

**SKIATOOK ANIMAL CLINIC, INC.**

Surgery Check- In

**Client Information**

Name (and spouse's name) : \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_ Color: \_\_\_\_\_ Breed: \_\_\_\_\_

[ ] Dog [ ] Cat [ ] Other: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Sex: [ ] Male [ ] Neutered Male [ ] Female [ ] Spayed Female

Weight: \_\_\_\_\_ Pre-existing Condition: \_\_\_\_\_

**Procedure**

- [ ] Neuter (male) [ ] Spay (female – **extra charge if in heat/pregnant**) [ ] Dental + Antibiotic Injection
- [ ] Declaw front (pain meds included) [ ] Declaw all four (pain meds included)
- [ ] Tumor Removal [ ] Biopsy/Pathology \$100 [ ] Dewclaw Removal (dogs only) [ ] Other \_\_\_\_\_

**Please check yes or no on the following options:**

**Pain medication** (cost based on weight) [ ] yes [ ] no

**Pre-op blood work:**

Chemistries \$50 [ ] yes [ ] no

Comprehensive \$80 [ ] yes [ ] no

**Heartworm test \$35** [ ] yes [ ] no

**Leuk/FIV test \$35** (cats only) [ ] yes [ ] no

**Update the vaccinations:**

Rabies \$10 [ ] yes [ ] no

DHLPP (Dogs) \$23 [ ] yes [ ] no

Kennel Cough (Dogs) \$15 [ ] yes [ ] no

FVRCP (Cats) \$25 [ ] yes [ ] no

**Clean and flush ears \$15** [ ] yes [ ] no

**Toe nail trim \$10** [ ] yes [ ] no

**Microchip \$45** [ ] yes [ ] no

**De-wormed:** (cost based on weight)

Oral tablet (dispensed) [ ] yes [ ] no

Topical (cats only) [ ] yes [ ] no

I, \_\_\_\_\_ authorize the Doctors and staff at Skiatook Animal Clinic to perform the above indicated services on my pet. In case of positive heartworm test or significantly abnormal blood values, surgery will be postponed until specific authorization is received. I understand there is always risk associated with anesthesia and surgery. I am the Owner or authorized agent of the pet presented for care. I agree to pay in full, the incurred charges for the above indicated services.

\_\_\_\_\_  
Owner or Authorized Agent Signature

\_\_\_\_\_  
Date