

ANIMALS UNLIMITED
640 MT ZION RD
JACKSON, OHIO 45640

OWNER NAME _____
PATIENTNAME _____ ADDRESS _____
BREED _____
SEX _____ AGE _____
PHONE _____ CELL _____ COLOR _____ WEIGHT _____
REASON FOR VISIT _____
EMAIL ADDRESS _____

IF FEMALE TO BE SPAYED, IS IT OKAY TO DO SURGERY IF ANIMAL IS IN HEAT OR PREGNANT? YES/NO \$30.00 add charge if not marked surgery will be done
WOULD YOU LIKE LASER PAIN THERAPY AFTER SURGERY FOR YOUR PET? Y ___ N ___
WOULD YOU LIKE TO HAVE YOUR PET WORMED ? ___YES ___NO

WOULD YOU LIKE PAIN MEDICATION FOR YOUR ANIMAL AFTER SURGERY ?
___YES___NO

WE ALSO RECOMMEND THAT YOU HAVE YOUR PET MICROCHIPPED WHILE SEDATED. THE COST OF THE MICROCHIP IS \$50.00. WOULD YOU LIKE TO HAVE THIS PROCEDURE DONE? ___YES___NO

VACCINATIONS

RABIES 1Y/3Y

DATE GIVEN / / BY DR.
NEEDS RABIES YES/NO

DHLPCY

DATE GIVEN / / BY DR
NEEDS DHLPCY YES/NO

BORDETELLA

DATE GIVEN / / BY DR.
NEEDS BORD YES/NO

FVRCPY

DATE GIVEN / / BY DR
NEEDS FVRPC YES/NO

VACCINATIONS
ARE REQUIRED WITH
ALL SURGERIES
AND MUST BE
GIVEN BY A VET WITH
IN THE LAST YEAR

I HEREBY AUTHORIZE AND DIRECT ANIMALS UNLIMITED TO PERFORM THE PROCEDURE(S) NOTED ABOVE AND TO ADMINISTER ANESTHETICS OR OTHER DRUGS AS DEEMED ADVISABLE FOR MY PET. I UNDERSTAND THE NATURE OF THE PROCEDURES AND THE REALTIVE RISKS INVOLVED, I AUTHORIZE ANIMALS UNLIMITED TO PROVIDE ANY APPROPRIATE CARE SHOULD AN UNEXPECTED COMPLICATION ARISE.

SIGNATURE OF OWNER _____ DATE _____
PHONE NUMBER WHERE YOU CAN BE REACHED _____

OTHER RECOMMENDED TREATMENTS

DOG
LYME VACCINE _____ \$22.00
HEARTWORM TESTING _____ \$38.00

CAT
FELV/FIV TESTING _____ \$38.00
LEUK/FIV VACCINE _____ \$26.00

PLEASE INITIAL THAT WE HAVE GONE OVER THE TOTAL COST OF YOUR SURGERY WITH YOU TODAY. OWNER _____ RECEPTIONIST _____