

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: M F	Rabies Lot # _____	Rabies Date _____
Age/DOB _____ Breed: _____	Cage # _____	Microchip # _____
Color _____		

Client #	Canine Spay	Canine Neuter	Vaccines
<b>PHYSICAL EXAM</b>  Weight 1: _____ Weight 2: _____ SX Weight: _____ Temp: _____ Over Weight: 1 2 3 _____ MM: _____ HR: _____ OK For SX: _____ No SX Today: _____ Hydration: _____ HL: _____ Unable To PE: _____ PEN G: _____ SQ Therapy: _____	Under 30 lbs _____	Under 30 lbs _____	DHLPP 1 _____
	31-49 lbs _____	31-49 lbs _____	DHLPP 2 _____
	50-79 lbs _____	50-79 lbs _____	DHLPP 1yr _____
	80-99 lbs _____	80-99 lbs _____	DHLPP 3yr _____
	Over 99 lbs _____	Over 99 lbs _____	Lepto 1 yr _____
	Estrus 1 2 _____	Cryptorchid _____	DHPP 1 _____
	Pregnancy 1 2 3 _____	Previous Neuter _____	DHPP 2 _____
	Previous Spay _____	Fleas/Ticks Seen _____	DHPP 1yr _____
	Microchipping _____	Capstar _____	DHPP 3yr _____
	Nail Clipping _____	Flea Treatment: _____	Rabies 1yr _____
	Dental Extractions _____	Bravecto Frontline Revolution Activyl _____	Rabies 3yr _____
	Scale & Polish _____	Marquis Paste _____	Bordetella _____
	Ear Cleaning _____	Strongid 1 _____	Influenza 1 _____
	Deep Flush _____	Strongid 2 _____	Influenza 1yr _____
	E-Collar Sm/Med _____	Droncit _____	Rattlesnake 1 _____
E-Collar Lg _____	IDEXX _____	Rattlesnake 1yr _____	
	HW Test _____	Office Visit _____	
	Heartworm Preventative _____		

**Surgical Comments**

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Female Both ovaries and uterus are exteriorized via midline abdominal incision. Pedicles are ligated with _____. Body wall closed with _____ SQ/SC closed with _____.  Male Testicles are exposed via pre-scrotal incision. Cords ligated with 2-0/3-0 gut. Closed with 2 layers 2-0/3-0 pds/gut, buried suture. (Open/Closed castr.)  Surgeon: _____ Time: _____	<b>NON-CONTROLLED</b> Acepromazine 10mg/ml _____ mls SQ/IM/IV Atropine 0.54 mg/ml. _____ mls SQ/IM/IV  Isoflorane Mask/ETT Metacam 5mg/ml _____ mls SQ  Oral Metacam 1.5 mg/ml 0.5mg/ml	<b>CONTROLLED</b> Buprinex 0.3 mg/ml _____ Oral Midazolam 5 mg/ml _____ mls IV Ketamine 100 mg/ml _____ mls IV Ketamine/Rompun _____ mls IM 1.5 mg/ml Lidocaine CRI Bolus _____ 1.5 mg/ml Lidocaine CRI Rate _____
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