

## CANINE INFORMATION AND CONSENT FORM

Date \_\_\_\_\_ Animal name \_\_\_\_\_  
Caretaker name \_\_\_\_\_ Approx age \_\_\_\_\_  male  female  
Address \_\_\_\_\_ Breed \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Color/markings \_\_\_\_\_  
COUNTY of residence: \_\_\_\_\_ How did you hear about POP-NC? \_\_\_\_\_

PHONE NUMBERS TO REACH YOU TODAY (in case of emergency) \_\_\_\_\_

Spay \$95

Neuter \$95

Animals weighing over 60 pounds are an **additional \$20-\$35**. Surgeries such as umbilical hernia repair, Undescended testicles, or dogs lactating, in heat, obese, and/or pregnant will incur additional charges.

Pain medicine to take home \$5 **\*\*highly recommended\*\***

### ADDITIONAL SERVICES: PLEASE CHECK THOSE DESIRED

DA2PP Vaccine

**\$5 or included w/surgery fee**

Rabies Vaccine 1yr / 3yr

**\$5 or included w/surgery fee**

Heartworm test

**\$20** recommended for all dogs whose status is unknown

Heartworm prevention (test required)

**\$25 / 30 / 35 six month supply**

1-25lbs 26-50lbs 51-100lbs

Note: puppies under 7 months of age can receive heartworm prevention without a test

Microchip (permanent identification)

**\$15 plus registration fees**

Frontline Plus for fleas/ticks

**\$35 (small - med) or \$40 (large - xlarge) for 3 month supply**

Fecal exam for parasites

**\$15**

Deworming

**\$15**

Bordetella (kennel cough) Vaccine

**\$10**

Other \_\_\_\_\_

### PATIENT INFORMATION

Has your dog ever been to a vet before?  yes  no

When did your dog last eat? \_\_\_\_\_

In the last week, has your dog had:  
Or changes in:  coughing  sneezing  vomiting  diarrhea  
 activity level  appetite  water consumption  
Explain \_\_\_\_\_

Has your dog ever seized?  yes  no Explain \_\_\_\_\_

Any known vaccine or medicine reactions?  yes  no Explain \_\_\_\_\_

Any history of:  health problems  injuries or surgeries (hit by car, etc)  
Explain \_\_\_\_\_

What medication has your dog had in the last month- and why? \_\_\_\_\_

In the last 10 days has your dog been treated for fleas, ticks, or mange (dip, spray, topical, shampoo, powder)?  
 yes  no What product was used? \_\_\_\_\_

Is your dog on heartworm prevention?  yes  no  
Type \_\_\_\_\_ Last test date \_\_\_\_\_ Result if known \_\_\_\_\_

**WE ACCEPT CASH ONLY.** Payment is expected at drop-off. Animals will be released only to the person signing below unless prior arrangements are made.

By signing below, I state that I understand that although every effort will be made to ensure the safety of my pet today, unrecognized medical problems may exist which can cause serious problems, including death.

Caretaker signature \_\_\_\_\_

Date \_\_\_\_\_