

RESCUE PARTNER FELINE SURGERY REGISTRATION

Organization Name Solano Feral Cat Group

Organization Contact Name Michelle Bartlett Phone (707) 384 - 7968

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

Surgical Comments: _____

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