**the Fix’Em Clinic**

Animal ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Received $ \_\_\_\_\_\_\_\_\_\_

Payment Type: Cash \_\_\_\_\_\_\_\_\_\_\_

 Credit Card \_\_\_\_\_\_\_

**102 Dee Drive INTAKE FORM**

**Charleston, WV 25311**

**866-349-3698**

**Date of Surgery:**

**Client:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Animal:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Species: Dog \_\_\_ Cat \_\_\_ Sex: M \_\_\_ F \_\_\_

Age: \_\_\_\_\_ years \_\_\_\_ months

Color: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mix? Y\_\_\_ N \_\_\_

Weight: \_\_\_\_\_\_ lbs.

1. How long have you had your pet? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. YES☐ NO☐ Is your pet on any medications, or has your pet had any injections in the last 30 days? If Yes, what? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

3. YES☐ NO☐ Did your pet have a small meal this morning?

4. YES☐ NO☐ Is there any chance your pet is pregnant?

5. YES☐ NO☐ Is there any chance your pet is in heat?

6. YES☐ NO☐ Has your pet been eating and drinking normally?

7. YES☐ NO☐ Does your pet have any coughing, sneezing, vomiting, diarrhea?

8. YES☐ NO☐ Has your pet been lethargic lately?

9. YES☐ NO☐ Does your pet have any known health concerns (vaccine reactions, allergies, seizures)?

If Yes, what? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. YES☐ NO☐ Has your pet had any previous surgeries?

11. **YES☐ NO☐ I have written proof of rabies vaccination within 1 year.**

**Services and Products chosen at scheduling:**

**Common: Feline: Canine:**

☐ Rabies (1 yr.)

☐ Rabies (3 yr.)

☐ Take Home Pain Meds

☐ Microchip

☐ Nail Trim

☐ Flea Prevention

☐ Ear Cleaning

☐ De-wormer

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_

☐ Other \_\_\_\_\_\_\_\_\_\_\_\_

☐ FVRCP/Distemper

☐ Leukemia Vaccine

☐ FeLV/FIV Test (Leukemia & Aids test)

☐ Cat Carrier

☐ Ear Tip (ferals)

☐ DHLPP

 (Parvo & Distemper)

☐ Kennel Cough Vac

☐ Heartworm Test

☐ Heartworm Prevention

**SEE CONSENT ON OTHER SIDE PLEASE >>>>>>**

**Consent for Sterilization**

 **The Fix’Em Clinic uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of death or injury, although low, is always present in surgical procedures just as it is for humans who undergo surgery. Carefully read and ensure you understand the following before signing. I am at least eighteen (18) years of age. I, acting as owner or agent of the pet named above, hereby request and authorize the Fix’Em Clinic, through whomever licensed veterinarians they may designate, to perform an operation for sexual sterilization and administering of vaccines and other services as requested or required on the animal named on the other side of this form.**

* I understand that the operation I have elected presents some hazards, and that the injury to, or death of, an animal could conceivably result, because of the inherent risk in the procedure, and some risk in the use of anesthetics and drugs provided for the procedure, and I understand that the Fix’Em Clinic has the right to refuse service to any animal deemed to be a health risk.
* I understand that some factors increase surgical risk including, but not limited to: pregnancy, in-heat, overweight, older animals, and diseases such as Feline Leukemia (FeLv), and heartworms.
* I understand and consent that any pregnancy is terminated at the time of surgery.
* I understand that if I do not retrieve my pet at the agreed upon time, the Fix’Em Clinic will exercise its right to either turn the animal over to the nearest Humane Society, or dispose of the animal as deemed just and proper, and as allowed by the State of WV under Title 26, Series 4, Section 6 of the WV State Board of Veterinary Medicine regulations and Chapter 19, Article 20 of the WV State Code. Owners of pets left after the agreed date will be charged a boarding fee of no less than $50 per night.
* I understand that I may be responsible for additional charges if my pet needs IV Fluids, Antibiotics, Additional Pain Medication, Flea Treatment, and/or an E-Collar or carrier.
* I also understand that my pet is receiving a spay/neuter tattoo that is placed near the incision and is permanent.
* I understand that every animal must receive a rabies vaccine unless written proof of prior vaccination is presented on intake.
* I understand that if my animal has an open umbilical hernia or is cryptorchid, I will be responsible for an additional charge per each procedure.
* By my signature below, I hereby release the Fix’Em Clinic, 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 reaction 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 the Fix’Em Clinic 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.

**By signing below, I attest that I have read and understand the conditions listed above and agree to proceed with the surgery and requested administration of vaccines and services.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_