

**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](mailto: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 (\$50)
- \_\_\_ Pregnant (\$50)
- \_\_\_ Cryptorchid – Undescended Testicle (\$50/Testicle)
- \_\_\_ Dew Claw Removal – (Vet Approved ONLY) (\$175/pair)

**Feline**

- \_\_\_ Rabies Vaccine (\$15)
- \_\_\_ Feline Distemper Combo Vaccine\* (\$20)
- \_\_\_ Feline Leukemia Vaccine\* (\$30)
- (FELV/FIV/HEARTWORM TEST REQUIRED ON INITIAL VACCINATION)**
- \_\_\_ 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 (\$50)
- \_\_\_ Pregnant (\$50)
- \_\_\_ Cryptorchid – Undescended Testicle (\$50/Testicle)
- \_\_\_ Feral Package – Sterilization, Ear Tip & Rabies (\$50)  
(LIVE TRAP & EAR TIP REQUIRED TO RECEIVE FERAL PRICING)

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

For Office Use Only

Proof of Rabies Vaccination – Expiration: \_\_\_\_\_