



ALTERED TAILS
BARNHART CLINIC
 Affordable Spay + Neuter

Tucson Location
 225 E Valencia Rd
 Tucson AZ 85706
(520)495-5900

Mesa Location
 7246 E Main St, Suite #3
 Mesa AZ 85207
(480)807-1200

Phoenix Location
 950 W Hatcher Rd
 Phoenix AZ 85021
(602)943-7729

This form must be filled out in black/blue ink

Owner Name:		Primary Phone:		Secondary Phone:	
Address:			City:	State:	Zip:
Email Address:			How did you hear about us?		
Pet's Name:		Age:	Breed/Color:	Species: Cat Dog	Sex: M F
What time did your pet last eat?			Is your pet showing signs of illness?		
Are vaccinations current? Yes No			Has he/she ever had a vaccine reaction? Yes No		
Is your pet taking any medication? Yes No			If so, list medications/dose		
Female pets: Date of last heat cycle:			Is your pet pregnant? Yes No Maybe		

I understand a late fee of \$30.00 will be assessed for animals picked up after 5:00 p.m. Client Initial: _____
YOUR ANIMAL WILL RECEIVE A SMALL TATTOO ON HIS/HER UNDERSIDE TO SHOW THAT HE/SHE HAS BEEN STERILIZED.

Spay \$50.00	Neuter \$35.00	CAT	DOG	Weight (lbs) 3-50 51-100	Spay \$75.00 \$95.00	Neuter \$65.00 \$85.00
I understand that there is a possibility that my cat will not be able to be examined until after sedation. Initial: _____ I understand my cat will be required to leave the clinic in a <u>secure pet-approved carrier</u> , and if my carrier is not suitable, I will be charged \$10 for a cardboard carrier. Initial: _____			There will be a \$1.00 charge added for each additional pound over 100lbs.			
Cat Additional Services- <input type="checkbox"/> Additional Pain Meds \$18.00 <input type="checkbox"/> Microchip Insert \$2.00 <input type="checkbox"/> Feline Leukemia Vaccine \$15.00 <input type="checkbox"/> Microchip \$25.00 <input type="checkbox"/> FVRCP Vaccine \$15.00 <input type="checkbox"/> Ear mite Treatment \$25.00 <input type="checkbox"/> Rabies Vaccine \$15.00 <input type="checkbox"/> Toe Nail Trim \$5.00 <input type="checkbox"/> FeLV/FIV test \$40.00 <input type="checkbox"/> Cone collar \$12.00			Dog Additional Services <input type="checkbox"/> Additional Pain Medication \$18.00 <input type="checkbox"/> Microchip Insert \$2.00 <input type="checkbox"/> DA2PP Vaccine \$15.00 <input type="checkbox"/> Microchip \$25.00 <input type="checkbox"/> Bordetella Vaccine \$15.00 <input type="checkbox"/> Cone collar \$12.00-\$17.00 <input type="checkbox"/> Rabies Vaccine \$15.00 <input type="checkbox"/> Toe Nail Trim \$5.00 <input type="checkbox"/> Heartworm Test \$40.00 <input type="checkbox"/> Umbilical Hernia \$20.00 <input type="checkbox"/> Deworming \$10.00 <input type="checkbox"/> Unattached Dewclaw Removal \$15.00			

Cat Vaccine and Microchip Package--\$65.00
includes:
 Feline Leukemia Vaccine
 FVRCP Vaccine
 Rabies Vaccine
 Microchip from 24 Petwatch

If your **female pet** is in heat, pregnant, or has pyometra (Uterine infection) please be prepared for **additional** charges of up to \$50.00. We must terminate all pregnancies discovered during surgery.
 If your **male pet** is cryptorchid (retained testicle), please be prepared for **additional** charges of between \$50.00-\$100.00.
Initial: _____

Dog Vaccine and Microchip Package--\$65.00
includes:
 DA2PP Vaccine
 Bordetella Vaccine
 Rabies Vaccine
 Microchip from 24 Petwatch

I have been given a chance to ask questions about the pre surgical blood screening provided at Altered Tails and **DECLINE** at this time. **Initial:** _____

I either certify that my animal has been vaccinated within one year prior to this date or waive my right to protect my animal by having it vaccinated. I understand that I have the option to acquire vaccinations at the time of surgery. I understand that it takes up to two weeks for vaccinations to protect my animal. **I understand that Altered Tails is HIGHLY recommending my animal receive a cone collar to prevent post surgical complications. If I decline a cone collar and the animal comes back for a re-check due to licking or scratching of the incision, I understand that I will be charged for the recheck.** I understand that anesthesia, surgery, and medications given involve some risk to my pet, including but not limited to pain, bruising, infection and death. Should an emergency arise, I authorize the medical staff to sedate my pet and/or perform such emergency procedures as may be necessary for the health of my pet until I can be notified. I agree to pay, in full, all charges for necessary services rendered for and to my pet. I understand that if my pet has had ticks or currently has ticks, they are at a higher risk for illnesses that can result in complications during or after the surgery. I understand that the clinic is not responsible for the loss or damage of personal items left with the pet including but not limited to leashes, collars, toys, crates, carriers, and bedding. The clinic is to use all reasonable precautions against injury, escape, or death of my pet. The clinic and staff will not be held liable for any problems that develop, provided reasonable care and precautions are followed. I understand that any problems that develop with my pet will be treated as noted above and I assume full responsibility for the treatment expense incurred. **I understand that Altered Tails is NOT open 24 hours a day; if my animal has medical issues after hours, I will need to take him/her to an emergency vet clinic at my own expense.**

Responsible Party Signature: _____ Date: _____

Date: / / **Altered Tails Barnhart Clinic** 950 W. Hatcher Rd Phoenix, AZ 85021 602-943-7729
 7246 E Main St. #3, Mesa AZ 85207 480-807-1200
 225 E Valencia Rd, Tucson AZ 85706 520-495-5900

Owners Name: Phone number:

Pet's Name: Species: Sex: Age:
 Cat Dog Male Female
 Breed: Color:
 If pet is 5yr or older pre-surgery bloodwork **MUST** be done prior to surgery.

BELOW IS FOR VETERINARY CLINIC USE ONLY. DO NOT FILL OUT BELOW THIS LINE!

Time	Gen. Appearance	N	AB	Appetite:	AB	N
Weight (lbs.)	Eyes, E/N/T			BM/Urine:	AB	N
Temp	MM			Cough/Sneezing:	AB	N
Pulse	Lymph Nodes			Vomit/D:	AB	N
Resp	Heart/Lungs					
O Req	Additional	Loc	Init	Abdomen		
	DA2PP Vx			Skin/Coat		
	Borda Vx					
	Rabies Vx					
	Microchip Scan: _____					
	FVRCP Vx					
	FelV Vx					
	K9/Fel Snap					
	Pyrantel					
	Ear Mite TX					
	Nail Trim					
	Umbilical Hernia					
	Dew Claw	x _____				
	E-collar	7.5 10 12.5 15 20 25 30				
	Pain Med					

Cc Ketamine 100 mg/ml IV	cc Hydromorphone 2 mg/ml SQ IM			
Cc Midazolam 5mg/ml IV				
cc Acepromazine < 1mg/ml SQ 10mg/ml SQ	cc Meloxicam 5mg/ml SQ IM			
M Maintenance: Isoflurane I	cc DKT * IM			
cc Buprenorphine SR 3mg/ml SQ IM	cc Antisedan 5 mg/ml IM			
Time	Pulse	Resp	Initials	* DKT = Dexdomitor (0.5 mg/ml), Ketamine (100 mg/ml), Butorphanol (10 mg/ml) 1:1:1
				Atropine: ml IT(0.5 mg/ml) Epi: ml IT (1:1000)

Medical notes:	Maintenance
	Time Temp Pulse Resp Initials
<input type="checkbox"/> Karo syrup given PO _____	

RX:	Recovery Normal AB _____
	Time Temp Pulse Resp MM Init

Pregnant L M H
 Fetus # _____
 Heat/Pyometra L M H
 Cryptorchid L M H
 Belly wrap/ Scrotal wrap

Post Sx Notes: Went Home / Declined Doctor's Signature: _____

Surgery notes:

PDS