

All Paws Animal Wellness Clinic, LLP
1098 Principio Furnace Road
Perryville, MD 21903
(410) 642-6396

Date: _____

Client's Name (Please Print): _____
Phone Number where you can be reached in case of emergency: _____
Pet's Name: _____ **Breed and Sex:** _____ **Age:** _____
Is this animal Feral/Owned/Outdoor Stray/Indoor/Outdoor? (Circle One)
Email Address: _____

Vaccination Request (Check ALL that apply) Date of Vaccine/Type of Vaccine Received

- Rabies \$15.00 _____ (Circle One) Yearly, 3-Year
 FVRCP (Distemper) \$22.00 _____ (Circle One) 1st, 2nd, 3rd, Yearly
 FELV (Leukemia) \$22.00 _____ (Circle One) 1st, 2nd, Yearly

* I understand that without prior proof of vaccination that rabies vaccine administered today will be valid for only one year. With prior proof of vaccination, the rabies administered today will be valid for three years.

* I understand that there is the potential for adverse vaccine reactions, including difficulty breathing, inability to get up, facial swelling, vomiting and anaphylaxis which may lead to death. Should any of these reactions occur, I assume the responsibility to transport my animal to an emergency hospital for appropriate treatment.

De-Worming

- I request to have my animal de-wormed with oral Pyrantal Pamoate to prophylactically eradicate roundworms. \$10.00
 I request to have my animal de-wormed with oral Drontal to prophylactically eradicate tapeworms (NOT FERAL CATS). Dosages are measured by weight. \$20.00 Per Dose.

Flea Treatment

- I request to have my cat treated for fleas with topical Activyl, Comfortis or Cheristin. Starting @ \$30.00

Testing

- FELV(Feline Leukemia)/FIV(Feline Immunodeficiency Virus) \$55.00
 If my cat tests positive for FELV, I request and authorize All Paws Animal Wellness Clinic, LLP to humanely euthanize him/her.
 If my cat tests positive for FELV, I request and authorize All Paws Animal Wellness Clinic, LLP to perform the requested sterilization procedure with the understanding that my animal is at greater anesthetic risk. I also consent to keep this animal **Housed indoors and Isolated from other cats** to prevent the spread of the disease.
 If my cat tests positive for FIV, I request and authorize All Paws Animal Wellness Clinic, LLP to humanely euthanize him/her.
 If my cat tests positive for FIV, I request and authorize All Paws Animal Wellness Clinic, LLP to perform the requested sterilization procedure with the understanding that my animal is at greater anesthetic risk. I also consent to keep this animal **House indoors and Isolated from other cats** to prevent the spread of the disease.

Feral Cat Ear Docking

- I request that my feral cat's ear be docked (surgical removal of the tip of the left ear). This procedure is standard protocol for identification of sterilized, vaccinated, and maintained feral cats.
 Ear Tattoo

Micro-Chipping

- I request that my animal be micro-chipped. This will assist in his/her safe return should we become separated. \$55.00

Nail Trimming

- I request that my animal's nails be trimmed. During Surgery \$5.00

Surgical Procedure

- Neuter (Male)
 Spay (Female)
 Fluoride Treatment
 Dental- Scale and Polish

Authorization for Anesthesia and/or Surgery

Client's Name: _____

Client's Address: _____

Phone Number where you can be reached in case of emergency: _____

Pet's Name: _____ Breed and Sex: _____ Age: _____

Anesthetic and surgical procedure(s) to be performed: _____

I, the undersigned owner or agent of the owner of the pet identified above, certify that **I am** _____ **I am not** _____ (**check one**) eighteen years of age or over and authorize the veterinarian(s) at All Paws Animal Wellness Clinic, LLP to perform the above procedure(s). I understand that there are life threatening risks associated with anesthesia and/or surgery including cardiac arrest and that I am encouraged to discuss any concerns I have about those risks with the attending veterinarian before the procedure(s) are initiated. My signature on this form indicates that any questions I have regarding the following issues have been answered to my satisfaction.

- **The reasonable medical and/or surgical treatment options for my pet.**
- **Sufficient details of the procedure to understand what will be performed.**
- **How fully my pet will recover and how long it will take.**
- **The most common and serious complications.**
- **The length and type of follow-up care and home restraint required.**
- **The estimate of the fees for all services.**
- **Any necessary payment arrangements.**

While I accept that all procedures will be performed to the best of the abilities of the staff at this clinic, I understand that no guarantee or warranty has been made regarding the results that may be achieved. I agree to pay for all services to be performed today at the time of pick up of the animal with a payment via cash, credit card or valid check. Should unexpected life saving emergency care be required and the hospital staff is unable to reach me, the staff **has** _____ **does not have** _____ (**check one**) my permission to provide such treatment and I agree to pay for such services. I understand that this is not a fully functioning hospital and is not equipped to hospitalize any animals for any reason. I also recognize that this clinic is designated to perform sterilization techniques **ONLY** and the veterinarian is not present after 1pm. **THERE WILL BE NO ONE IN THE CLINIC AFTER 4 PM.** If you do not pick up your animal before 4pm, it will be unattended overnight. I understand that if I do not pick up my animal before 4pm and there is a medical complication following the surgery there will be no one at the clinic to acknowledge and/or treat the animal. I will not hold All Paws Animal Wellness Clinic, LLP responsible in this instance. I also give my permission to All Paws Animal Wellness Clinic, LLP to remove my animal from the premises to be taken to the Cecil County SPCA in such case that I do not pick up my pet within 24 hours of the drop off time as the clinic is not able to house animals. All Paws Animal Wellness Clinic, LLP does not offer emergency medical services. I assume responsibility for contacting the local emergency hospital in the event of post-surgical complications. Dr. Carletti can be reached at (443) 309-8174 with any questions.

I have read and fully understand the terms and conditions set forth above.

Signature of Owner or Agent

Date

Declination of Pre-Anesthetic Diagnostic Tests

Your pet is scheduled for anesthesia and surgery. Fortunately, advances in anesthesia have made routine procedures relatively safe but there are still risks associated with anesthesia. If your animal has a pre-existing medical condition including but not limited to heart or lung disease, kidney disease, or liver disease the risks associated with anesthesia increase. To minimize problems, we recommend that you pet be screened prior to surgery by means of the diagnostic tests indicated below.

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Pre-Anesthetic Blood Profile | \$165.00 |
| <input type="checkbox"/> Urinalysis | \$55.00 |
| <input type="checkbox"/> Electrocardiogram (EKG)- | <i>Not Available at this clinic</i> |
| <input type="checkbox"/> Diagnostic Radiographs (X-Rays)- | <i>Not Available at this clinic</i> |

All Paws Animal Wellness Clinic, LLP offers the blood profile allowing for evaluation of liver and kidney function as well as many other blood parameters. The clinic also offers urinalysis evaluation.

- I, the owner, or owner's agent, of the pet named _____, would like to have an EKG and/or X-Rays taken prior to any surgical procedure. I recognize that these diagnostic tests cannot be performed at All Paws Animal Wellness, LLP and assume responsibility for scheduling these tests at a separate facility. I will call for surgery arrangements upon receiving the test results.
- I, the owner, or owner's agent, of the pet named _____, would like to reschedule the surgical procedure for a later date as I would like to have (Circle one) Diagnostic Blood Work and/or Urinalysis performed prior to any surgical procedure. I understand that the blood will be drawn today and will be sent to a lab. I will reschedule the surgery upon receiving results of the blood work which typically takes 3-5 days.
- I, the owner, or owner's agent, of the pet named _____, decline all recommended pre-anesthetic diagnostic tests and agree to hold All Paws Animal Wellness, LLP harmless, in the absence of negligence, in the event of anesthetic, surgical, or medical complications that might have been detected had these tests been performed.
- I have addressed all questions and concerns with the veterinarian and feel that I have adequate knowledge in the areas of surgical and anesthetic risk to have made the correct choice for my animal concerning all pre-surgical screening tests.

Signature of Owner or Agent

Date