

*Animal ID #*

*(For Office Use Only)*

2002 West Superior Street

Duluth, MN 55806

T: (218)-623-6342

F: (218)-623-6719

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E: medical@northlandspayneuter.org

Date of Surgery

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Feline Canine Male Female Owner’s First Name Owner’s Last Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Animal’s Name Animal’s Breed Animal’s Age/D.O.B. Animal’s Color

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**REQUESTED VACCINES/SERVICES**

**Canine**

\_\_\_ Rabies Vaccine ($10)

\_\_\_ Canine Distemper Combo Vaccine ($10)

\_\_\_ Bordetella Vaccine ($10)

\_\_\_ Lyme Vaccine ($25)

\_\_\_ Microchip – Includes registration ($20)

\_\_\_ Heartworm Test ($20)

\_\_\_4DX Test – Heartworm and Tick Borne Diseases ($40)

\_\_\_ E-Collar (Cone) ($10)

\_\_\_ Additional Pain Medication ($15)

\_\_\_ Ear Cytology ($15)

\_\_\_ Fecal ($15)

\_\_\_ Flea/Tick Prevention (Varies)

\_\_\_ Umbilical Hernia Repair ($15)

\_\_\_ Pregnant ($15)

\_\_\_ Cryptorchid – Undescended Testicle ($25/Testicle)

\_\_\_ Retained Teeth Extraction ($10/Tooth)

\_\_\_ Dew Claw Removal – (Vet Approved ONLY) ($175)

 \_\_\_ FRONT OR \_\_\_ REAR

**Feline**

\_\_\_ Rabies Vaccine ($10)

\_\_\_ Feline Distemper Combo Vaccine ($10)

\_\_\_ Feline Leukemia Vaccine ($25)

\_\_\_ Microchip – Includes registration ($20)

\_\_\_ FIV/FeLV Test ($30)

\_\_\_ Cat Carrier ($6)

\_\_\_ E-Collar (Cone) ($10)

\_\_\_ Additional Pain Medication ($20)

\_\_\_ Soft Paws ($20)

\_\_\_ Ear Cytology ($15)

\_\_\_ Ear Mite Check ($15)

\_\_\_ Fecal ($15)

\_\_\_ Flea/Tick Prevention (Varies)

\_\_\_ Umbilical Hernia Repair ($15)

\_\_\_ Pregnant ($15)

\_\_\_ Cryptorchid – Undescended Testicle ($25/Testicle)

\_\_\_ Feral Package – Sterilization, Ear Tip & Rabies ($40)

 (LIVE TRAP & EAR TIP REQUIRED TO RECEIVE FERAL PRICING)

\_\_\_ Declaw (Front Paw ONLY) ($225)

**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**

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**Signature Date**