

Salmon River Veterinary Service, LLC

Ryan Loiselle, DVM

(PLEASE PRINT)

Owner's Name _____ Pet's Name _____
Street _____ Species _____
City _____ State _____ Sex _____
Zip _____ Age _____
Home Phone _____ Color _____
Mobile Phone _____ Markings _____

\$75 (includes services below)

- Spay (Female) Rabies
 Neuter (Male) Distemper(FVRCP)

Additional services

- Deworming(Round/Hook) \$5
 Deworming(Round/Hook/Tape) \$10
 FELV/FIV test \$35
 FELV vaccine(If tested negative) \$20
 Promeris(Flea treatment) \$35/3 doses

Questions

Has your cat had any prior vaccines?

If so, when?

Where did you get your cat?

Has your cat had any sneezing, vomiting,
coughing or diarrhea?

(DOCTOR NOTES)

General appearance
Musculo-Skeletal
Respiratory
Genito-Urinary
Ears
Lymph Nodes
Dental

Integumentary
Circulatory
Digestive
Eyes
Neural
Mucous Membranes

Ketamine
Xylazine
Yobine
Ivermectin
Praziquantel
Pyrantel Pamoate
Benzathine PenG
Metacam

I am the owner or the agent of the owner of the animal described above, and I have the authority to execute this consent.

I hereby consent and authorize Salmon River Veterinary Service, LLC/staff to perform the following procedures or operations: Ovariohysterectomy/Castration.

The nature of these operations or procedures has been explained to me, and I understand what will be done.

I have also been informed that there are certain risks and complications associated with any operation or procedure of this type. They have been explained to me as well and I assume all risks. I further understand that during the course of the operations or procedures, unforeseen conditions may arise that may necessitate the performance of additional procedures. I authorize the use of appropriate anesthesia and pain relief medication as needed before or after the procedure. I have been informed that there are risks associated with any medication.

Signed _____ Date _____