OFFICE USE ONLY	
Date	

ACT
ADMISSION FORM
(813) 250-3900

ANIMAL I.D. NO.

REV. 5/08

Your Name	Organization (If Applicable)	E-mail (please print clearly)	
Address	City	State	Zip
Primary Phone	Alternate Phone	How did you hear about us?	
Pet's Color(s)	Pet's Name	Pet's Estimated Weight (Dogs only)	

Species (circle one) Cat Dog	Pet's Sex (circle one) Male Female	Breed	Pet's Estimated Age Years Mos.

It is important for you to understand that the risk of injury or death, although extremely low, is always present just as it is for humans who undergo surgery. Carefully read and understand the following before signing your name.

I, acting as owner or agent of the pet named above, hereby request and authorize ACT, through whomever veterinarians they may designate, to perform an operation for sexual sterilization of the animal named on the above portion of this form.

- I understand that the operation presents some hazards and that injury to or death of such an animal may conceivably result, for there is some risk in the procedure and the use of anesthetics and drugs in providing this service.
- I understand that some factors may increase surgical risk, including but not limited to pregnancy, heat, FIV, Feline leukemia, and heartworms.
- I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of or connected with the performance of this operation due to such failure.
- I understand that it takes up to two weeks for vaccinations to protect my animal.
- I certify that my animal is in good health and has had no food since 9:00 PM the evening prior to surgery.
- I understand that ACT has the right to refuse service to any animal to whom surgery is deemed a health risk.
- I understand that ACT will proceed with surgery regardless of a positive result to any test requested, unless I have specifically instructed otherwise or unless the surgery is deemed to be an unadvisable risk.
- I understand that if my animal is pregnant, the pregnancy will be terminated at surgery.
- I understand that if my animal has an open umbilical hernia, it will be repaired at time of surgery at an additional charge of $15.
- I understand that if I don't retrieve my pet at the agreed upon time that ACT will exercise it's right to either turn the animal over to the nearest humane society or dispose of as deemed just and proper as allowed by the State of Florida. Owners of pets left after the agreed date shall be charged a late fee of no less than $5 per hour.

I hereby release ACT and all of its associates from any and all claims arising out of or connected with the performance of this procedure of any adverse reactions from vaccinations. I agree that I have not and will not claim any right of compensation from them, or any of them, or file action by reason of such sterilization or attempted sterilization of such animal or any consequences related thereto.

APPROVAL SIGNATURE ______________________ **REC'D BY** ______________

CHECK DISCOUNT PACKAGE AND/OR SERVICES REQUESTED

❑ Canine Essentials	❑ Puppy Essentials	❑ Feline Essentials	❑ Feline Mini Special	❑ County Voucher	❑ Other
Exam & Sedative	Exam & Sedative	Exam & Sedative	Exam & Sedative	Exam & Sedative	______
Spay or Neuter	Spay or Neuter	Spay or Neuter	Spay or Neuter	Spay or Neuter	______
Rabies Vaccine	Rabies Vaccine	Rabies Vaccine	Rabies Vaccine	Rabies Vaccine	______
Distemper DALPPV	Distemper DALPPV	Distemper FVRCP	Distemper FVRCP	Pain Inject	______
Bordatella	Bordatella	Leukemia Vaccine	Flea Treatment	E Collar	______
Microchip	Microchip	Microchip	Dewormer	Home Pain Med	______
Flea Treatment	Flea Treatment	Flea Treatment	Pain Inject	HC License Tag	______
Nail Clip	Nail Clip	Nail Clip	***$65***	***$10***	
HW Test	HW Dose	Dewormer			
Pain Inject For Day	Dewormer	Pain Inject For Surgery			
E Collar	Pain Inject for Surgery	Home Pain Med			
Home Pain Med	E Collar	***$95***			
$155-175	Home Pain Med				
	$155				

ADDITIONAL SERVICES REQUESTED

❑ Spay or Neuter	❑ Microchip	❑ Hernia Repair	❑ Ear Tip
❑ Rabies 1 year / 3 year	❑ Nail Trim	❑ Cryptorchid	❑ Home Pain Med
❑ Dog Distemp/Parv	❑ Flea Treatment	❑ Cat Distemp/PanL	❑ E Collar
❑ Dog Bordatella	❑ HW Dose	❑ Cat Leukemia	❑ Flea Pack
❑ HW Test	❑ Dewormer - Gen	❑ Cat FelV/FIV Test	❑ HW Pack
❑ HC License Tag	❑ Dewormer - Tapes	❑ Teeth Pulled	

SUB TOTAL	DEP	BAL	ADDS	BAL DUE	PD: CASH / CR	DATE	BY

OFFICE USE ONLY
Date

ACT
MEDICAL FORM
(813) 250-3900

ANIMAL I.D. NO.

REV. 5/08

Your Name	Organization (If Applicable)	E-mail (please print clearly)	
Address	City	State	Zip
Primary Phone	Alternate Phone	How did you hear about us?	
Pet's Color(s)	Pet's Name	Pet's Estimated Weight (Dogs only)	
Species (circle one) Cat Dog	Pet's Sex (circle one) Male Female	Breed	Pet's Estimated Age Years Mos.

_______ cc Ace SQ IM
_______ IV Catheter
_______ cc Dex SQ IV

_______ cc Bup IM
_______ LRS IV / SQ
_______ Morphine IV / SQ
_______ Other

______ cc Tel IM / SQ
______ ppg SQ
______ CC Other

______ Torb IV / SQ
______ cc Euth
______ Other

Weight ______ Lbs.

Dr. ❑ LE ❑ _____ ❑ _____

Rx

❑ Spay ❑ Neuter ❑ ABS ❑ ABN ❑ Cryptorchid ❑ In Heat ❑ Hernia Repair

❑ Pregnant ❑ 1 ❑ 2 ❑ 3

❑ HW Test ❑ + ❑ negative ❑ FELV/FIV Test ❑ negative ❑ FELV + ❑ FIV + ❑ + Both

APPROVAL SIGNATURE ______________________ **REC'D BY** ______________________

CHECK DISCOUNT PACKAGE AND/OR SERVICES REQUESTED

❑ Canine Essentials
Exam & Sedative
Spay or Neuter
Rabies Vaccine
Distemper DALPPV
Bordatella
Microchip
Flea Treatment
Nail Clip
HW Test
Pain Inject For Day
E Collar
Home Pain Med
$155-175

❑ Puppy Essentials
Exam & Sedative
Spay or Neuter
Rabies Vaccine
Distemper DALPPV
Bordatella
Microchip
Flea Treatment
Nail Clip
HW Dose
Dewormer
Pain Inject for Surgery
E Collar
Home Pain Med
$155

❑ Feline Essentials
Exam & Sedative
Spay or Neuter
Rabies Vaccine
Distemper FVRCP
Leukemia Vaccine
Microchip
Flea Treatment
Nail Clip
Dewormer
Pain Inject For Surgery
Home Pain Med
$95

❑ Feline Mini Special
Exam & Sedative
Spay or Neuter
Rabies Vaccine
Distemper FVRCP
Flea Treatment
Dewormer
Pain Inject
$65

❑ County Voucher
Exam & Sedative
Spay or Neuter
Rabies Vaccine
Pain Inject
E Collar
Home Pain Med
HC License Tag
$10

❑ Other
____
____
____
____
____
____
____

ADDITIONAL SERVICES REQUESTED

❑ Spay or Neuter
❑ Rabies 1 year / 3 year
❑ Dog Distemp/Parv
❑ Dog Bordatella
❑ HW Test
❑ HC License Tag

❑ Microchip
❑ Nail Trim
❑ Flea Treatment
❑ HW Dose
❑ Dewormer - Gen
❑ Dewormer - Tapes

❑ Hernia Repair
❑ Cryptorchid
❑ Cat Distemp/PanL
❑ Cat Leukemia
❑ Cat FelV/FIV Test
❑ Teeth Pulled

❑ Ear Tip
❑ Home Pain Med
❑ E Collar
❑ Flea Pack
❑ HW Pack

SUB TOTAL	DEP	BAL	ADDS	BAL DUE	PD: CASH / CR	DATE	BY