



Lake Forest Animal Clinic

Simply Spay and Neuter of OC

Client Information

Last Name: _____ First: _____

Partner/Spouse: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Partner/Spouse #: _____

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.

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

Owner's Signature _____ **Date** _____

*****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 INFORMATION

Client Last Name _____

Pet's Name _____ Birthdate (age) _____

Dog Cat Male Female

Breed _____ Color/Markings _____

Vaccination History (dates given, please bring vaccine paperwork)

Dogs

Cats

DAPP _____

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? Yes No Please List: _____

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

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 _____ Date given _____

Is your pet currently on any medications? Yes No If yes, Please list: _____

For Females Only

Last known heat (date) _____

Currently pregnant (possibly)? Yes No

Past pregnancies? Yes No

Would you like us to continue with Surgery if pregnant?

Yes No

For Males Only

Both testicals present Yes No

If Cryptorchid - One or both testicles is/are not present in scrotum. Surgery will need to be scheduled on a different day .

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? Yes No

If yes, please list _____

Client's Last Name _____ Pet's Name _____ Age _____

Today's Procedure:

Dog Spay* (female) 0-19lbs \$210 20-49lbs \$268 50-69lbs \$295 70-85lbs \$375 86+lbs* \$455
(*\$5 per pound over 86 lbs)

Dog Neuter (male) 0-19lbs \$165 20-49lbs \$195 50-99 \$240 100+lbs* \$265
(*\$4 per pound over 100 lbs)

Cat Spay* (female) \$165 **Cat Neuter (male)** \$115

Pre-Surgical Exam \$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)**

If pet is pregnant an additional charge will be applied: Dogs \$120, Cats \$100 _____ **(initials)**

Additional Procedures and Services:

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

Pre-Anesthetic Blood Testing:

Mini Health Screening \$95 Basic General Health Screen \$125 Comprehensive Profile Health Screen \$150

Umbilical Hernia: Dog \$180 Cat \$165

Microchip \$69 **Nail Trim** \$13.50

E-Collar \$12 **Anal Gland Expression** \$35

Vaccinations:

Dogs: DAP \$14.50 Parvo \$14.50 Bordetella \$19 Rabies \$17

Cats: FVRCP \$22 Felv \$26 Rabies \$17

Please note that if fleas are seen on your pet, a Capstar (one-time treatment) will be administered (\$10) _____ (Initials)

Please list phone number(s) that you can be reached at today:

Name: _____ **Number:** _____

Name: _____ Number: _____