

# Associated Humane Societies MSNU FORM

# AHS

Date / Fecha

## OWNER INFORMATION

Last Name / Apellido \_\_\_\_\_ First Name / Nombre \_\_\_\_\_

Street Address / Direccion \_\_\_\_\_

City / Ciudad \_\_\_\_\_ State / Estado \_\_\_\_\_ Zip / Código Postal \_\_\_\_\_

Phone number where you can be reached TODAY.  
Número de teléfono donde se le pueda localizar HOY.

- cell / celular       home / casa  
 work / trabajo       other / otro

### DONATION BOX

- Cash     Check  
 \$ \_\_\_\_\_

### PAYMENT BOX

- Cash     Check  
 Credit/Debit  
 \$ \_\_\_\_\_

### PUBLIC ASSISTANCE / ASISTENCIA PÚBLICA

- Disability / Discapacidad     SSI     SSDI     Unemployment  
 Medicare     Medicaid     Food Stamps / Cupones de Alimentos  
 Public Housing / Casas Publica

Medicaid Card # / Número de Tarjeta de Medicaid \_\_\_\_\_

## PATIENT INFORMATION

Name

Dog  Cat

Breed

Coat Color

Age

SEX / SEXO

YES NO

male  female

Has she had a litter? / ¿Ha tenido cria?  YES  NO

If, yes, how many? / ¿Si tuvo, cuantos? \_\_\_\_\_

Is the animal a stray? / or feral

Es una mascota callejera?  YES  NO

### ENGLISH

For Cats Only: Indoor Only, Indoor/Outdoor, Feral

	YES	NO
Does your pet have any current medical conditions (including coughing, sneezing, vomiting or diarrhea)? If yes, please describe:	<input type="radio"/>	<input type="radio"/>
Is your pet taking any medications (including any flea or tick treatments given in the last 30 days)? If yes, please describe:	<input type="radio"/>	<input type="radio"/>
When did your pet last eat?	_____	

## Notes

## OWNER TREATMENT REQUEST + SIGNATURE

In addition to being sterilized today, my pet needs:	YES	NO
Rabies Vaccination	<input type="radio"/>	<input type="radio"/>
FVRCP (cats) / DAPP (dogs) Vaccination	<input type="radio"/>	<input type="radio"/>
Bordetella Vaccination	<input type="radio"/>	<input type="radio"/>
Lyme Vaccination	<input type="radio"/>	<input type="radio"/>
Microchip*	<input type="radio"/>	<input type="radio"/>
Flea Treatment	<input type="radio"/>	<input type="radio"/>
Leptospirosis - Vaccination	<input type="radio"/>	<input type="radio"/>

In addition to being sterilized today, my pet needs:	YES	NO
FELV/FIV Test	<input type="radio"/>	<input type="radio"/>
Heart - Worm Test	<input type="radio"/>	<input type="radio"/>
Heartguard Plus SM/MD/LG	<input type="radio"/>	<input type="radio"/>
Deciduous Teeth Extraction	<input type="radio"/>	<input type="radio"/>

\* additional charge

## ANESTHESIA RELEASE

I understand that the doctors and staff will use all reasonable precaution against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risk to my pet and I will not hold the doctor and staff responsible under any circumstances. I understand that I assume all risks.

By signing below, you signify that the donation/payment information above is correct and that you read, understand and agree to all the terms listed in the consent statement

signature / firma \_\_\_\_\_

date / fecha \_\_\_\_\_

SURGERY INFORMATION	
<b>OVE</b>	<b>Suture Type</b>
Fatty <input type="radio"/>	None <input type="radio"/>
Hydrometra <input type="radio"/>	Monocryl <input type="radio"/>
Friable <input type="radio"/>	PDS/Monodex <input type="radio"/>
Pyometra <input type="radio"/>	Vicryl <input type="radio"/>
Postpartum <input type="radio"/>	Other <input type="radio"/>
Pedicle Tie <input type="radio"/>	
✓	
Spayed	
Already Spayed	
Scar seen / Tattooed	
Likely in heat	
Lactating	
Pregnant	
Neutered	
Already Neutered	
Undescended testicle(s) L/R	
Cryptorchid Abdominal/ SQ	
Multiple incisions	
Sutures to remove?	
Tissue Adhesive	
Abdominal exploratory performed	

This animal can begin eating and drinking a small amount at the following time / Este animal puede comenzar a comer y beber una cantidad pequeña a la siguiente hora:

PRESURGICAL EXAM	
Pet's Weight Peso de la Mascota	<input type="text"/>
Body Condition Score Condición Corporal	<input type="text"/>
<input checked="" type="radio"/> NO SIGNIFICANT FINDINGS / NO HUBO HALLAZGOS SIGNIFICATIVOS <input type="radio"/> ABNORMAL / ANORMAL	
General Appearance / Aspecto General	<input type="text"/>
Mucous Membranes / Membrana Mucosa	<input type="text"/>
Hydration / Hidratación	<input type="text"/>
Cardiac/Circulatory (heart sounds) Cardiaco/Circulatorio (sonidos de corazón)	<input type="text"/>
Respiratory (lung sounds) Respiración (sonidos de pulmón)	<input type="text"/>
Reproductive / Reproductivo/ a	<input type="text"/>
Skin	<input type="text"/>

My signature confirms that I performed a presurgical examination (or visual examination for feral cat) and that the patient is an adequate candidate for anesthesia and spay/ neuter surgery. I also performed the spay/neuter surgery on this patient.

---

Veterinarian Signature

SERVICES RECEIVED/ SERVICIOS RECIBIDOS	
Today your pet received the following vaccines and/ or services as checked below: Hoy su mascota recibió las siguientes vacunas y lo servicios: ✓	
Rabies Vaccination Vacuna contra la Rabia	Booster Due: <input type="text"/>
FVRCP (cats/gatos) DAPPV (dogs/perros) Vaccination / Vacuna Others:	Booster Due: <input type="text"/>
Tattooed / Tatué	<input type="text"/>
Nail Trim / Corte de unas	<input type="text"/>
E-collar / Collar Protectora	<input type="text"/>
Microchip	<input type="text"/>
Flea Treatment / Tratamiento de pulgas	<input type="text"/>
Antibiotics (to go home)	<input type="text"/>
Pain Meds (to go home)	<input type="text"/>
Other:	<input type="text"/>