



N.O.A.H. ANIMAL ADOPTION AND SPAY/NEUTER CENTER

31300 Brandstrom Road
Stanwood, WA 98292
360-629-7055 www.thenoahcenter.org

Assigned #

OWNER INFORMATION: FIRST Name _____ LAST _____
Address _____ City _____ Zip _____
Hm # (_____) _____ Cell #(_____) _____ E-Mail _____
How did you hear about our Clinic? _____

PET INFORMATION: Pet Name _____ DOG CAT Male Female
Age _____ Breed _____ Color _____
Allergies _____ Medications _____
Health Concerns _____

SERVICES REQUESTED & FEES:

- \$55 DOG Spay/Neuter
 - \$15 Extra if dog is: Pregnant Overweight Pyometra Crypt (un-descended testicle)
- \$25 MALE CAT Neuter
- \$30 FEMALE CAT Spay
- \$15 Rabies Vaccine Dog/Cat (*Pets must be 12 wks*)
- \$15 Canine Distemper/Parvo Vaccine (DA2PPV)
- \$15 Canine Kennel Cough Vaccine (Bordetella)
- \$15 Feline Distemper Combination Vaccine (FRCP)
- \$15 Feline Leukemia Vaccine – MUST booster vaccine!
- \$20 Avid Microchip (pre-registered, no extra fee!)
- Tapeworm Treatment – *Fees vary*
- \$15 Frontline Flea Treatment – 1 Month 3 months supply 6 months supply - *Fee varies by size.*
- E-Collar (to prevent your pet from licking it's incision) *Fee varies by size*
- \$15 Feline Leukemia Test: READ NEXT LINE!
 - If the test result is positive, do you want N.O.A.H. to euthanize (put down) this Pet? Yes or No
- I would like to help other animals by making a donation of:* \$2 \$5 \$10 \$25 \$100 Other _____

Clinic Use - Boosters are due:			
<input type="checkbox"/> 3wks	<input type="checkbox"/> 6wks	<input type="checkbox"/> 9wks	<input type="checkbox"/> 1yr
<input type="checkbox"/> 6mo			
<input type="checkbox"/> 3wks	<input type="checkbox"/> 6wks		<input type="checkbox"/> 1yr
<input type="checkbox"/> 3wks			<input type="checkbox"/> 1yr

TOTAL: \$_____ Payment is expected at the time of morning drop-off.

CLINIC USE ONLY Date Surgery Performed: _____ Vet/LVT Name: _____

Weight: _____ Spay Neuter Routine In Heat Preg Lactating Pyo Crypt Overweight Hernia Repair

Inductn: Telezol/Ace or TTA: _____mL Maintain: Iso Atropine: _____mL Pain Relief: Lidocaine Morphine/Bup: _____mL

Ovary/Uterine/Testicle Ligatn _____ Linea: _____ Intra-Dermal: _____ Skin: Tissue Adhesive Other _____ Tattoo

Sub-Q Fluids given: _____mL **FELV Test Result:** (-) Negative or (+) Positive Euth'd **Ear Tip:** Yes No

Comments: _____

Fees \$ _____ Donation \$ _____ Total \$ _____

Cash Check Credit Staff Initials _____

J:\VET CLINIC\Forms, Handouts & Flyers\Owned Pet Check-in form.doc
Updated: 4-8-09



Surgery Consent and Release

N.O.A.H. Animal Adoption and Spay/Neuter Center

Please read and initial each statement.

I, the undersigned, understand the procedure that is to be performed on my pet. I elect to have this procedure performed by a state licensed veterinarian employed by Northwest Organization for Animal Help (aka. N.O.A.H., N.O.A.H. Animal Adoption and Spay/Neuter Center).

Initials _____

I understand that general anesthesia will be used on my pet and understand and accept the risks associated with the anesthesia and the surgical procedure. I understand that the risks involved can vary greatly depending upon my individual pet, his/her general health, age, etc. I understand that there is greater risk of complications if my pet is in-heat, pregnant, overweight, has a heart murmur, hernia, or any other unknown condition (ie: respiratory, liver, kidney disease, etc.). Risks can include death of the pet. ***Initials*** _____

I hereby give my permission to the doctor and veterinary staff to perform all reasonable medical treatments to ensure the health and safety of my pet, and I, as the owner, assume full financial responsibility for any risks and costs incurred while my pet is in the care of N.O.A.H., as well as for any complications that may arise from the procedure and/or the anesthesia thereafter.

Initials _____

I understand and agree that N.O.A.H. cannot be responsible for any costs incurred for the treatment of my pet once it has been released from N.O.A.H.. ***Initials*** _____

I understand that if I do not pick-up my pet at the specified time, it will be considered abandoned and immediately turned over to Everett Animal Control. ***Initials*** _____

I affirm that I am of low-income status. ***Initials*** _____ **Does not apply to Feral Cat Appointments.*

Owner Name (*please print*)

Pet Name(s)

Signature

Date

FERAL CATS ONLY: I hereby give my permission to have the left ear tip of this FERAL cat surgically removed in order to identify the cat as altered. **This adheres to a national marking system of feral cats.* ***Initials*** _____