



# Simply Spay and Neuter of OC at Lake Forest Animal Clinic

## Client Information

\_\_\_ Dr \_\_\_ Mr

\_\_\_ Mrs \_\_\_ Ms

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Client DOB: (required for medication going home) \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Spouse's Occupation/Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work #: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you had other pets treated here previously? \_\_\_ YES \_\_\_ NO

### How did you hear of our office?

\_\_\_ Google Search \_\_\_ Clinic Sign \_\_\_ Money Mailer

\_\_\_ Website \_\_\_ Facebook \_\_\_ Yelp \_\_\_ Animal Shelter

Personal Referral: \_\_\_\_\_

I understand that professional fees are to be paid at the time services are rendered and that deposits are required on all hospitalized patients. Cash, Check, Visa, MasterCard and Discover are accepted for your convenience. There will be a \$25.00 service charge imposed for all returned checks. If your check is returned, you could be liable for three times the amount of the check or \$100.00, whichever is greater, in addition to the face value of the check, court costs and fees.

By signing below, you are hereby agreeing to pay all collection fees, attorney's fees and costs in the event of collection or legal action to enforce payment of monies due. A late charge will be imposed on all accounts over 30 days at 1 1/2% per month or 18% per annum.

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

\_\_\_\_\_

\_\_\_\_\_

**Owner's Signature**

**Date**

### AUTHORIZATION TO DISCLOSE

*By signing below, I authorize Lake Forest Animal Clinic to disclose my contact information, including but not limited to, my name and address, and information about my pet, including its name, breed, size, color, and other identifying markers to third parties for the purpose of providing vaccine reminders, releasing medical records to requesting veterinarians, providing appointment reminders, issuing product recalls, providing wellness or other veterinary health care information or other special veterinary information that may be of interest to pet owners.*

*This Authorization to Disclose is intended as my written authorization pursuant to California Business and Professions Code section 4857 is limited to the items listed above and does not authorize disclosure of my pet(s)' medical records beyond what is specifically authorized pursuant to section 4857. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_*

Patient Name(s): \_\_\_\_\_

FOR OFFICE  
USE ONLY:  
Date \_\_\_\_\_  
Int \_\_\_\_\_

Client Name: \_\_\_\_\_

## PATIENT INFORMATION

Pet's Name _____		Pet's Birthday (age) _____	
Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Breed _____			
Color/Markings _____			
Vaccination History (dates given, please bring vaccination paperwork)			
Dogs: DHPP _____	Cats: 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? No  Yes  please list: \_\_\_\_\_

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

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 and date applied/given: \_\_\_\_\_

Is your pet currently on any medications? Yes  No  If yes, Please list below.

Would you like your pet to have an Exam today (additional \$52 fee)?  Yes  No

#### Current/Past Medications:

Drug:	Start/End Date:	Purpose:
Drug:	Start/End Date:	Purpose:

#### For Females Only

Last known heat (date) \_\_\_\_\_

Has not had first cycle

Past pregnancies? No  Yes

Currently pregnant (possibly)? No  Yes

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

#### For Males Only

Cryptorchid- One or both testicles is/are not present in scrotum\*

\*Exam required before surgery. Surgery will need to be scheduled on a different day.

Both Testicles present

Do you have a regular veterinarian that you would like us to fax information regarding today's procedure for your pet's records?  No  Yes

If yes, please list name and fax #: \_\_\_\_\_

Client Name \_\_\_\_\_ Pet's Name \_\_\_\_\_ Date \_\_\_\_\_

### **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? No Yes If yes, please list \_\_\_\_\_

Client's Name (Last, First) \_\_\_\_\_ Pet's Name: \_\_\_\_\_ Age \_\_\_\_\_

**Today's Procedure:**

Dog Spay\* (female)  (0-19lbs \$170; 20-49lbs \$225; 50-69lbs \$250; 70-85lbs \$325; 86+lbs\* \$400) \*\$4 per pound over 86 lbs

Dog Neuter (male)  (0-19lbs \$135; 20-49lbs \$165; 50-99 \$210; 100+lbs\* \$235) \* \$3 per pound over 100 lbs

Cat Spay\* (female)  \$125 Cat Neuter (male)  \$75

\*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 \$50, Cats \$40 \_\_\_\_\_ (initials)

I acknowledge that if my pet is between the ages of 4yrs-7yrs, a physical exam (\$52) and blood work (\$85-\$125) is required prior to surgery \_\_\_\_\_ (initials)

**Additional Procedures and Services:**

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

**Umbilical Hernia:**

Dog: \$150

Cat \$125

**Dog Dewclaw Removal**

non-attached ONLY \$110/ea

**Cat De-Claw** (4 months and younger/front only):

\$370 (Includes overnight hospitalization. Antibiotics, pain medication, NSAIDs NOT INCLUDED; price is in addition to spay or neuter procedure)

**Pre-Anesthetic Blood Testing:**

Mini Health Screen\* \$85

Basic General Health Screen\* \$100

Comprehensive Health Profile\* \$125

**Miscellaneous:**

FelV/FIV Testing (cats)\*\* \$50

Exam  \$52

Fecal Testing\*\*  \$45

Heartworm Test\*\* \$40

Nail Trim \$12

Capstar Flea Control \$8 (oral, one-time treatment)

Anal Gland Expression\*\* \$25

Microchip \$63 (incl chip id and placement)

E-Collar \$12

Deciduous Tooth Extraction \$40/tooth

De-Worming\*: up to 24lbs  \$42

25-49lbs  \$50

50+lbs  \$50

**Vaccinations:**

Dogs: DHP \$12.50 Parvo  \$12.50 Rabies \$14 Bordatella(kennel cough) \$17

Cats: FVRCP \$20 FelV \$24 Rabies \$14

\*Please note a Medical Consultation is required for any abnormal results/findings and medication (\$52) \_\_\_\_\_ (initials)

\*\*Please note that a Medical Consultation is required for these services/diagnostic tests (\$52) \_\_\_\_\_ (initials)

Please list phone number that you can be reached at today: \_\_\_\_\_