

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

Pet's Name _____ **Sex:** M F

Age/DOB _____ **Color** _____

Fur Length: Short Medium Long

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 forgoing and agree.

Date: _____ **Owner/Agent** _____

Client #	Cage #	Rabies Lot #	Rabies Date	Microchip #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHYSICAL EXAM

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: _____

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

Office Visit

Cardboard Carrier

KITTEN CARD

Paid

Surgical Comments

<p>Female</p> <p>Both ovaries and uterus are exteriorized via midline abdominal incision. Pedicles are ligated with 2/0, 3/0 gut. Body wall closed with 50ss/si SZ/SE closed with 2/0, 3/0 gut.</p> <p>Male</p> <p>Testicles are exposed via scrotal incision. Self-ligated.</p> <p>Surgeon: _____ Time: _____</p>	<p style="text-align: center;">NON-CONTROLLED</p> <p>Acepromazine 10mg/ml _____ mls SQ/IM/IV</p> <p>Atropine 0.54 mg/ml. _____ mls SQ/IM/IV</p> <p>Yohibine 2mg/ml _____ mls SQ/IM/IV</p> <p style="text-align: center;">Isoflorane Mask/ETT</p> <p>Metacam 5mg/ml _____ mls SQ</p> <p style="text-align: center;">Oral Metacam 1.5 mg/ml 0.5mg/ml</p>	<p style="text-align: center;">CONTROLLED</p> <p>Buprenorphine 0.3 mg/ml _____ Oral</p> <p>Midazolam 5 mg/ml _____ mls IV/IM</p> <p>Diazepam 5 mg/ml _____ Rectally</p> <p>Dexmedetomidine 0.5mg/ml _____ mls IM</p> <p>Ketamine 100 mg/ml _____ mls IM</p> <p>Butorphanol 10 mg/ml _____ mls IM</p>
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