

**No More Chasin' Tails Spay/Neuter Clinic  
Admission Form**

Date: \_\_\_\_\_ Please fill out one form for each animal-DO NOT USE THIS FORM FOR FERALS

Owner/Agent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone number where we can reach you today: \_\_\_\_\_

Pet's Name \_\_\_\_\_ Species: Dog Cat Sex: Male Female Not Sure

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

How long have you owned your pet: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

**Pet History – Please answer to the best of your knowledge.**

Yes No Have you noticed any vomiting, coughing or diarrhea? Explain: \_\_\_\_\_

Yes No Has your pet ever had a seizure? Explain: \_\_\_\_\_

Yes No Has your pet been diagnosed with a heart murmur? Explain: \_\_\_\_\_

Yes No Has your pet been treated elsewhere for **any** illness or injury in the past 14 days?  
If yes, please explain: \_\_\_\_\_

Yes No Any chance your pet is pregnant, in heat or already spayed/neutered? Specify \_\_\_\_\_

Yes No Does your pet have **any** health issues or prior surgeries?  
If yes, please explain: \_\_\_\_\_

Yes No To your knowledge, is your pet allergic to **any** drugs?  
If yes, please explain: \_\_\_\_\_

Yes No Is your pet currently on any medication **including** heartworm and flea prevention?  
If yes, please list: \_\_\_\_\_  
When was the last time the medication was given? \_\_\_\_\_

Yes No Did your pet eat this morning? If yes, what time? \_\_\_\_\_

Yes No I have proof of a current rabies vaccination (certificate only-no tags).

If fostering this pet through a rescue please list rescue name: \_\_\_\_\_

**ALL PETS RECEIVE PAIN MEDICATION WHICH IS INCLUDED IN THE SURGERY COST**

**Pre-Surgical Bloodwork**- Checks kidney/liver functions and screens for anemia and dehydration. Recommended for all patients to help ensure that your pet is a low-risk candidate for anesthesia complications.

**Requested Vaccines and Services**

**Pre-Surgical Bloodwork**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> DHPP-Dogs/FVRCP-Cats Vaccine \$15 | <input type="checkbox"/> Umbilical Hernia Repair \$35             | <input type="checkbox"/> Comprehensive Profile \$50        |
| <input type="checkbox"/> Rabies Vaccine \$15               | <input type="checkbox"/> Remove Baby Teeth \$10 each              | <input type="checkbox"/> Comp. Profile/Heartworm Test \$75 |
| <input type="checkbox"/> Microchip \$25                    | <input type="checkbox"/> Revolution Flea Control ( <b>cats</b> ): | Required for pets <50lbs & 5-7yrs old                      |
| <input type="checkbox"/> E-Collar (Cone) \$10              | <input type="checkbox"/> Single dose \$12                         | Required for pets 51-100lbs & 3-5yrs old                   |
| <input type="checkbox"/> Nail Trim \$5                     | <input type="checkbox"/> 6mo dose \$45                            |  |
|  | <input type="checkbox"/> Bravecto Flea/Tick Control -             |  |
|  | (Dogs over 6mo ONLY) 3 mo- \$45                                   |  |

**FELINE Testing:**

**CANINE Testing and Preventative:**

- FeLV/FIV Test \$25 \_\_\_\_\_ (initial) DO NOT EUTHANIZE  
FELV positive - euthanize \_\_\_\_\_ (initial)  
FIV positive - euthanize \_\_\_\_\_ (initial)

- Heartworm Test \$25  
**\*\*Highly recommended if over 7 mo. old or not on prevention\*\***  
 Heartworm Prevention- 6 mo supply ( **Must have negative test** )  
0-25 lbs-\$25 26-50 lbs-\$35 51-100 lbs-\$45

**All Donations Help Spay and Neuter (TNR) Community Cats**

Here is my donation of: \$50 \_\_\_\_\_ \$40 \_\_\_\_\_ \$30 \_\_\_\_\_ \$20 \_\_\_\_\_ \$10 \_\_\_\_\_ \$5 \_\_\_\_\_ Other \_\_\_\_\_

**\*\*\*\*\*See Back For Additional Information\*\*\*\*\***

**No More Chasin' Tails (NMCT) uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present, just as it is for humans who undergo surgery. Carefully read and initial the following before signing your name:**

**Initial below:**

\_\_\_\_\_ I, acting as owner or agent of the animal named herein, hereby request and authorize NMCT, through whomever veterinarian they may designate, to perform an operation for sexual sterilization of the animal named herein.

\_\_\_\_\_ **I understand that the operation I have elected presents some hazards, and that injury to, or death of, an animal may conceivably result, for there is some risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure.**

\_\_\_\_\_ I certify that this animal has not bitten anyone within the last 10 days.

\_\_\_\_\_ I hereby certify that my animal has been vaccinated within one year prior to this date, or I waive my right to protect my animal by not having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal.

\_\_\_\_\_ I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand that if my pet develops kennel cough or an upper respiratory infection after surgery, I am responsible for treatment at my own cost.

\_\_\_\_\_ I certify that my animal is in good health and has had no food since midnight the night prior to surgery if over 4 months old.

\_\_\_\_\_ I understand that due to the high risk of increased bleeding we do not perform surgery on dogs that are **in heat/or have been in heat in the last 4 weeks or pregnant DOGS.**

\_\_\_\_\_ I understand that if my DOG/CAT is **cryptorchid (undescended testicle)** there will be an additional charge of \$25-\$45 and that an e-collar is required. If one is not presented at drop off/pick up, the patient will be sent home with one (\$10).

\_\_\_\_\_ I understand that my pet will receive a small green tattoo near their incision to show they have been sterilized.

\_\_\_\_\_ I understand that NMCT has the right to refuse service to any animal to whom surgery is deemed a health risk.

\_\_\_\_\_ I understand that NMCT will perform a limited physical examination before surgery. I also understand that my animal will not receive preoperative blood work, unless it is requested herein, otherwise I waive my right to have this service performed prior to surgery.

\_\_\_\_\_ I understand that some factors significantly increase surgical risk, including, but not limited to, pregnancy(CATS ONLY), in heat(CATS ONLY), and diseases such as feline immunodeficiency virus (FIV), feline leukemia (FeLV), and heartworms.

\_\_\_\_\_ I understand that if my animal is pregnant, the pregnancy will be terminated during surgery (CATS ONLY).

\_\_\_\_\_ I understand that if my animal has an **open umbilical hernia**, it will be repaired during surgery with additional charge of \$35.

\_\_\_\_\_ I understand that if I do not retrieve my pet at the agreed-upon time, NMCT will exercise its right to transfer the animal as allowed by the State of Virginia.

\_\_\_\_\_ I hereby release NMCT, all veterinarians, assistants, volunteers, directors, and employees from any and all claims arising out of, or connected with, the performance of this procedure or any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto. Owner/agent hereby agrees to indemnify and hold NMCT harmless for any damages caused during the transportation of the animal, or for any damages caused by any unforeseeable events including fire, vandalism, burglary, extreme weather, natural disasters, or acts of God.

**Payment in full is required at the time of discharge. We only accept Cash or Credit Cards.  
NO CHECKS or CARE CREDIT**

**I HEREBY WARRANT THAT I AM AT LEAST 18 YEARS OF AGE and I HAVE READ  
& UNDERSTAND THE CONDITIONS LISTED ABOVE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_