



# NEUTER SCOOTER

TREATMENT FORM  
Please Print Legibly



DATE \_\_\_\_\_

PETSinc ID# \_\_\_\_\_

ANIMAL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DOG CAT MALE FEMALE BREED \_\_\_\_\_ E-Mail Address \_\_\_\_\_ OTHER: \_\_\_\_\_

COLOR	TREATMENT NOTES
Owner	Exam: WNL ABNORMAL (NOTES BELOW)
Address	xylazine: _____ Ketamine: _____
Phone	Premed xyla/ace: _____ Propofol: _____
Alt phone	PPG: _____
Attending Dr. _____ Tech _____	Other Medications: _____
<b>Surgery</b>	Medical Notes:
<b>Feline</b> Spay Neuter Abnormal - see notes	
<b>Canine</b> Spay Neuter Abnormal - see notes	
<b>Dental</b> Canine Feline see notes for more	
<b>Heart Worm Tx</b>	
Full _____ Other _____	
Date _____ Inj Site _____	
Date _____ Inj Site _____	
Follow up on _____	
Ivermectin INJ _____ mL _____	
<b>Other Surgery</b> _____ (see notes)	

Additional services	Initial		Initial	Microchip #	Initial
<b>Feline</b>		<b>Canine</b>		Pre-Anesthesia Blood Work	\$60.00
FVRCP \$23		DHPPV \$23		Nail Trim	\$9.00
Rabies \$15		DHPPL \$33		Pain Medication	\$20.00
FELV /FIV test \$39		Rabies \$15		Post OP Laser Therapy	\$15
FELV Vaccine \$25		Heartworm Test \$25		Flea/Tick Prevention	Priced per size
Ear tip \$15		Flex 4 HW \$39		Heartworm Prevention	Priced per size
Annual \$109		Bordetella \$20		Microchip	\$25.00
Annual w/FELV \$139		Annual \$130		Fecal	\$30
		Annual w/Lepto \$140		Exam	\$55
				Declined E-Collar	