dew Claw Removal – (Vet Approved ONLY) (\$175/pair)

Feline

- ___ Rabies Vaccine (\$15)
- ___ Feline Distemper Combo Vaccine* (\$20)
- ___ Feline Leukemia Vaccine* (\$30)
- ___ Microchip – Includes registration (\$25)
- ___ FIV/FelV/Heartworm Test (\$35)
- ___ Cat Carrier (\$6)
- ___ Soft Paws E-Collar (Cone) (\$15)
- ___ Additional Pain Medication (\$30)
- ___ Soft Paws (\$25)
- ___ Anal Gland Expression (\$20)
- ___ Flea/Tick Prevention (Varies)
- ___ Umbilical Hernia Repair (\$25)
- ___ Pregnant (\$25)
- ___ Cryptorchid – Undescended Testicle (\$25/Testicle)
- ___ Feral Package – Sterilization, Ear Tip & Rabies (\$50)
(LIVE TRAP & EAR TIP REQUIRED TO RECEIVE FERAL PRICING)
- ___ Declaw (Front Paw ONLY) (\$300)

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THE SURGICAL CONSENT/RELEASE AGREEMENT AND ANY ATTACHED AGREEMENTS

Signature

Date

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Proof of Rabies Vaccination – Expiration: _____