



Animal Samaritans

Thousand Palms Clinic - 72120 Pet Land Place, Thousand Palms, CA 92276

Indio Clinic - 42-150 B Jackson Street, Indio, CA 92203

No-kill shelter - 72307 Ramon Rd., Thousand Palms, CA 92276

Mailing address - 72120 Pet Land Place, Thousand Palms, CA 92276

Appointments & Administration: 760.343.3477 Shelter: 760.601.3918

www.animalsamaritans.org

Pet Intake Form

Pet Owner's Name: _____ Date: _____

Date of Birth: _____ Email: _____

Phone: _____ Can We Email Our Newsletters to You? Yes No

* Address: _____ City: _____ State: _____ Zip: _____

**for first time clients or changes of address only*

Animal Samaritans relies on charitable donations to run our no-kill animal shelter and pet adoptions program, our Adoption Alliance Rescue Fund, and our Humane Education program. If you would like to give a tax-deductible donation to these important services, we will include the amount on your invoice.

Yes! I will donate Animal Samaritans' life saving programs! \$10 \$5 Other: \$ _____

Pet Information and Medical History

Cat Dog Pet's Name: _____ Breed: _____

Age: _____ Male Female Color Markings: _____

The reason for my visit is: Pet Exam Vaccination Spay/Neuter Other Surgery Dental

Other: _____

(if other reason, please tell us)

Has your pet been ill lately (coughing, sneezing, vomiting, diarrhea)? Yes No Don't know

If yes, please explain: _____

Does your pet have a pre-existing medical condition? Yes No Don't Know

If yes, please explain: _____

Known allergies (including vaccine reactions in the past)? _____

How did you hear about Animal Samaritans? I'm a returning client I adopted a pet from you

Friend/Family Website Internet Search Desert Sun Ad TV Interview Radio Ad

Fundraiser Other: _____

Are you a full-time resident of the Coachella Valley? Yes No

PROCEDURES AND PRICING - CATS AND DOGS

Spay and Neuter	<i>Cost</i>	<i>Initial</i>	Vaccine Dogs	<i>Cost</i>	<i>Initial</i>	Tests	<i>Cost</i>	<i>Initial</i>
Spay - Cat	\$107.00		Rabies 1-yr	\$20.00		Felv-Fiv Test	\$47.55	
Neuter - Cat	\$95.00		Rabies 3-yr	\$20.00		Heartworm Test	\$51.26	
Special Canine Breeds (Spay)	\$156.00		DHPP 1 st	\$24.00		Mini-6/In house	\$151.39	
Special Canine Breeds (Neuter)	\$138.00		DHPP 2 nd	\$24.00		Chem10/In house	\$211.77	
Spay - Dog 0 to 50 lbs	\$118.00		DHPP 3 rd	\$24.00		Chem15/In house	\$238.71	
Spay - Dog 50 to 100lbs	\$136.00		DHPP Booster	\$24.00		Chem17/In house	\$252.94	
Spay—Dog over 100 lbs	\$162.00		Bordatella 1 st	\$20.00		T4 Thyroid Test In house	\$51.26	
Neuter—Dog 0 to 50 lbs	\$116.00		Bordatella 2 nd	\$20.00		Skin scraping for demodex or saccoptic mange	\$49.96	
Neuter— Dog 50 to 100 lbs	\$126.00		Bordatella Booster	\$20.00		Fecal test (Giardia)	\$39.57	
Neuter— over 100 lbs	\$138.00		Vaccine Cats	<i>Cost</i>	<i>Initial</i>	Parvo Test	\$50.34	
Procedures w/ Surgery	<i>Cost</i>	<i>Initial</i>	Rabies 1-yr	\$20.00		FNA (Fine Needle Aspirate)	\$46.65	
Pregnancy Surcharge K-9/Feline	\$60.00/ \$48.00		Rabies 3-yr	\$20.00				
Crypt Orchid -Abdominal	\$80.00		FVRCP 1 st	\$20.00				
Crypt Orchid—inguinal retained testicle	\$56.00		FVRCP 2 nd	\$20.00		*Dental	<i>Cost</i>	<i>Initial</i>
Hernia repair	\$64.00		FVRCP 3 rd	\$20.00		Dental Anesthesia	\$143.25	
In Heat Charge	\$48.00		FVRCP Booster	\$20.00		Dental X-Ray	\$159.45	
IV Catheter w/fluids	\$89.00		FELV 1 st	\$27.00		Extraction—Deciduous per tooth	\$28.00	
Simple Dewclaw (S/N add on) (Rear Only)	\$60.00		FELV 2 nd	\$27.00		Extraction—Level I	\$187.00	
Mass Removal (level 1-3)	\$116.00- \$183.00		FELV Booster	\$27.00		Extraction—Level II	\$205.00	
Pregnancy Surcharge Feral	\$29.00		Medication	<i>Cost</i>	<i>Initial</i>			
Anesthesia (medical)	\$115.00		Go Home Meds	\$27.00		Dental Aftercare	\$33.90	
Pregnancy 3rd Tri 0-50Lb	\$237.00					Dental Re-Check	\$0	
Pregnancy 3rd Tri 51-100lb	\$259.00		Pain Med. - Rimadyl	\$21.00		Oral Surgery (15 min)	\$50.85	
Pregnancy 3rd Tri over 101lb	\$283.00		Pain Med. - Metacam	\$21.00				
Pregnancy 3rd Tri-Feline	\$220.00							
Bilateral Crypt Orchid	\$339.00					Other Fees	<i>Cost</i>	
Procedures	<i>Cost</i>	<i>Initial</i>				Biohazard Fee	\$2.00	
Office Visit	\$56.00							
Pre-surgical exam	\$50.00							
Immediate Care Exam	\$65							
Post S/N Surgical Rechecks	\$0		Medications Dispensed	<i>Cost</i>	<i>Initial</i>			
Anal Glands	\$31.89					Products	<i>Cost</i>	<i>Initial</i>
MicroChip	\$30.70					Cat Carriers	\$5.32	
Nail Trim	\$19.13		Other	<i>Cost</i>	<i>Initial</i>	E-collars inflatable	\$31.89	
Radiographs	<i>Cost</i>	<i>Initial</i>	Cremation	\$178.53		E-collars (clear)	\$10.63	
X-Rays (2 Views) w/Review	\$218.00		Cremation 126 lbs+	\$219.21		E-collars (soft recovery)	\$15.95	
X-rays (each additional view)(no Review)	\$85.91		Euthanasia	\$98.67				
Donations (see front side)	<i>\$Amount</i>	<i>initial</i>						
						PAID CREDIT		
July 2020			*Dental assessment required			PAID CASH		



Consent Form

Pet Owner's Name: _____ Pet's Name: _____

___ Cat ___ Dog ___ Male ___ Female

I am the owner of agent for the owner of the above named pet and have the authority to execute this consent. I do consent and authorize the following procedure(s).

___ Spay/Neuter ___ Dental Services ___ Other Surgeries

I understand that my pet will be under a general anesthetic. I consent that should it become clear during the course of surgery that other procedures are necessary, I agree to pay for those procedures. This can include, **but is not limited to:**

- Non-descended Testicle
- Pregnancy or In Heat
- Hernia Repair

Animal Samaritans will be responsible for re-check of surgical incisions resulting from spay or neutering done only at Animal Samaritans. Animal Samaritans is not responsible for an animal's medical dehydration or potential disease or illness resulting from contact with other animals. The owner or agent is advised that if the animal is lethargic, not eating well or not drinking, shows symptoms of illness, disease or has been injured, the owner or agent is advised to take the animal(s) in such condition to a full service animal hospital and seek advice and/or treatment of a full service veterinarian prior to spay or neuter surgery. The owner or agent is responsible for the spayed or neutered animal after care and is advised to follow post surgical directions. If, following surgery, the animal becomes lethargic, refuses to eat or drink, vomits, bleeds, or acts disorientated, or appears to be ill, the owner or agent is advised to take the animal to Animal Samaritans during regular business hours for free examination. After business hours the owner or agent is advised to take the animal to a full service or emergency veterinarian for advice and/or treatment. I agree that Animal Samaritans or Animal Samaritan veterinarian will not be held responsible for other veterinarian costs associated with the care of the animals whether the owner or agent believes such costs are associated with surgery performed at Animal Samaritans.

I request and authorize the Animals Samaritans' Doctor of Veterinarian Medicine to perform spay or neuter surgery, and other procedures that may be found necessary in the course of the surgery. I understand that all precautions will be taken to safeguard my pet's life and health, but I understand that there is some risk to surgery, including infection at the surgical site, torn or released sutures, skin rash, temporary lethargic condition, and loss of appetite and in rare circumstances, possible death. I release Animal Samaritans and the Veterinarian from any claim or liability from the surgery and any and all claims for reimbursement for costs associated with the care of the animal whether the owner or agent believes such costs are associated with surgery performed at Animal Samaritans. I understand that if I abandon my pet, Animals Samaritans will be authorized the take over ownership of my pet as provided by California's law. I agree that payment for veterinary services will be made in advance by cash or credit card.

I hereby certify that my pet's vaccinations are current or are being given today or I have signed the Vaccination Waiver, that my pet is in good health, and that my pet is not currently under any medications from other veterinary care.

My signature below indicates that I have read and understood this consent form.

Signed: _____

Date: _____



Vaccination Waiver

Treatment of pets that do NOT have proof of immunizations.

Animal Samaritans, in an effort to stem pet overpopulation, is committed to performing as many spay and neuter procedures as it can while not compromising on quality. Animal Samaritans highly encourages all of its patients to have a full series of vaccinations before the undergo any treatment in our facility. We recommend that all pets be vaccinated for at least two weeks prior to their appointment so they have immunity to common diseases.

Why? Just like in human, when your pet receives a vaccine, its immune system produces certain substances called antibodies. Later, if your pet is exposed to the disease, these antibodies help destroy the invading virus or bacteria. Also, just like in humans, animals become more susceptible to catching viruses when the congregate with other animals, such as in dog parks, waiting rooms, etc.

In the event that your pet has not had its vaccinations OR you cannot provide proof that they have been vaccinated, please read the following carefully.

1. I understand that my pet, as a result of not having been vaccinated may be susceptible to airborne animals diseases and may come in contact with some while within our facility.
2. I understand that immunization of my pet will substantially eliminate the chance of my pet contracting airborne diseases.
3. I have had the opportunity to ask any questions I have concerning these immunization(s). All such questions have been answered to my satisfaction.

___ I have been informed of, and understand, the risks associated with non-immunization.

Pet Owner's Name: _____ Date: _____

Pet Owner's Signature: _____

Pet Name: _____

Pet Name: _____

Pet Name: _____



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Spay/Neuter Tattoo

Attention: Animal Samaritans Clients

Please be informed that all animals (female cats only and dogs), spayed or neutered will be tattooed with a small green vertical tattoo in the abdomen area for females or near the scrotum area for males. The purpose of the tattoo is to inform county animal control officers and veterinarians that this pet has been altered.

(Male cats/Feral cats don't get a tattoo)

Pet Owner's Name: _____ Date: _____

Pet Owner's Signature: _____

Receptionist Initial: _____

Spay/Neuter Tattoo

Atención: Clientes de Animal Samaritans

Tenga en cuenta que todos los animals (solo las gatas y perros(a)) esterilizados o castrados serán tatuados con una pequeña línea verde vertical en el área del abdomen para las hembras o cerca del área del escroto para los machos. El propósito del tatuaje es informar a los oficiales de control de animals del condado y a los veterinaries que esta mascota ha sido alterada.

(Los gatos machos/Gatos salvajes no se tatúan)

Nombre del Propietario/Agente: _____ Fecha: _____

Firma del Propietario/Agente: _____

Recepcionista Inicial: _____



Spay and Neuter Discharge

When you arrive home please offer your pet a few drinks of water. If your pet is holding down water well you may do the same thing with food. If your pet is holding down water and food in small amounts you may give a small meal later this evening, about $\frac{1}{4}$ of their normal dinner. If there is any vomiting please let the tummy rest for 30 minutes and try again. You may feed your pet normally tomorrow. If vomiting is severe or does not stop please take your pet to the emergency hospital.

Please restrict activity for 10-14 days. No swimming, bathing, or grooming. No running, jumping, or hard play. This means leash walks only to use the restroom. Your pet should NOT be left outside unsupervised. We recommend your pet stay in a kennel if you are unable to supervise them. Please make sure to have the pet wear e-collar anytime you are not supervising them, this includes while you are sleeping. Please check incision twice daily looking for any opening of the incision or discharge. A slight redness is normal following surgery, but if it increases please contact us.

If you purchased pain medication you will start it tomorrow morning, the pain injection given today lasts for 24 hours. You DO NOT need to return for suture removal as they will dissolve on their own. If you have any questions beyond the information given to you please contact us.

I have read and understand the above instructions for the after care of my pet.

Pet Owner's Signature: _____ Date: _____

Date: _____

Pet Owner's Pre-Spay/Neuter Surgery Form



Client Name: _____

Patient Name: _____

FOR STAFF ONLY



Temp: _____ Weight: _____

Eyes: _____ Ears: _____

Heart Rate: _____

Female CAT Spay	Initial
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Male CAT Neuter	Initial
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Female DOG Spay	Initial
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Male DOG Neuter	Initial
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OPTIONAL SERVICES	COST	Initial for YES	Initial for NO
Deciduous Teeth	\$28 per tooth		
* MINI BLOOD PANEL	\$76		
Simple Dew Claw Removal (we do not de-claw pets)	\$60 Per dewclaw		
** Umbilical Hernia	\$64		
*** IV Catheter & Fluids	\$89		
Take home medication	\$27		
E-COLLAR	\$11 +tax		
NAIL TRIM	\$6		
‡ Small S/N Tattoo	\$ 0		

POSSIBLE ADDITIONAL SURGERY CHARGES	COST	Please Initial
Pet in heat charge	\$48	
Pregnant Pet 1st/2nd Term	\$48 - \$60	
Obese Pet / extra time in surgery	\$208	
Pregnant Pet 3rd Term: 2 - 50lb	\$237	
Pregnant Pet 3rd Term: 50 - 100lb	\$259	
Pregnant Pet 3rd Term: 100+ lb	\$283	
Crypt Orchid	\$56 - \$339	

*** Non -Optional services, charges will occur if found**

*** Optional Services will ONLY be repaired/removed if initial YES**

Initial: _____ I have read and understand the information above regarding optional services.

Initial: _____ I have read and understand the information above regarding possible additional surgery-related charges.

Initial: _____ I request and authorize a DVM to operate upon, treat and care for my pet as indicated. For the purpose of surgery and treatment, I expect reasonable precautions to be taken to protect my pet's life and health. I understand that there is some risk in surgical procedures, including risk of injury or death.

Initial: _____ Owners of Male Dogs: Over time, the scrotum of a neutered dog will shrink and retract on its own. Though uncommon, some dogs may swell and bleed at their scrotum following neutering and the doctor may need to remove the scrotum during surgery.

By signing below, I certify that I am the legal owner, or authorized agent for the owner of the animal described. I release a DVM and sponsor from any claim or liability arising from the surgery, vaccination and treatment of my pet, including claim of reimbursement for the treatment by another veterinarian. I understand that my pet is to be discharged the day of the surgery. If I abandon my pet, the DVM or sponsor will be authorized to take over the ownership of my pet as provided by California law.

Signed: _____

Date: _____

DISCLOSURE OF INFORMATION: I hereby authorize the veterinarian and Animal Samaritans SPCA, Inc. to disclose information concerning my animal's veterinary care received, my name as the responsible party for the animal, as well as veterinary care provided to my animal to third parties for the purpose of payment for services provided as required by law.

* BLOOD PANEL screens for liver & kidney problems; this is vital information for clearing anesthetic medicine from your pet's body.

** If your pet has an umbilical hernia, we strongly recommend fixing it while he/she is under anesthesia.

*** We strongly recommend use of an IV Catheter & Fluids for pets aged 5 years and older. This provides cardiovascular support and immediate access to your pet's circulatory system for medicines.

‡ A 1/2 inch tattoo is put on your pet's abdomen to inform animal shelters, veterinarians and animal control officers your pet has been altered, which is vital information if your pet is ever impounded; it protects him/her from attempts at a 2nd spay/neuter surgery.



Animal Samaritans Advance Directive

Pet's Name: _____ Species: _____ Sex: _____

Effective Date: _____

Animal Samaritans Veterinary Clinic is committed to providing patients with state-of-the art care that considers the quality as well as the quantity of a pet's life.

For patients experiencing advanced disease, advanced age, multiple disease processes, or a disease considered to be terminal, it's appropriate to decide in advance whether aggressive measure of resuscitation will be employed if needed.

Resuscitation of a collapsed or unconscious patient is tailored to meet the needs of the individual but may include any or all of the following:

- Establishing an airway via insertion of an endotracheal tube
- Establishing intravenous access via insertion of an intravenous catheter and administration of fluids and injectable medications through the catheter
- Administration of oxygen through the endotracheal tube
- Chest compressions (external cardiac massage)
- Intracardiac delivery of injectable medications

Alternatively, as the animal's human guardian, you may choose to withhold these aggressive resuscitative measures. This decision should be based on discussions with your veterinarian before any critical events and consider the pet's overall condition and the probability of the animal surviving a resuscitation event.

I, the undersigned owner or agent of the owner of the pet identified above, certify that I am over eighteen years of age and have been informed of the critical nature of my pet's medical condition. Please initial below.

I hereby request that in the event my pet's cardiac and/or respiration should stop, attempts to resuscitate my pet should be made. I understand that charges incurred as a result of life saving measures will be my responsibility and they could exceed \$250.

I hereby request that in the event my pet's cardiac and/or respiration should stop, no person shall attempt to resuscitate my pet.

This request is being given after a doctor from Animal Samaritans has discussed with me my pet's medical condition and the consequences of this order. This order is effective on the date set forth above until it is revoked by me.

Being of sound mind, I voluntarily execute this order, and I fully understand it.

Pet Owner's Signature: _____ Date: _____