



## CANINE SURGERY AUTHORIZATION and MEDICAL RECORD

Owner name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Dog's name: \_\_\_\_\_ Color: \_\_\_\_\_ Age or DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ M/F: \_\_\_\_

**Surgery:**

- Spay / Neuter
- Dental (please ask for estimate)

**Parasite Control:**

- Promeris (fleas and mange) \$11.00
- Broad spectrum Dewormer
  - Less than 15 lbs \$10.00
  - 15 to 30 lbs \$15.00
  - 30 to 60 lbs \$20.00
  - 60 to 100 lbs \$30.00
- Heartworm test \$15.00
- Fecal Examination \$13.00

**Vaccination and Identification:**

- Rabies \$7.00
- DHLPP \$10.00
- Bordetella \$10.00
- All three vaccines \$25.00
- Microchip \$15.00

**Heartworm Prevention (Interceptor):**

0-25 \$45/yr; 25-50 \$60/yr; 50-100 \$70/yr  
 \*please ask about individual dose price

**Labwork:**

- Junior Wellness Profile \$45.00
- Senior Wellness Profile \$90.00

**Additional Services requested or recommended:** \_\_\_\_\_

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, 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 may contact RASCAL Unit for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

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

***For Clinic Use Only***

Pre-op exam: Wt(lbs): \_\_\_\_\_ T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_

Pre Med: \_\_\_\_\_

Induction: \_\_\_\_\_

Procedure Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RABIES Certificate**

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

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

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

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

A. Michelle Gonzalez, DVM License 7891



**PATIENT CHECK-IN INFORMATION**

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

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

Telephone number where we can reach you today: (\_\_\_\_) \_\_\_\_\_

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

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? Yes No

If yes, explain: \_\_\_\_\_

Has your pet had any previous... (circle yes or no):

...Illness? Yes No If yes, please explain: \_\_\_\_\_

...Injuries? Yes No If yes, please explain: \_\_\_\_\_

...Surgery? Yes No If yes, please explain: \_\_\_\_\_

...Drug or vaccine reaction? Yes No If yes, please explain: \_\_\_\_\_

Is your pet on any long-term medications? If so, list all \_\_\_\_\_

Has your pet been given any medications in the last month? If so, list type and why it was given  
\_\_\_\_\_

If your pet is female:

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

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

Is your pet pregnant? (circle one) Yes No Could be

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

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

When was the last time your pet was:

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

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

Is your pet on monthly heartworm prevention? Yes No

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

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

How did you hear about RASCAL? \_\_\_\_\_

Do you have a regular veterinarian? Yes No