

Date of Surgery:

[Empty box for Date of Surgery]

GASTON LOW-COST SPAY/NEUTER CLINIC

ADMISSION FORM

Phone: (704) 868-4673

Fax: (704) 868-0010

Fee Paid \$ _____

Check # _____ Card _____

Form with fields for FIRST NAME, LAST NAME, ADDRESS, ZIP CODE, CITY, STATE, COUNTY, HOME/WORK PHONE, CELL PHONE, EMAIL ADDRESS, HOW DID YOU HEAR ABOUT US?, ANIMAL'S NAME, SEX, BREED, WEIGHT (LBS), COLOR, PET'S AGE, YOUR VETERINARIAN?, Has your pet had a litter?, Health Problems, Medications currently taking, Shots in the Last 60 Days, Other, I would like to donate:

Requested Feline Vaccines and Services, Requested Canine Vaccine and Services

Gaston Low-Cost Spay/Neuter Clinic uses qualified staffing and approved materials for all procedures performed. It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name. I, owner or owner's agent, hereby request and authorize Gaston Low-Cost Spay/Neuter Clinic, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named above.

NO REFUNDS

SIGNATURE

DATE

MEDICAL RECORD BELOW—DO NOT WRITE BELOW

Medical Record section with checkboxes for Spay, Pregnant, In Heat, Neuter, HW Test, FELV/FIV/HW Test, Concerns about your pet, Vaccinations/Services received today, Notes, Surgeon, Date, Technician, Canine Neuter, Feline Neuter, Ovariohysterectomy, Ventral midline abdominal incision, Rectus fascia layer, Subcutaneous layer.