



Today's Date _____

1. Owner Information

Owner Name _____ Spouse _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Home or Cell (circle one)

Alternate Phone _____ Home or Cell (circle one)

E-mail Address _____ Owner's date of birth _____

How did you hear about us? Internet Previously a Client Yelp Rescue Organization
 Friend/Relative: Whom may we thank? _____

2. Pet Information

Name _____ Dog ___ Cat ___ Other ___

Age ___ DOB _____ Sex M ___ F ___ Spay/Neuter Y ___ N ___

Breed _____ Color _____ When did you acquire pet? _____

Did this pet come from Breeder ___ Pet Shop ___ Shelter ___ Friend ___ Other ___

Hospital name for vaccination history _____ Phone _____

Reason for today's visit _____

Do you have pet health insurance? Yes No

3. Payment Information

Preferred Payment Method Cash Credit Card

Payment is expected in full when services are rendered. We will gladly prepare a written estimate of service fees.

By signing below, I grant Priceless Pets permission to text information about my pet's veterinary care to my cell phone number on file. Initial to Decline _____

By signing below, I also grant Priceless Pets Vet Clinic permission to use my pet's picture and name on social media. Initial to Decline _____

I agree to indemnify and hold harmless from and against any and all liability arising out of the performance of any of the procedures for the visit today.

Signature of Pet Owner

Date

(there is a back!)

Veterinary Surgical Release Form

- Has your pet eaten/drunk since midnight last night? Yes No
Is your pet on Flea & Tick prevention? Yes No Would you like flea prevention? Yes No
Is your pet up to date on all vaccines? Yes No
Does your pet have any known medical issues? Yes No
Is your pet on any medications currently? Yes No

List All Medications: _____

If your pet is pregnant we will move forward with termination. Initial here: _____

If your pet is pregnant, there will be an additional fee or charge for termination.

I UNDERSTAND IF FLEAS ARE FOUND ON MY PET, I WILL BE REQUIRED TO PROVIDE FLEA PREVENTION

Dog: Vectra (\$20) Frontline Gold (\$25) Bravecto 3 months (\$61)

Initial to agree: _____ Cat: Revolution (\$21 - \$25) Bravecto 3 months (\$70)

*Ingested fleas can turn into tapeworm, would you like your pet to receive a deworming (Praziquantel) injection (Price varies on the weight of your pet: \$25 - \$65) YES, I would like a deworming injection. NO, I do not.

INCLUDED IN SURGERY:

- Pain Medication & Antibiotics *Helps your pet heal comfortably and without infection.* E-collar (cone post-surgery) to go home *Prevents your pet from injuring their incision site.*
 Microchip *Provides permanent identification.*

HIGHLY RECOMMENDED FOR SURGERY (BUT OPTIONAL TO KEEP COST LOW):

- Lab work (Wellness Panel) (\$100) *Screens kidney & liver enzymes verifying safe usage of anesthesia.*
 I.V. Catheter and Fluids (\$50) *Allows direct access to the bloodstream in the event of an emergency. Fluids help your pet recover comfortably and more efficiently.*

ADDITIONAL SERVICES WE PROVIDE:

- Dog Vaccines: Rabies (\$10) DAPPV (\$15) Bordetella (\$15) Influenza (\$26)
Cat Vaccines: Rabies (\$10) FVRCP (\$15) FELV (\$20)
Other: 4DX Test (\$40) *Detects heartworm disease or tick-borne diseases.*
 Feline Combo Test (\$40) *Detects feline leukemia FIV and immunodeficiency virus FELV.*
 Basic Fecal test (\$45) *Detects parasites such as hookworms or roundworms.*
Monthly care: Nail Trim (\$18) Ear Cleaning (\$20) Anal Gland Expression (\$20)
 Paw Spa Package (\$35) *Bundles nail trim, ear cleaning and anal glands. Saves \$23!*
*Please ask us about additional add on services

CONSENT:

I am the owner or the agent for the owner of the animal described above, and I have the authority to execute this consent. I hereby consent and authorize the doctors and staff at Priceless Pets Veterinary Clinic to perform the above noted procedures or operations. The nature of these operations or procedures has been explained to me, and I understand what will be done. I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures.

I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with the use of any medication. I understand that hospital support personnel will be used as deemed necessary by the veterinarian. I understand my pet will receive a 24-hour pain injection post-surgical procedure. I understand that if I am dropping off a feral cat to be fixed, there will not be any pain medications or antibiotics to go home.

I agree to indemnify and hold harmless from and against all liability arising out of the performance of any of the procedures referred to above.

Signature of Legal Owner or Guardian of Pet

Date

In the case that any life-threatening emergencies arise I do _____ or do not _____ give my permission to preform emergency lifesaving treatment. I grant my consent for this procedure. I agree to pay in full for services rendered at the time of pick up.

Signature of Legal Owner or Guardian of Pet

Date