

NORTHERN MICHIGAN

MASH

LOW COST SPAY/NEUTER CLINIC



David C. Bullerdick D.V.M.
PO Box 212
Boyne City, MI 49712

Name _____

Home Phone _____ Work Phone _____

Street Address _____

City _____ State _____ Zip _____

Pets Name _____ Sex _____ Age _____ Breed _____ Color _____

Has your pet been pregnant in the last six months? _____ Is your pet still nursing? _____ When did your pet last nurse? _____

Date of your pets last vaccinations _____ Is your pet living inside, outside, or inside and outside? (Circle one)

Please list any health problems your pet has _____

Can you pick up and hold your cat? Yes ___ or No ___ When did your cat last have food? Today ___ Yesterday ___

Please Check the Services you Wish to be Performed for the Above Mentioned Pet:

- | | | | |
|---|-------------------------------------|--|---------|
| ___ Female Cat Spay | \$60.00 | ___ Flea Treatment (Advantage) | \$10.00 |
| ___ Male Cat Neuter | \$40.00 30 ⁰⁰ | ___ Tape Worm Treatment | \$10.00 |
| ___ 1 Year Rabies Vaccine** | \$10.00 | ___ General Wormer | \$5.00 |
| ___ FVRCP (Distemper / 4 in 1)* | \$10.00 | ___ Earmite Treatment | \$5.00 |
| ___ Feline Leukemia Vaccine* | \$10.00 | ___ Nail Trim | \$5.00 |
| ___ Vaccine Pack (Includes Rabies,
FVRCP, & Feline Leukemia Vaccine) | \$25.00 | ___ Treat Only if Problem Seen | |
| | | ___ Treat as Preventative (Seen or Not). | |

Total Amount Due \$ _____

* May need to be repeated in 3 to 4 weeks.

** Must be 12 weeks old to receive rabies vaccine.

CONSENT FOR SURGERY

I request surgery for my pet. (I understand that spaying or neutering will permanently prevent my pet from breeding).

I understand that this surgery requires general anesthesia. There are risks associated with anesthesia, including the risk of death of the patient. The following conditions may increase this risk:

NOT CURRENT ON VACCINATIONS

NOT ON HEARTWORM PREVENTION

OLD AGE (OVER 5 YEARS)

UNDIAGNOSED DISEASE (LUNG, LIVER, KIDNEYS, ETC.)

I understand that I, the owner, am responsible for assuring that my pet is healthy at the time of surgery. A recent exam by a veterinarian is recommended. I understand that MASH veterinarians **DO NOT** perform a complete exam.

I understand that my pet may not be completely recovered from anesthesia when I pick it up. I will be given a list of instructions for the care of my pet following surgery. If I have problems, I will call MASH for assistance.

I certify that I am the owner or authorized agent of the owner of the above named pet. I agree to hold harmless MASH and any/all of their employees/agents.

I authorize the veterinary procedures checked above, and any other procedures that may be deemed necessary and proper by the attending veterinarian.

Signature _____

Date _____