



Paw Prints Animal Hospital
8500 Bensville RD
Waldorf, MD 20603
Phone Number: 301-885-0263

Owner/Responsible Party Information

Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone Numbers: (H) _____ (C) _____ (W) _____

Patient Information

Pets Name: _____ Age/DOB: _____

Please check which Species: CANINE FELINE LAPHINE Please check a Sex: Male
 Female

Breed: _____ Color: _____

Is your pet on any medications daily? YES NO

If yes what are those medications?

Please Check Services to be Performed Today

Spay/Neuter (Prices Varies by weight)

Felv/Fiv Test (\$ 35.00)

Nail Trim (\$ 15.00)
 Dewormer (\$7-\$30)

Hookworm/Roundworm

Ear Cleaning (\$15.00)

Heartworm Test (\$40)

Rabies Vaccine (Required for Surgery) (\$20
 \$25)

Distemper Vaccine (Dog \$30.00, Cats

Bordatella (Canine Only) (\$24)

Feline Leukemia Vaccine (\$24)



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Fecal (\$20.00)
registration)

Microchip (\$25) (\$19.99 online
registration)

Take home pain medication (\$10-25)

E-collar (\$10-20)

PLEASE SIGN THE BACK OF THIS SHEET!

*******PLEASE READ ALL OF THE FOLLOWING BEFORE
SIGNING*******

- 1) Any female animal over the age of 3 months has the potential to be in heat. Due to the individual nature of each pet, it may not be possible to see this externally. There are additional fees if your female pet is in heat. (Cat \$10, Dog \$25-100)
- 2) I certify that my animal is in good health and has not had any food or water since 10pm last night.
- 3) I am aware of the possibility of complications and agree to take my animal to an emergency veterinary hospital and be financially responsible for the subsequent treatment.
- 4) I am the owner/agent of the above described pet and have the authority to give consent.
- 5) I hereby consent to and authorize surgery and waive all claims or damages against The Spay Spot and any of its officers, employees, or contractors.
- 6) I understand that payment is required in full on the day of surgery and that The Spay Spot does not offer financial plans.
- 7) I AGREE TO PICK MY PET UP BY 3PM THE DAY OF THE SURGERY OR I WILL BE CHARGED A FEE OF \$20/HR.
- 8) I AM AWARE THAT IF FLEAS OR TICKS ARE FOUND ON MY ANIMAL, TREATMENT WILL BE ADMINISTERED AT MY EXPENSE (\$15-\$19)
- 9) IF DURING A SPAY SURGERY WE FIND AN INFECTED UTERUS (PYOMETRA) THERE WILL BE AN ADDITIONAL CHARGE FROM (\$400- \$800).

BY SIGNING BELOW I AGREE THAT I HAVE READ ALL OF THE ABOVE BULLET POINTS AND UNDERSTAND THERE COULD BE EXTRA CHARGES WHEN CHECKING OUT.



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Signature: _____

Today's Date: _____