

101 Spay-Neuter & Dental Clinic

CLIENT INFORMATION

Name:	Primary Phone:	
Address:	Emergency phone:	
City:	Zip Code:	Email:

PATIENT INFORMATION:

NAME:	CANINE []	FELINE []
MALE []	FEMALE []	
COLOR:	AGE :	
	BREED:	

1. HAS YOUR PET SHOWN ANY SIGNS OF ILLNESS? **VOMITTING** [] **DIARRHEA** [] **COUGHING** [] **SNEEZING** [] **CHANGE IN APPETITE** [] **ON ANY MEDS?** _____
2. HAS YOUR PET HAD ANY PREVIOUS REACTION TO VACCINATIONS, MEDICATIONS, OR ANESTHESIA? **YES** [] **NO** [] IF YES PLEASE DESCRIBE _____
3. IF PET IS PREGNANT DO YOU WISH TO CONTINUE WITH SURGERY? **YES** [] **NO** [] INITIALS _____
4. **Dental extractions** are necessary in some dental procedures. **Do you authorize extractions:**[] **YES** [] **NO**

SOAP		SURGERY			
WEIGHT:	TEMP:	PRE-MEDS:	AMOUNT	ROUTE	INITIALS
HR :	RR :				
	MM/CRT:				
NOTES:		ANESTHESIA:		TUBE SIZE:	
DR. INITIALS: _____		ISOFLORANE :		INITIALS:	
GA: N / AB	INT: N / AB	IV CATHETER SIZE:			
		FLUIDS TYPE: NACL [] LRS []			
MUSCULO : N / AB	CIRC: N / AB	T/P/R		initials:	
ABD: N / AB	GU: N / AB	T/P/R		initials:	
RESP: N / AB	EARS: N / AB	T/P/R		initials:	
EYES: N / AB	LYMPH: N / AB	T/P/R		initials:	
ORAL: N / AB	NEURAL: N / AB	RECOVERY T/P/R		AWAKE TIME:	
		TECH INITIALS:			

INJECTIONS:

MEDICATIONS:

I UNDERSTAND THAT THE STAFF AT 101 SPAY AND NEUTER CLINIC WILL TAKE REASONABLE PRECAUTIONS AGAINST INJURY, ESCAPE OR DEATH OF MY PET, BUT WILL NOT BE HELD RESPONSIBLE OR LIABLE IN ANY WAY IN CONNECTION HEREWITH AS IT IS THOROUGHLY UNDERSTOOD THAT I, THE OWNER/AUTHORIZED AGENT ASSUME ALL RISKS. I AM AWARE THAT 101 SPAY AND NEUTER CLINIC DOES NOT PROVIDE 24 HOUR CARE.

SIGNATURE OF AUTHORIZED PERSON

DATE

CIRCLE AUTHORIZED SERVICES

CAT NEUTER	\$ 33.00
CAT SPAY	\$ 50.00
DOG NEUTER <35 LBS.	\$ 65.00
DOG NEUTER 36-50 LBS.	\$ 88.00
DOG NEUTER 51-75 LBS.	\$ 92.00
DOG SPAY <35 LBS	\$ 70.00
DOG SPAY 36-50 LBS	\$ 75.00
DOG SPAY 51-75 LBS	\$ 112.00
PRE-ANESTHETIC PANEL	\$ 65.00
MICRO CHIP	\$ 38.00
FRONT DECLAW / MEDS	\$ 205.00
CRYPTORCHID CHARGE	\$ 30.00
OBESE CHARGE	\$ 20.00
IN HEAT CHARGE	\$ 15.00
PREGNANT CHARGE	\$ 25.00
AGGRESSIVE DOG CHARGE	\$ 15.00
EAR MITE TREATMENT	\$ 20.00
HEARTWORM TEST	\$ 35.00
FELINE HWT/FELV/FIV TEST	\$ 35.00
DEWORMING	\$ 10.00
FLOURIDE TX	\$ 8.00
CAT VACCINE PACKAGE	\$ 44.00
DOG VACCINE PACKAGE	\$ 44.00
RABIES ONLY	\$ 18.00
E-COLLAR	\$ 10.00
FECAL ANALYSIS	\$ 15.00
INJECTION PACKAGE	\$ 30.00
MEDICATION PACKAGE	\$ 30.00
DENTAL PROPHYLAXIS AND ANESTHESIA	\$150.00
TOE NAIL TRIM	\$ 7.00
TOTAL	\$

1625 North 87th street Scottsdale, AZ 85257 - phone: 480-945-3800

www.101spay.com

2017