

CANINE INFORMATION AND CONSENT FORM

Date _____ Animal name or ID# _____
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 (please be available) _____

- Spay \$95
- Neuter \$95
- Wellness Exam \$30

*Animals weighing over 60 pounds are an **additional \$15**. Surgeries such as umbilical hernia repair, undescended testicles, or dogs lactating, in heat, obese, and/or pregnant may incur additional charges.

ADDITIONAL SERVICES: PLEASE CHECK THOSE DESIRED

- Pain medicine to take home **\$5 **highly recommended****
- DA2PPV Vaccine **\$5 or included w/surgery fee**
- Rabies Vaccine 1yr/3yr **\$5 or included w/surgery fee**
- Heartworm test if over 7 months old **\$20** recommended for all dogs whose heartworm status is unknown
- Heartworm prevention (with test) **\$20 / 25 / 30 six months OR \$4 / 5 / 6 one month**
1-25lbs 26-50lbs 51-100lbs 1-25lbs 26-50lbs 51-100lbs
- Microchip **\$30**
Note: puppies under 7 months of age can receive heartworm prevention without a test
- Frontline Plus for fleas **\$35 (small - med) or \$40 (large - xlarge) for 3 month supply**
- Deworming **\$10 – 15 based on weight**
- 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: coughing sneezing vomiting diarrhea
Or changes in: 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.

You will be notified at the number provided if additional charges become necessary during the day.

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 _____