

# Altered Tails Barnhart Clinic

950 W Hatcher Rd, Phoenix, AZ 85021 602-943-7729

Owner's Name:	Primary Phone:	Secondary Phone:
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Address:	City:	State:	Zip:
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Email Address:	How did you hear about us?
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Pet's Name:	Age:	Breed/Color:	Species: Cat Dog	Sex: M F
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What time did your pet last eat?	Is your pet showing signs of illness?
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Are vaccinations current? Yes No	Has he/she ever had a vaccine reaction? Yes No
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Is your pet taking any medication? Yes No	If so, list medications/dose
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Female pets: Date of last heat cycle:	Is your pet pregnant? Yes No Maybe
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<p style="text-align: center;"><b><u>Cat Services:</u></b></p> <table style="width: 100%;"> <tr> <td style="text-align: center;"><u>Spay</u> \$50.00</td> <td style="text-align: center;"><u>Neuter</u> \$35.00</td> </tr> </table> <p><input type="checkbox"/> Pain Medication \$18.00</p>	<u>Spay</u> \$50.00	<u>Neuter</u> \$35.00	<p>If your female pet is in heat or pregnant, please be prepared for <b>additional</b> charges of up to \$50.00. We must terminate all pregnancies discovered during surgery.</p> <p>If your male pet is cryptorchid (retained testicle), please be prepared for <b>additional</b> charges of between \$50.00-\$100.00.</p> <p>Initial: _____</p>	<p style="text-align: center;"><b><u>Dog Services:</u></b></p> <table style="width: 100%;"> <tr> <td style="text-align: center;"><u>Weight</u> (lbs)</td> <td style="text-align: center;"><u>Spay</u></td> <td style="text-align: center;"><u>Neuter</u></td> </tr> <tr> <td style="text-align: center;">2-50</td> <td style="text-align: center;">\$75.00</td> <td style="text-align: center;">\$65.00</td> </tr> <tr> <td style="text-align: center;">51-100</td> <td style="text-align: center;">\$95.00</td> <td style="text-align: center;">\$85.00</td> </tr> </table> <p><input type="checkbox"/> Pain Medication \$18.00</p> <p style="text-align: center;">There will be a \$1.00 charge added for each additional pound over 100 lbs.</p>	<u>Weight</u> (lbs)	<u>Spay</u>	<u>Neuter</u>	2-50	\$75.00	\$65.00	51-100	\$95.00	\$85.00
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**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.**

<p style="text-align: center;"><u>Cat Additional Services</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Feline Leukemia Vaccine \$19.00</td> <td><input type="checkbox"/> FVRCP Vaccine \$19.00</td> </tr> <tr> <td><input type="checkbox"/> Rabies Vaccine \$17.00</td> <td><input type="checkbox"/> Microchip \$37.00</td> </tr> <tr> <td><input type="checkbox"/> FeLV/FIV test \$39.00</td> <td><input type="checkbox"/> Toe Nail Trim \$7.00</td> </tr> <tr> <td><input type="checkbox"/> <b>E-collar \$12.00</b></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Tooth extraction \$15.00</td> <td></td> </tr> </table>	<input type="checkbox"/> Feline Leukemia Vaccine \$19.00	<input type="checkbox"/> FVRCP Vaccine \$19.00	<input type="checkbox"/> Rabies Vaccine \$17.00	<input type="checkbox"/> Microchip \$37.00	<input type="checkbox"/> FeLV/FIV test \$39.00	<input type="checkbox"/> Toe Nail Trim \$7.00	<input type="checkbox"/> <b>E-collar \$12.00</b>		<input type="checkbox"/> Tooth extraction \$15.00		<p style="text-align: center;"><u>Dog Additional Services</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> DA2PP Vaccine \$19.00</td> <td><input type="checkbox"/> Bordatella Vaccine \$19.00</td> </tr> <tr> <td><input type="checkbox"/> Rabies Vaccine \$17.00</td> <td><input type="checkbox"/> Microchip \$37.00</td> </tr> <tr> <td><input type="checkbox"/> Toe Nail Trim \$7.00</td> <td><input type="checkbox"/> <b>E-collar \$12.00-\$17.00</b></td> </tr> <tr> <td><input type="checkbox"/> Heartworm Test \$39.00</td> <td><input type="checkbox"/> Deworming \$10.00</td> </tr> <tr> <td><input type="checkbox"/> Tooth extraction \$15.00</td> <td></td> </tr> </table>	<input type="checkbox"/> DA2PP Vaccine \$19.00	<input type="checkbox"/> Bordatella Vaccine \$19.00	<input type="checkbox"/> Rabies Vaccine \$17.00	<input type="checkbox"/> Microchip \$37.00	<input type="checkbox"/> Toe Nail Trim \$7.00	<input type="checkbox"/> <b>E-collar \$12.00-\$17.00</b>	<input type="checkbox"/> Heartworm Test \$39.00	<input type="checkbox"/> Deworming \$10.00	<input type="checkbox"/> Tooth extraction \$15.00	
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<p style="text-align: center;"><input type="checkbox"/> <u>Cat Vaccination Package--\$70.00</u></p> <p style="text-align: center;"><i>includes:</i></p> <p style="text-align: center;">Feline Leukemia Vaccine FVRCP Vaccine Rabies Vaccine FeLV/FIV Test</p>	<p style="text-align: center;"><input type="checkbox"/> <u>Dog Vaccination Package--\$70.00</u></p> <p style="text-align: center;"><i>includes:</i></p> <p style="text-align: center;">DA2PP Vaccine Bordatella Vaccine Rabies Vaccine Heartworm Test</p>
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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 an e-collar to prevent post surgical complications. If I decline an e-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 all anesthetics involve some risk to my pet. 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 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.

Responsible Party Signature: _____	Date: _____
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Date:		<b>Altered Tails Barnhart Clinic</b> 950 W Hatcher Rd, Phoenix, AZ 85021 602-943-7729			Voucher #:						
Owner's Name:				Phone number:							
Pet's Name:			Species: <input type="checkbox"/> Cat <input type="checkbox"/> Dog Sex: <input type="checkbox"/> M <input type="checkbox"/> F		Age:						
Color:											
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	Completed	Abdomen								
	DA2PP Vx		Skin/Coat			<b>Init:</b> _____	<b>Init:</b> _____				
	Borda Vx		<b>Induction Medication</b>				<b>Analgesia</b>				
	Rabies Vx		cc Telazol 100mg/ml IV IM				cc Rimadyl 50mg/ml SQ IM				
	FVRCP Vx		Isoflurane/O2 only induction Mask Box				cc Metacam 5mg/ml SQ IM				
	FeLV Vx		cc Atropine Sulfate 1/120 Grain IV IM SQ				cc Buprinorphine 0.3mg/ml SQ IM				
	Microchip		cc Ketamine 100mg/ml IV IM				cc Acepromazine 10mg/ml SQ IM				
	<b>E-collar</b>										
	TNT		<b>Induction</b>				<b>Maintenance</b>				
	K9/Fel Snap		Time	Pulse	Resp	Initials	Time	Pulse	Resp	Initials	
	Dec. Teeth										
	Deworming		Notes:								
	Pain Med										
RX: Vetprofen _____ mg. Give _____ tabs PO <input type="checkbox"/> BID <input type="checkbox"/> SID Begin morning after Sx. # _____ Init: _____							<b>Recovery</b> Normal AB _____				
RX: _____ mg# Give _____ tabs PO <input type="checkbox"/> BID <input type="checkbox"/> SID for _____ days. Init: _____							Time	Pulse	Resp	MM	Init
Pregnant Fee _____ Fetus # _____ Heat Fee _____ Crypt Fee _____ Belly wrap <input type="checkbox"/> Tooth extraction <input type="checkbox"/>											
			Doctor's Signature: _____								
			Notes:								