

# RESCUE PARTNER FELINE SURGERY REGISTRATION

Organization Name Solano Feral Cat Group

Organization Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Pet's Pickup Contact (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Pet's Name: \_\_\_\_\_ Sex: M F Age/DOB: \_\_\_\_\_

Breed: \_\_\_\_\_ Fur Length: Short Medium Long Color: \_\_\_\_\_

## CLINIC USE BEYOND THIS POINT

SX Weight	Surgery Procedure	Vaccines	Microchip # / Sticker	
Over Weight: 1 2 3	Feline Spay	FVRCP	<b>Services</b>	
	Estrus	Initial Booster 1yr 3yr		
	Pregnancy	Previous Vaccine? Date/Proof:		
Kennel #	Previous Spay	FeLV	Microchipping	
<b>Vitals</b>	Feline Neuter	Initial 1yr	Nail Trim	
	Cryptorchid	Previous Vaccine? Date/Proof:	Ear Cleaning	
	Dental Procedure		<b>Vaccine Sticker</b>	Simple Deep Flush
	Previous Neuter	<b>Rabies Lot/Sticker</b>	Earmites	Seen Treated
	Hernia Repair		Ear Tip	
	<b>Dental Procedure</b>		Dental Extractions	Fleas/Ticks
MM:	Scale & Polish	Rabies 1yr	<b>Rx Medication</b>	
HR:		Rabies 3yr		
HL:	<b>Testing</b>	<b>Rabies Lot/Sticker</b>		
Hydration:	FeLV Negative Positive	<b>Products</b>	Bravecto Single Pack	
SQ Therapy:	FeLV/FIV Negative Positive		Nextgard Combo Single Pack	
PEN G:	IDEXX Test/Code		Cardboard Carrier	Revolution Single Pack

Surgical Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Male	CONTROLLED	Bottle#	2nd dose/bottle#	OTHER
Incision: Scrotal. Auto - ligated.	DKT _____ mls IM	_____	_____	
Surgeon: _____ Time: _____	Buprenorphine 0.3mg/ml _____ mls Oral	_____	_____	Atipamezole 5mg/ml _____ mls SQ/IM
	Butorphanol 10mg/ml _____ mls SQ/IM/IV	_____	_____	Dexmedetomidine 0.5mg/ml _____ mls IM
<b>Female</b>	Diazepam 5mg/ml _____ mls Rectally/IV	_____	_____	Onsior 20mg/ml _____ mls SQ
OHE or Ovariectomy	Ketamine 100mg/ml _____ mls IM/IV	_____	_____	
Suture size/type: ligatures body wall SQ/intradermal	Midazolam 5mg/ml _____ mls IM/IV	_____	_____	
Surgeon: _____ Time: _____				<b>Tech initials:</b> _____