



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 rendered.

Cash, Visa, MasterCard, Discover, American Express 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

Pet's Name _____ Birthdate (age) _____ Breed _____

Dog Cat Male Female Color/Markings _____

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, or vaccinations? 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: _____

Pre-Surgical Exam \$35 _____ **(Initials)**

For Females Only

Last known heat (date) _____ Currently pregnant (possibly)? Yes No

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

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

The following additional charges will apply: Dogs \$60, Cats \$50

For Males Only Both testicals present Yes No

If we are 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 on duty to perform the procedures as indicated below, to administer pain relief medications, sedatives and/or required anesthesia. I 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 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.

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

Prices for Pre-anesthetic Blood work:

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

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; this may help prevent self-trauma licking and chewing at their own incisions.

Yes, I would like to purchase an E-Collar (\$12). Initials _____ No, I decline the E-collar at this time. Initials _____

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 lbs over 100 lbs)

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

Additional Procedures and Services (prices valid only when performed with the spay or neuter procedure)

Umbilical Hernia: Dog \$180 Cat \$165 Microchip \$69 Nail Trim \$13.50 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: _____