



Surgery Date ____/____/____

CANINE SURGERY AUTHORIZATION and MEDICAL RECORD

Owner name: _____ Date: ____/____/____

Address: _____

City: _____ State: ____ Zip: _____ County: _____

Phone #: (____) _____ E-mail: _____

Dog's name: _____ Color: _____ DOB/Age: _____ Breed: _____ M/F: ____

Surgery:

____ Spay / Neuter
____ Dental (Average \$150-\$200) \$ _____
____ Other: _____ \$ _____

Parasite Control:

____ Broad spectrum Dewormer*
____ Heartworm Prevention*
____ Flea/Tick Control*

* Price, type of product and availability varies.
Please ask what is available at clinic for current information.

____ Buster Collar (E-Collar) \$10

Organization Admin fee: \$5 (included in surgery cost)

Vaccination and Identification:

____ Rabies \$10.00
____ DHLPP \$16.00
____ Bordetella \$15.00
____ Lyme Vaccine \$33.00
____ Influenza Vaccine \$42.00
____ Microchip \$30.00

Labwork:

____ Junior Wellness Profile \$55.00 (sent to lab)
____ Senior Wellness Profile \$115.00 (sent to lab)
____ Heartworm/Lyme/Anaplasma/Ehrlichia \$30.00
____ Fecal Examination \$20.00 - \$35.00

____ Pre-Anesthesia Bloodwork \$55

Additional Services requested or recommended: _____

I, the undersigned, certify that I am the owner, or authorized agent, of the animal described above. I authorize the doctor on duty and assistants to perform the procedures listed above, including the administration of pain relief medications, sedatives and anesthetics. I understand that, although rare, there are risks with any medical treatment, surgical and anesthetic procedure including infection and death. I also understand that no guarantee of successful treatment can be made. If my dog is in need of post surgical care, I may contact the Rascal Animal Hospital in Dublin for a no-charge recheck at their location (fees for medications or procedures may apply) or seek another veterinary hospital at my own expense.

Signature of owner/agent: _____

For Clinic Use Only (do not write below this line)

Pre-op exam: Wt(lbs): _____

Pre Med: _____

Induction: _____

Procedure Description: _____



Surgery Date ___ / ___ / ___

PATIENT CHECK-IN INFORMATION

**Please fill in all information as completely as possible to allow optimal care for your dog.
This form must be filled on the surgery day, not before**

Owners Name: _____ Patient's Name: _____

Telephone number where we can reach you today: (____) _____

How long have you owned this dog? _____

Where did you obtain this dog? _____

Is your dog (circle one): Indoor only Outdoor Only Indoor/Outdoor

Has your dog displayed any of the following in the last 2 weeks: (check if yes)

Sneezing _____ Coughing _____ Vomiting _____ Diarrhea _____

Has your dog ever had a seizure? Yes No

If yes, explain: _____

Has your dog had any previous... (circle yes or no):

...Illness? Yes No If yes, please explain: _____

...Injuries? Yes No If yes, please explain: _____

...Surgery? Yes No If yes, please explain: _____

...Drug or vaccine **reaction**? Yes No If yes, please explain: _____

Is your dog on any long-term medications? If so, list all _____

Has your dog been given any medications in the last month? If so, list type and why it was given

IF your dog is female:

When was her last heat cycle? _____ Unsure

Has she had any litters? If so, when was the last time? Yes _____ No

Is your dog pregnant? (circle one) Yes No Could be

Has your dog been treated or dipped for fleas/ticks in the last month? Yes No

If yes, what product was used? _____

When was the last time your dog was Heartworm tested? _____ Not tested Unsure if has been

Is your dog on monthly heartworm prevention? Yes No

If yes, what type? Heartguard Interceptor/Sentinel Revolution Trifexis Other: _____

When did your dog last eat? _____

How did you hear about RASCAL? _____

Do you have a regular veterinarian? Yes No