



CAPE FEAR
SPAY/NEUTER CLINIC
STERILIZE TO SAVE LIVES

For Staff Use Only		
Weight: _____	Cage #: _____	
Male / Female		
Collar : _____	Leash: _____	Harness: _____

Canine Admission Form

Date: _____

Your Last Name: _____ Your First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Telephone number where you can be reached today in case of emergency: (____) _____

Your Pet's Name: _____ Approximate Age or Date of Birth: _____

Your Pet's Sex: Male Female Breed: _____ Color: _____

Is your dog on heartworm prevention? YES NO If yes, brand: _____

Do you have a regular veterinarian? YES NO If yes, name _____

Is your pet microchipped? YES NO I DON'T KNOW

STERILIZATION AND VACCINATION REQUEST AND RELEASE

- I, acting as owner or agent of the pet named above, hereby request and authorize Cape Fear Spay/Neuter Clinic, through whomever veterinarians they may designate to perform an operation for sexual sterilization of the animal named on the above portion of this form.
- I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.
- I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery.
- I understand the inherent risks of failing to maintain current vaccinations and heartworm preventive and waive all claims arising out of or connected with the performance of this operation due to failure. I understand that it takes up to two weeks for vaccinations to protect my animal.
- I certify that my animal is in good health and has had no food since 12:00 AM the evening prior to surgery.
- I understand that Cape Fear Spay/Neuter Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk. I understand that Cape Fear Spay/Neuter Clinic may not perform a complete physical examination before surgery is performed.
- I understand that Cape Fear Spay/Neuter Clinic does not do pre-operative bloodwork or give fluids at the time of surgery.
- I understand that if I don't retrieve my pet at the agreed upon time that the Cape Fear Spay/Neuter Clinic will charge a late fee of \$50.00.
- I hereby release the Cape Fear Spay/Neuter Clinic, the veterinarians and assistants from any and all claims arising out of or connected with the performance of this procedure or any adverse reactions from any vaccination.
- I understand that my pet will be tattooed after surgery to indicate that they have been spayed or neutered.
- I understand that if my pet is found to be pregnant at the time of surgery, the pregnancy will be terminated.
- I understand that my pet will be scanned for a microchip. If one is found and an owner is located, I agree to relinquish that pet to the owner.
- I understand that Cape Fear Spay/Neuter Clinic is a flea-free establishment—if fleas are noted on my pet, I authorize staff to administer a Capstar tablet (24 hours of flea prevention) for \$6.00.**

Date: _____

Signature: _____

Have you been here before? YES NO

ADDITIONAL REQUESTED SERVICES

X Spay/ Neuter - Includes 3 days of pain medication.

Please initial beside each service you would like done for your pet today, sign and date at the bottom

_____ Rabies Vaccine - \$12.00 This vaccine is required by law

_____ DHP-P (Distemper/Parvo) Vaccine - \$17.00

_____ PIB (Kennel Cough) Vaccine - \$17.00

_____ Occult Heartworm Exam - \$30.00

_____ Microchip Insertion - \$25.00 (includes lifetime registration)

_____ Cryptorchid - \$50.00 - \$80.00 / Pregnant/ In heat - \$10.00 - \$30.00

_____ Fecal Exam - \$12.00 There will be an additional charge for wormer

_____ Flea Treatment - Capstar tablet given (lasts 24 hours) – \$5.00—\$6.00

_____ Umbilical Hernia Repair - \$25.00 - \$50.00

_____ Bravecto oral tablet (Kills fleas/ticks **for 3 months**) - \$59.25

_____ Iverhart (**Heartworm** Preventive) x _____ doses - \$5.00 - \$8.00

_____ Trifexis (**Heartworm and Flea** Preventive) x _____ doses - \$17.57 - \$19.63

_____ Milbehart ("**Interceptor**" **Heartworm** Preventive) _____ doses - \$5.50- 8.50

_____ Topical Flea Control (Crossblock II) x _____ doses - \$12.00- \$14.00

_____ Pill pockets (Tricky Treats) - Pack of 2 (\$0.50), Bag of 30 (\$7.50)

_____ Forti-Flora (probiotic powder/tablet) - 5 day supply. Recommended for dogs with a sensitive stomach - \$7.00

_____ Gastrointestinal diet (Purina EN) x _____ cans - \$3.75/can

****New Hanover County residents are required to pay \$10 county fee when a rabies vaccine is given or you will receive a \$100 citation from the county. Would you like to pay the fee today?*****
YES NO

Do you need sedative to take home for your dog's recovery period (10-14 days)?
YES NO

Would you like to purchase an E-collar ("Cone of Shame") for \$10 to prevent excessive licking post-op? _____

Do you approve for us to feature photos of your pet on our social media sites (Instagram and Facebook)?
YES NO

****** Females in heat, pregnant or obese will be charged an additional \$10.00 - \$30.00 ******

Your method of payment today: Cash M/C, Visa, Discover, AmEx Debit (**3% SERVICE FEE**) **NO CHECKS ACCEPTED**

Date: _____ Signature: _____

***** IMPORTANT *** Is your pet currently on any medications or has he/she been ill within the past few weeks? Has your pet had previous surgeries? If yes, please describe, also please WRITE DOWN any important medical history.**

**** Did you adopt your pet from a shelter? YES NO**
If yes, date of adoption: _____ Name of Shelter: _____

****All pets will be fed after surgery. Please let us know if your pet has a food allergy or eats a special diet. If you would like your dog to be fed, please bring that food with you. *****

We strongly recommend heartworm testing and prevention. If your dog has never been vaccinated, Distemper-Parvo and Rabies vaccines are recommended. Dogs under the age of 6 months should be boosted in 3 weeks with another Distemper-Parvo vaccine.