



Harmony Vet Care Surgery Canine Intake Form

Owner's First Name	Owner's Last Name	Emergency Phone (in case of complications)	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Animal's Name	<input type="checkbox"/> Dog <input type="checkbox"/> Cat	Contact Email	
<input type="text"/>		<input type="text"/>	
Animal's Age (Years)	Animal's Age (Months)	Animal's Breed	Animal's Color(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Has your animal been to a veterinarian within the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the reason for the visit?: <input type="checkbox"/> Regular checkup <input type="checkbox"/> Vaccines <input type="checkbox"/> Sick or injured			
Does your animal have any current medical conditions (including coughing, sneezing, vomiting, or diarrhea)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____			
Is your animal taking any medications, including any flea or tick treatments (given in the last thirty days), insulin, thyroid, or steroids? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____			

Harmony Vet Care uses qualified staff and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. **Please carefully read, and ensure you understand, all of the information on BOTH PAGES of this agreement and the other agreements attached hereto before signing your name:**

- I understand that the operation I have elected presents some hazards, and that injury to, post-operative infection in, or death of, the Animal may conceivably result, for there is some inherent risk in the procedure and in the use of anesthetics and drugs provided for the procedure, as well as in any vaccines used. I understand that general anesthesia will be administered to the Animal for surgery. I understand and accept these risks to the Animal.
- I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy, heat, and diseases such as feline immunodeficiency virus ("FIV"), feline leukemia virus ("FeLV"), and heartworms.
- I understand if the Animal is pregnant, the pregnancy will be terminated at surgery.
- THE ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.
- I certify that the Animal has not bitten anyone in the last ten (10) days.
- I understand that it takes up to two (2) weeks for vaccinations to protect the Animal and I [client must choose one of the following options]:
____certify that the Animal has been vaccinated within one (1) year prior to this date;
____waive my right to protect the Animal by having it vaccinated at least two weeks prior to surgery;
____request recommended vaccinations at the time of surgery, as selected below, with the knowledge that the Animal will still not be protected.
- I understand that a pre-surgery exam will be performed on the Animal when possible, but that there are times, in the attending veterinarian's sole discretion, when such an exam may only be performed after the Animal has already been sedated or anesthetized. I understand that the Animal will not receive pre-operative bloodwork at Harmony unless requested.
- In the event non-emergency medical conditions are noted by the veterinarian, I consent treatment be performed at the discretion of the veterinarian without contacting me up to but not exceeding \$_____. (Recommended pre-authorization value of \$50). Common non-emergency conditions include but is not limited to: umbilical hernia, retained baby teeth, skin infection, ear infection, conjunctivitis, diarrhea, parasites.
- I will provide recovery space that is clean, indoors, warm, and dry. I will provide proper post surgery monitoring and care for the Animal, including but not limited to, the care described in the Post-Operative Instructions. If I suspect the Animal has any post operative complications, I understand and accept that it is my responsibility to contact Harmony before obtaining any other veterinary care for my pet. If subsequent care is required as a result of individual pet problems- such as licking at stitches, pre-existing conditions, etc. – it will be at my expense.
- I understand that if the Animal is infested with fleas, Harmony may, in its sole discretion, administer a flea product (including but not limited to Capstar, which lasts 24 hours), to the Animal. I agree to pay the cost for this treatment when the Animal is picked up from Harmony
- I understand that if I do not pick up my pet before the specified pick-up time I will be charged for overnight boarding.
- I understand and agree that Harmony Vet Care shall not be liable to or held responsible by me in any matter whatsoever for, or in connection with, the procedure(s) to be performed on the Animal and/or any vaccinations to be given to the Animal, and I hereby hold the Released Parties harmless from and against any and all liability and damages that may arise. I will take full responsibility, financial and otherwise, if the Animal becomes ill, unless the illness is a post-operative complication caused directly by the surgery. I hereby agree to indemnify and hold the Released Parties harmless for any damages caused during the transportation of the Animal. The Released Parties shall not be held liable for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.
- I HEREBY WARRANT THAT I (A) AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND THE AGE OF MAJORITY IN THE STATE IN WHICH I RESIDE, (B) HAVE READ THIS AGREEMENT CAREFULLY PRIOR TO ITS EXECUTION, (C) FULLY UNDERSTND THE CONTENTS OF THIS AGREEMENT, (D) REALIZE THIS AGREEMENT IS AN ENFORCEABLE LEGAL DOCUMENT BETWEEN MYSELF AND AVSNC, AND (E) VOLUNARILY SIGN THIS AGREEMENT OF MY OWN FREE WILL.



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Requested Services (Dog)

Spay/Neuter and Other Services

Select	Done	Procedure	Cost	Select	Done	Procedure	Cost
		Spay 0-20 pounds	\$65			Rabies 1 yr	\$15
		Spay 20.1-50 pounds	\$85			Rabies 3 yr	\$15
		Spay 50.1-75 pounds	\$115			DAPP vaccine	\$15
		Spay 75.1 pounds +	\$125			Lepto vaccine	\$15
		Neuter 0-20 pounds	\$60			Flu vaccine	\$15
		Neuter 20.1-50 pounds	\$70			Bordetella vaccine	\$15
		Neuter 50.1-75 pounds	\$85				
		Neuter 75.1 pounds +	\$115			Deworm hooks/rounds	\$10
		Spays and Neuters under 7 months	\$60			Deworm tapeworms	\$25
						Ear Cytology	\$20
		Cryptorchid	\$25-\$75			Fecal exam	\$15
		Hernia repair	\$50			Express anal glands	\$10
		IV Catheter	\$10			Nail Trim	\$10
		Pre-anesthetic bloodwork	\$35				
		Remove baby tooth	\$7+			Capstar	\$5
						Bravecto (3 month flea/tick pill)	\$45
		Take home pain meds	\$15			Simperica (1 month flea/tick pill)	\$ 15
		Microchip	\$20			Iverhart Max (1 month Heartworm pill)	\$ 8
		Heartworm test	\$20			Trifexis (1 month flea/heartworm pill)	\$18
		E-collar	\$10				
		Antibiotics if needed	Up to \$25				
		Other:					

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS IN THIS AGREEMENT AND THE ATTACHED AGREEMENTS.

I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE _____

DATE _____

INITIAL (when picking up) _____