

York County SPCA Spay/Neuter Clinic Intake Form

Date: _____



Time of last meal: _____

If your pet is aggressive as deemed by the veterinary staff there may be an additional charge. Also, if your pet is overweight (which will require more time and anesthesia), there may be an additional fee at pickup. If your pet has fleas, a capstar will be given to them during their stay to prevent spread to other patients and our facility (cost of \$10).

PLEASE INITIAL HERE TO ACKNOWLEDGE: _____

MEDICAL HISTORY

- | Yes | No | | Yes | No | |
|--------------------------|--------------------------|--------------------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | History of seizures | <input type="checkbox"/> | <input type="checkbox"/> | Fleas |
| <input type="checkbox"/> | <input type="checkbox"/> | Heart condition/Exercise intolerance | <input type="checkbox"/> | <input type="checkbox"/> | Coughing/sneezing |
| <input type="checkbox"/> | <input type="checkbox"/> | Trouble with circulation | <input type="checkbox"/> | <input type="checkbox"/> | Vomiting/diarrhea |
| <input type="checkbox"/> | <input type="checkbox"/> | Bleeding Disorder | <input type="checkbox"/> | <input type="checkbox"/> | Problems with eating and drinking |
| <input type="checkbox"/> | <input type="checkbox"/> | Liver/Kidney Disease | <input type="checkbox"/> | <input type="checkbox"/> | Problems with urinating and defecating |
| <input type="checkbox"/> | <input type="checkbox"/> | Ear infection/Skin infection | <input type="checkbox"/> | <input type="checkbox"/> | Problems with anesthesia in the past |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to medication/other | <input type="checkbox"/> | <input type="checkbox"/> | Any medical Concerns? |

If Yes, please explain: _____

Previous Surgeries: _____

List any current or recent medications: _____

What is the approximate date of your pets last Rabies and Distemper Vaccine? _____

If Female, has she gone into heat yet? _____ If yes, date of end of last heat and was cycle normal?: _____
If currently in heat (or within the past 6 weeks), there will be an additional charge of \$25 for dogs.

If Female, is there any possibility of pregnancy? _____
If pregnant, there will be an additional charge of \$40 for a feline and \$60 for canine.

If Male, are both testicles descended? _____ *If not, there will be an additional charge of \$25 for a feline and charge ranging from \$45 - \$55 for a canine depending on size.*

Feline Only: Indoor or Outdoor or Both Date of last FeLV/FIV test: _____

Your pet's primary care veterinarian: _____

ADDITIONAL POTENTIAL PROCEDURES

Umbilical Hernia Repair: If the doctor finds an umbilical hernia that they feel should be corrected, please initial ONE:
 _____ OK with repair [*\$24 (females) \$42 (males)*] _____ Please call first

Scrotal Ablation (Dogs Only): If your dog's scrotum is very loose, the doctor may recommend a procedure called a scrotal ablation to remove this excess tissue. This procedure is ONLY performed at the doctor's discretion. Please initial ONE:
 _____ OK with ablation [*\$44*] _____ Please call first

If we cannot reach you by phone the procedures will not be performed

ADDITIONAL SERVICES REQUESTED

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Microchip \$31.50 + tax	<input type="checkbox"/>	<input type="checkbox"/>	Injection of Droncit (a dewormer to treat tapeworms only) \$8 - \$15
<input type="checkbox"/>	<input type="checkbox"/>	Canine Lifetime License \$31.50	<input type="checkbox"/>	<input type="checkbox"/>	Feline Revolution (flea, ear mite, and general dewormer) \$16 - \$18 [one dose, given in house only]
<input type="checkbox"/>	<input type="checkbox"/>	Rabies \$15	<input type="checkbox"/>	<input type="checkbox"/>	6 months of canine Iverhart Max chews (heartworm medicine) \$24 - \$35 + tax based on weight. The doctor may recommend a single dose for puppies
<input type="checkbox"/>	<input type="checkbox"/>	Feline or Canine Distemper \$20	<input type="checkbox"/>	<input type="checkbox"/>	NOTE: HEARTWORM TEST REQUIRED FOR PURCHASE
<input type="checkbox"/>	<input type="checkbox"/>	Feline FeLV/FIV/Heartworm Test* \$18	<input type="checkbox"/>	<input type="checkbox"/>	6 months of feline Catego (flea and tick prevention) \$72.00 + tax
<input type="checkbox"/>	<input type="checkbox"/>	Canine Heartworm, Lyme, Anaplasma and Ehrlichia Test* \$18	<input type="checkbox"/>	<input type="checkbox"/>	6 months of canine Vectra (flea and tick prevention) \$93.62 - \$112.30 + tax based on weight
<input type="checkbox"/>	<input type="checkbox"/>	FOR PETS GETTING BLOODWORK ONLY:			
<input type="checkbox"/>	<input type="checkbox"/>	Is it ok to give sedation to draw blood if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	1 dose of canine Vectra (flea and tick prevention) \$15.60 - \$18.78 + tax based on weight	<input type="checkbox"/>	<input type="checkbox"/>	

Client Signature/Date: _____

Technician Signature/Date: _____

IN HOUSE USE ONLY:

Additional medical notes from intake: _____

