



Simply Spay and Neuter of OC at Lake Forest Animal Clinic

Client Information

__ Dr __ Mr

__ Mrs __ Ms

Last Name: _____ First: _____ Partner/Spouse: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work #: _____ Occupation/Title: _____

Email: _____

Phone Number: _____ Email: _____

Have you had other pets treated here previously? YES NO **Personal Referral Name:** _____

How did you hear of our office?

Google Clinic Sign Animal Shelter Facebook Instagram Yelp Other: _____

I understand that professional fees are to be paid at the time services are rendered and that deposits are required on all hospitalized and surgical patients. Cash, Check, Visa, MasterCard, Discover and CareCredit are accepted for your convenience. There will be a \$25.00 service charge imposed for all returned checks.

I AGREE AND CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Owner's Signature

Date

AUTHORIZATION TO DISCLOSE

By signing below, I authorize **Lake Forest Animal Clinic** to disclose my contact information, including but not limited to, my name and address, and information about my pet, including its name, breed, size, color, and other identifying markers to third parties for the purpose of providing vaccine reminders, releasing medical records to requesting veterinarians, providing appointment reminders, issuing product recalls, providing wellness or other veterinary health care information or other special veterinary information that may be of interest to pet owners.

This Authorization to Disclose is intended as my written authorization pursuant to California Business and Professions Code section 4857 is limited to the items listed above and does not authorize disclosure of my pet(s)' medical records beyond what is specifically authorized pursuant to section 4857.

Signature: _____ **Date:** _____

FOR OFFICE USE
ONLY:

Date _____

Int _____

*****Please *initial* the following release:**

Pet Photos and videos – I agree to allow Lake Forest Animal Clinic to use photos and video taken at their Facility to be shown on social media platforms such as Lake Forest Animal Clinic website, Instagram, Facebook and YouTube.

YES _____ **NO** _____

Patient Name(s): _____ Client Name: _____

PATIENT INFORMATION

Pet's Name _____ Pet's Birthday (age) _____

Dog Cat Male Female

Breed _____

Color/Markings _____

Vaccination History (dates given, please bring vaccination paperwork)

Dogs: DHPP _____ Cats: FVRCP _____

Bordetella _____ FeLV _____

Rabies _____ Rabies _____

Medical History

IF YOUR PET HAS BEEN COUGHING, SNEEZING, VOMITING, OR HAS HAD DIARRHEA, PLEASE CONTACT THE OFFICE PRIOR TO YOUR APPOINTMENT. (949)837-7660

Any known allergies to medications, vaccinations, or other? No Yes please list: _____

Prior or current medical conditions that we should be aware of? No Yes

If yes, please explain & attach copy of medical records: _____

Previous Veterinarian name/hospital/phone number: _____

Is your pet currently on Flea Control? Yes No

If yes, Please list name and date applied/given: _____

Is your pet currently on any medications? Yes No If yes, Please list below.

Current/Past Medications:

Drug:	Start/End Date:	Purpose:
Drug:	Start/End Date:	Purpose:

For Females Only

Last known heat (date) _____

Has not had first cycle

Past pregnancies? No Yes

Currently pregnant (possibly)? No Yes

Would you like us to continue with Surgery if pregnant? No Yes

For Males Only

Cryptorchid- One or both testicles is/are not present in scrotum*

*Exam required before surgery. Surgery will need to be scheduled on a different day.

Both Testicles present

Client Name _____ Pet's Name _____ Date _____

Anesthetic Procedure /Surgery Release

I, the undersigned, certify that I am the owner, or authorized agent for owner, of the animal described above. I authorize the doctor and assistants on duty to perform the procedures as indicated below, to administer pain relief medications, sedatives and/or required anesthesia. I also acknowledge that inherent risks exist with surgery and/or anesthesia and unforeseen conditions may arise and thus, am willing to assume these risks and authorize any appropriate medical, diagnostic, or emergency treatments deemed necessary, in the veterinarian's professional opinion, during the course of my pet's procedure until further communication with me. I have been explained, to my satisfaction, the nature of the potential risks associated with the procedures and furthermore, I understand that there are no guarantees, either expressed or implied, that the procedures authorized will be without complication and/or have a specific result or outcome.

My signature below constitutes acknowledgement that (i) I have read and agree to the above, (ii) I have had the chance to ask questions, (iii) I have all of the information that I desire in order to authorize the requested procedures listed on the client information form and (iv) I understand that I am financially responsible for all charges for authorized procedures, (v) I understand that Simply Spay and Neuter of OC reserves the right to deny any surgical procedure given health issues we consider a surgical risk.

Signature: _____ (please sign during check-in) Date: _____

Pre-Anesthetic Blood Testing

All patients at Simply Spay and Neuter of Orange County will be given a full physical exam prior to their procedure. In addition, we highly recommend performing pre-anesthetic blood tests that will serve as additional information to help evaluate the overall health of your pet. These tests help with the early detection of underlying medical problems and evaluate liver and kidney functions, the main organ systems involved with processing the anesthetics used during surgery.

I have, to my satisfaction, been given the information I need to understand the importance of having pre-anesthetic blood testing performed and that this information can help in reducing the risk factors associated with the anesthetic procedure that may go undetected during the physical exam.

- I understand the above and choose to have the pre-anesthetic blood work performed for my pet. I have indicated the tests that I wish to have done on the client/patient information sheet. **Initials** _____
- I understand the above and I choose to decline the pre-anesthetic blood work at this time. **Initials** _____

Post-Operative Care and E-Collar Information/Waiver

- We highly recommend purchasing and placing an E-Collar on your pet until his/her incision is fully healed. We understand that constant supervision of your pet during recovery at home can be difficult. Therefore, the use of an E-collar, while not a guarantee against post-operative complications, may help prevent self-trauma (licking and chewing at their own incisions), a significant source of problems associated with the incision.
 - The E-collar is to be used in addition to exercise restriction and monitoring of the incision during recovery to help reduce post-operative complications (excessive swelling, redness, infection and, rarely, but far worse, a breakdown of the incision(dehiscence) which, especially in females, can be a life-threatening emergency).
 - The length of time your pet will need to wear the E-collar depends upon the procedure and individual characteristics of your pet and is noted on the discharge instructions pertaining to your procedure.
- Yes, I would like to purchase an E-Collar (\$12). **Initials** _____
- No, I decline the E-collar at this time. **Initials** _____

Time/day your pet last ate? _____

Has your pet had medications within the last 3 days? No Yes If yes, please list _____

Client's Name (Last, First) _____ Pet's Name: _____ Age _____

Today's Procedure:

Dog Spay* (female) (0-19lbs \$180; 20-49lbs \$235; 50-69lbs \$260; 70-85lbs \$335; 86+lbs* \$410) *\$5 per pound over 86 lbs

Dog Neuter (male) (0-19lbs \$145; 20-49lbs \$175; 50-99 \$220; 100+lbs* \$245) * \$4 per pound over 100 lbs

Cat Spay* (female) \$135 Cat Neuter (male) \$85

Pre-surgical Examination \$ 35 _____ (initials)

Please note there are additional fees for uterine enlargement, pregnant or significantly overweight (females)

I acknowledge that it is to the doctor's discretion whether or not to perform surgery when my dog is in heat. _____ (initials)

I acknowledge that if determined by the professional opinion of the doctor that the patient meets the above criteria, the following additional charges will apply: Dogs \$60, Cats \$50 _____ (initials)

Additional Procedures and Services:

(prices valid only when performed with the spay or neuter procedure)

Umbilical Hernia:

Dog: \$150

Cat \$125

Dog Dewclaw Removal

non-attached ONLY \$110/ea

Cat De-Claw (4 months and younger/front only):

\$370 (Includes overnight hospitalization. Antibiotics, pain medication, NSAIDs NOT INCLUDED; price is in addition to spay or neuter procedure)

Pre-Anesthetic Blood Testing:

Mini Health Screen

\$85

Basic General Health Screen

\$100

Comprehensive Health Profile

\$125

Miscellaneous:

FeLV/FIV Testing (cats)

\$50

Fecal Testing

\$45

Heartworm Test

\$40

Nail Trim

\$12

Capstar Flea Control

\$8 (oral, one-time treatment)

Anal Gland Expression

\$25

Microchip

\$63 (incl chip id and placement)

E-Collar

\$12

Deciduous Tooth Extraction

\$40/tooth

De-Worming:

up to 24lbs \$42

25-49lbs \$50

50+lbs \$50

Vaccinations:

Dogs: DHP \$14.50

Parvo \$14.50

Rabies \$16

Bordetella (kennel cough) \$19

Cats: FVRCP \$22

FeLV \$26

Rabies \$16

***Please note that if fleas are seen on your pet, a Capstar (one time treatment) will be administered (\$8) _____ (initials)

Please list phone number that you can be reached at today: _____