

# OHIO SPCA & HUMANE SOCIETY

3606 Elida Rd. Lima, Ohio 45807 (419) 991-1775



## Pet Services and Medical Record

Date of pet's surgery/service \_\_\_/\_\_\_/\_\_\_

Owner Name \_\_\_\_\_ Pet's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone #(\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Pet's age or DOB \_\_\_\_\_ Breed \_\_\_\_\_ M/F \_\_\_\_\_ Color \_\_\_\_\_

### Surgery

\_\_\_ **Spay/Neuter**-your female pet may 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

\_\_\_ **Umbilical Hernia** If my animal is found to have an umbilical hernia,  
I authorize it to be repaired at time of surgery \_\_\_ Yes \_\_\_ No \$20

\_\_\_ **Baby Teeth** If my animal is found to have retained loose baby teeth,  
I authorize the extractions at time of surgery \_\_\_ Yes \_\_\_ No

Teeth Pulled \_\_\_\_\_ @\$5 per Tooth \$ \_\_\_\_\_

### Parasite Control & Prevention

\_\_\_ Flea Prevention (fleas and ticks) Qty: \_\_\_\_\_ \$15 each = \$ \_\_\_\_\_

\_\_\_ Heartworm (cost weight based) Qty: \_\_\_\_\_ \$ \_\_\_\_\_ each = \$ \_\_\_\_\_  
(must be tested or provide proof of current test)

\_\_\_ Dewormer: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_ Ear clean/Ear mite treatment \$5

### Vaccination and Identification

\_\_\_ Rabies (Dogs and Cats) \$12

\_\_\_ Dist/Hep/Parvo/Parainfluenza - (Dogs) \$12

\_\_\_ Bordetella - (Dogs) \$12

\_\_\_ FVRCP- (Cats) \$12

\_\_\_ **Both CAT vaccines** \$20

\_\_\_ **All three DOG vaccines** \$30

\_\_\_ Ear Tip (Feral cats) \$5

\_\_\_ Microchipping \$30

### Labwork / Test

\_\_\_ Felv/FIV test (cats) Result: \_\_\_\_\_ \$25

\_\_\_ Heartworm test (Dogs) Result: \_\_\_\_\_ \$20

\_\_\_ **Health Certificate** \$15

### Other Services Requested/Recommended

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

I understand that the Ohio SPCA and the Humane Society of Allen County (OSPCA/HSOAC) highly recommend the animal to be up to date on his/her vaccinations. If not, vaccinations are recommended and can be given today. The animal may not be protected for up to two (2) weeks after receiving vaccinations. Additional boosters may be required to ensure full protection. I understand that the OSPCA/HSOAC are not responsible for any diseases, illness, or viruses that my pet may contract or be exposed to while on the premises or in the care of the OSPCA/HSOAC.

I certify that the animal is in good health. If the animal is not in good health, I have fully disclosed such health conditions to the OSPCA/HSOAC.

I hereby release the Ohio SPCA and the Humane Society of Allen County, the veterinarians, assistants, and all of its/their officers, directors, employees, volunteers, and members of the staff from any and all claims arising out of or connected with the provisions of medical and surgical procedures and operations. I hereby acknowledge and agree that I have no legal claim or rights of compensation from any of the aforementioned entities or persons related to or in connection with the provision of the said medical and surgical procedures and operations; furthermore I will not file any legal action.

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. I understand that some factors increase the risks associated with medical and surgical procedures and operations including, but not limited to, pregnancy, felines in heat, and diseases including but not limited to FIV, Feline Leukemia, heartworms, and obesity. If my pet is in need of post surgical care, I will seek another veterinary hospital at my own expense.

### **I HERBY CERTIFY I HAVE READ AND UNDERSTOOD THE CONDITIONS ABOVE**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_  
(Owner or Designated Agent)

Print: \_\_\_\_\_ Number where you can be reached today: \_\_\_\_\_

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----- **For Clinic Use Only** -----

Pre-op exam:

Wt(lbs): \_\_\_\_\_ T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_

Pre Med:

Cats: Ketamine, Dexdomitor Dose: \_\_\_\_\_

Dogs: Dexdomiter Dose: \_\_\_\_\_

Other: \_\_\_\_\_

Induction:

Telazol \_\_\_\_\_ Propofol: \_\_\_\_\_

Other Procedure Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Invoice

Total Charges: \_\_\_\_\_ Date: \_\_\_\_\_

Paid:  Cash  Credit Card  Grant

Follow Up Comments: \_\_\_\_\_

Rabies Certificate

Defensor

K/MLV/R: Killed Virus

Lot number: \_\_\_\_\_

Vaccination Date: \_\_\_\_\_

Expiration : \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Dr. Sherri Recker DVM #10075

Dr. Kimberly Anderson DVM #11286

Additional Notes: \_\_\_\_\_

\_\_\_\_\_



**Admission Form**

**Please fill in all information as completely as possible to ensure optimal care for your pet.**

Owners Name: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Telephone number where you can be reached today: (\_\_\_\_) \_\_\_\_\_

How long have you owned this pet? \_\_\_\_\_

Where did you obtain this pet? \_\_\_\_\_

Has your pet displayed any of the following in the last 2 weeks: (check if yes)

Sneezing \_\_\_\_ Coughing \_\_\_\_ Vomiting \_\_\_\_ Diarrhea \_\_\_\_

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

Has your pet had any previous:

...Illness? No \_\_\_\_ Yes \_\_\_\_ explain \_\_\_\_\_

...Injuries? No \_\_\_\_ Yes \_\_\_\_ explain \_\_\_\_\_

...Surgery? No \_\_\_\_ Yes \_\_\_\_ explain \_\_\_\_\_

...Drug or vaccine reaction? No \_\_\_\_ Yes \_\_\_\_ explain \_\_\_\_\_

Is your pet on any long-term medications? No \_\_\_\_ Yes \_\_\_\_

If yes, list all \_\_\_\_\_

Has your pet been given any medications in the last month? No \_\_\_\_ Yes \_\_\_\_

If yes, list type and why it was given: \_\_\_\_\_

If your pet is female:

When was her last heat cycle? \_\_\_\_\_ Unsure

Has she had any litters? No \_\_\_\_ Yes \_\_\_\_ If yes, when was the last? \_\_\_\_\_

Is your pet pregnant? No \_\_\_\_ Yes \_\_\_\_ Possibly \_\_\_\_

Has your pet been treated or dipped for fleas/ticks in the last month? No \_\_\_\_ Yes \_\_\_\_

If yes, what product was used? \_\_\_\_\_

When was the last time your pet was:

Heartworm tested? \_\_\_\_\_ Not tested \_\_\_\_ Unsure if tested \_\_\_\_\_

Leukemia/FIV tested? (cats) \_\_\_\_\_ Not tested \_\_\_\_ Unsure if tested \_\_\_\_\_

Is your pet on monthly heartworm prevention? No \_\_\_\_ Yes \_\_\_\_

If yes, what type? Heartguard Interceptor/Sentinel Revolution Iverheart Trifexis

When did your pet last eat? \_\_\_\_\_

How did you hear about our Low-Cost Spy/Neuter Clinic? \_\_\_\_\_

Do you have a regular veterinarian? No \_\_\_\_ Yes \_\_\_\_ Name \_\_\_\_\_

Is your pet living: Inside, Outside, or Both (circle one)

## Additional costs that may apply:

- For Enlarged Uterus Fee (EUF) which can be result of a dog that is pregnant, in-heat, overweight, had multiple litters, or has mild infection - \$20
- pregnant cat \$10 dog \$15
- Pyometra – severe infection of uterus. Cost will be at the discretion of the veterinarian.
- \$15 fee if pet is found to be spayed or has reactions after sedation.
- If a female dog or cat is found to be already spayed during surgery, the regular surgery fee will apply.
- Other surgical procedures (additional fees may apply for IV fluids, anti-biotics, anesthesia time, pain medication, E-collar)
- \$20 Umbilical Hernia
- Cardboard Cat Carrier - \$5
- \$5 nail trim fee if animal's nails are overgrown.
- \$5 ear treatment fee if animal has ear mites.

All animals will be examined before surgery. If older age or health are a concern, we may not do surgery if we feel they are not a good surgical candidate.