

First Name _____	Home Phone _____
Last Name _____	Cell/Other Phone _____
Mailing Address _____	
City/State/Zip _____	
Email _____	May we send you occasional information? Yes <input type="checkbox"/> No <input type="checkbox"/>

Pet's Name _____ Sex _____
 Age/DOB _____ Hair: S. M. L.
 Color _____

SEDATIVE/ANESTHESIA RELEASE. You are to use all reasonable precautions against injury, escape, or death of my pet. I understand that all anesthesia and surgery involves some minimal risk to my pet, but you will not be held liable or responsible in any manner whatsoever or under any circumstances in connection therewith as it is thornily understood that I assume all risks. I have read the foregoing and agree.

Date: _____ Owner/Agent _____

Client #	Cage #	Rabies Lot #	Rabies Date	Microchip #
----------	--------	--------------	-------------	-------------

PHYSICAL EXAM

Weight 1: _____
 Weight 2: _____
 Over Weight: 1 2 3
 SX Weight: _____
 Temp: _____
 MM: _____
 HR: _____
 OK For SX: _____
 No SX Today: _____
 Hydration: _____
 HL: _____
 Unable To PE: _____
 PEN G: _____
 SQ Therapy: _____

Feline Spay _____
 Estrus _____
 Pregnancy _____
 Feline Neuter _____
 Cryptorchid _____
 Previous Spay/Neuter _____
 Hernia Repair _____
 Dental Extractions _____
 Scale & Polish _____
 FeLV _____
 FeLV Batch _____
 FeLV-FIV _____
 FeLV-FIV Batch _____
 IDEXX _____

Earmites Seen/Treated _____
 Ear Cleaning _____
 Ear Notch _____
 Fleas/Ticks Seen _____
 Capstar _____
 Flea Treatment: Bravecto Frontline Revolution Activyl _____
 Nail Trim _____
 Soft Paws _____
 Lion Shave _____
 Microchipping _____
 Marquis Paste _____
 Strongid 1 _____
 Strongid 2 _____
 Droncit _____

Intranasal _____
 FVRCP 1 _____
 FVRCP 2 _____
 FVRCP 1yr _____
 FVRCP 3yr _____
 FeLV-1 _____
 FeLV-1yr _____
 Rabies 1yr _____
 Rabies 3yr _____
 Cardboard Carrier _____
 Kitten Card _____
 Office Visit _____
 Vax Visit _____

Surgical Comments

<p>Female Both ovaries and uterus are exteriorized with midline abdomen incision. Prediciles are ligated with 2/0, 3/0 gut. Body wall closed with 50 sassy SZ/Se closed with 2/0, 30 gut</p> <p>Male Testicles are exposed via scrotal incision. Self-Ligated</p> <p>Surgeon _____ Time _____</p>	<p>NON-CONTROLLED</p> <p>Acepromazine 10mg/l _____ mls SQ/IM/IV Atropine 0.54 mg/ml _____ mls SW/IM/IV Yohibine 2mg/nk _____ nks SQ/IM/IV Isoflorane Mask/ETT _____ Metacam 5mg/ml _____ mls SQ Oral Metacam 1.5 mg/ml /0.5mg/ml</p>	<p>CONTROLLED</p> <p>Buprinex 0.3 mg/ml _____ Oral Midazolam 5 mg/ml _____ mls IM Ketamine 100 mg/ml _____ mls IV Ketamine/Rompun _____ mls IM</p>
---	--	--