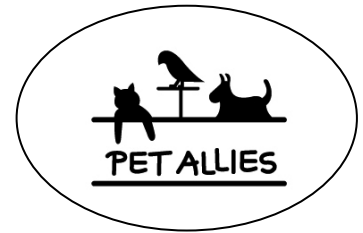


Clinic Use Only

Services: \$ _____

Paid : _____

Pet Allies Spay/Neuter Clinic
 4050 S. White Mountain Road
 Show Low, AZ 85901
 (928) 532-1602



Owner		Date:	Transport Person For Pet if not owner
Address			
City		State AZ	Zip
Phone () _____	Alternate		E-mail:
Cell () _____	Day Phone () _____		
Pet's Name		New Patient <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cat <input type="checkbox"/> Dog
Breed		Age: []w[]m[]y	Color
<input type="checkbox"/> Male	<input type="checkbox"/> Female	If female, has your pet had a litter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many litters? <input type="checkbox"/> 1 litter <input type="checkbox"/> 2 or more litters			
Has your pet had any previous serious illnesses or surgeries?		Seizures?	
Does your pet have any allergies to vaccinations or medications?			
Special diets or medications?		Ever had a Rabies vaccination?	

Canine/Dog			Feline/Cat		
	Spay (female)	Prepaid		Spay (female)	Prepaid
	Neuter (male)	Prepaid		Neuter (male)	Prepaid
	DHPP <input type="checkbox"/> Puppy/Juvenile <input type="checkbox"/> Annual	\$15		FVRCP <input type="checkbox"/> Kitten/Juvenile <input type="checkbox"/> Annual	\$15
	Rabies <input type="checkbox"/> 1 year <input type="checkbox"/> 3 year	\$10		Rabies <input type="checkbox"/> 1 year <input type="checkbox"/> 3 year	\$10
	Anal Gland Expression	\$10		Toe Nail Trim	\$5
	Pain Medication	\$5		Microchip ID	\$15
	Toe Nail Trim	\$5		Pain Medication	\$5
	Microchip ID	\$15		Ear Tip: Required for ALL Feral & Free Roaming Cats	N/C
	Bordetella (Kennel cough)	\$15		FELV/FIV Snap Test	\$25
	Proticall (for Ticks)	\$5-20		Otomite Plus (for earmites)	\$10
	Strongid (for Roundworm)	\$10		Frontline Plus (Flea/Tick)	\$12
	Droncit (for Tapeworm)	\$10-48		Strongid (for Roundworm)	\$10
	Dental Blood Work	\$90		Dental Blood Work	\$90
	Dental	\$175		Dental	\$175
	Canine License: Navajo County City of Show Low Pinetop/Lakeside Snowflake/Taylor	ASK		Other:	
	Other:				

I hereby authorize the veterinarian of Pet Allies Spay/Neuter Clinic to perform the above indicated procedure(s). I understand that there may be risks involved in these procedures. I further understand that no guarantee, expressed or implied, has been given as to result(s) of the operation(s), procedure(s) or treatment(s) and I hereby release Pet Allies Spay/Neuter Clinic, its employees, volunteers and the attending veterinarian(s) from all liabilities and responsibilities, due to possible complications beyond their control. I understand that my pet will NOT receive pre-operative blood work and have waived the option to have this service performed prior to surgery. To ensure the best possible protection of the cats, the policy of Pet Allies is to 'ear tip' all feral and free roaming cats as a means of identification that the animal is altered. For the health and safety of the pet, if a pet is pregnant, pregnancy will be terminated without prior notice. I understand that Pet Allies Spay/Neuter Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk. **Pet Allies Spay/Neuter Clinic does not provide 24 hour care.**

<p>X _____ Signature of Owner or Responsible Agent</p>	<p>_____ Date</p>
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Owner	Patient	Date	Crate Tag #:
Age	Cat/Dog		
Procedure(s)			
Weight	Temperature	Heart rate	Respiration rate

Exam

<input type="checkbox"/>	Within Normal Limits
<input type="checkbox"/>	Other

Notes:

Drugs Used

Used	Medication	ML	Route	Tech	Time
	Butorphanol 10 mg/ml		SQ		
	Acepromazine 10mg/ml				
	Glycopyrrolate 0.2mg/ml				
	Atropine 1/120 grain		SQ IM IV		
	Telazol 100mg/ml		IM IV		
	Dexdomitor 0.5 mg/ml		IM		
	Ketamine 100 mg/ml		IM		
	Butorphanol 10 mg/ml		IM		
	Antisedan 5 mg/ml		IM		
	Isoflurane		Inhalation		
	Twin Pen G		SQ		
	Lactated Ringers		SQ IV		
	Ivermectin 1%		Topical		
	Diazepam 5 mg/ ml		IM IV		
	Tramadol 50mg: Give ____ tabs BID-TID prn for pain.				
	Tramadol 25mg/ml: Give ____ ml BID-TID prn for pain.				
	Biomox drops: Give ____ ml BID x ____ days.				
	Biomox 2 ____ mg: Give 1cap BID x ____ days.				
	Cephalexin ____ mg: Give 1 cap BID x ____ days.				
	Clavamox drops: Give ____ ml BID x ____ days.				
	Clavamox ____ mg: Give 1 BID until gone.				
	Clindamycin drops: Give ____ ml BID x ____ days.				

Monitoring

Time					
Heart Rate					
Respiration					
Oxygen Saturation					
Tech.					

**Rabies Vx
Right Hip SQ
Tech:**

**Combo Vx
Left: Hip/Shoulder SQ
Tech:**

Ovariohysterectomy (Spay) Canine or Feline: Intubated and maintained on iso. Routine shave and prep. Ventral midline incision; removed both ovaries and uterus and ligated: Abdominal wall, SubQ., SC closure ____ Monocryl. Skin closed with Nexaband.

Orchiectomy (Neuter) Canine: Intubated and maintained on iso. Routine shave and prep. Prescrotal closed castration: cord ligated: SQ, SC ____ Monocryl. Skin closed with Nexaband.

Orchiectomy (Neuter) Feline: Routine shave and prep. Closed castration with cord ligated on itself.

Notes: _____

Recovery Log: [] Normal [] Unusual

Time off table: _____

Returned to cage: _____

Volunteer: _____

[] EAR TIP [] Toe Nail Trim
[] **Paid** Toe Nail Trim

Time	0	5	10	15	20	25
Lick Swallow						
Blink Response						
Respond						
Head Lift						
CRT						

Treated/Notes: _____

[] In Heat [] Pregnant [] Cryptorchid (Abd/SQ) [] Friable [] Fatty
 [] Hernia [] Pyometra [] Bloody [] Post Partum [] Laceration [] Lump
 [] Prev Altered [] Dew Claw(s) [] Retained teeth [] Under/Overweight
 [] Fleas/Ticks [] Ear Mites [] Worms [] Other: _____