

CAGE # _____

Spay/Neuter Veterinary Clinic of the Sandhills (910) 692-FIXX (3499)

Weight: (kgs)
(lbs)

Date of Surgery

Treatment Form - CAT

First name

Last name

Phone #

Your pet's name

Pet's age or DOB

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cat

Male Female

Has your pet had a litter? Y N

Date of last litter _____

Pet's color(s)

Pet's breed

Medication currently taking

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Physical Exam: T _____ P _____ R _____ MM _____ CRT _____

Drug Record

Drug	Dose (ml)	Route	Time	Given By	Dose Frequency & Duration (if dispensed)
Butorphanol		IM			
Dexmedetomidine		IM			
Ketamine		IM			
Antisedan		IM			
Metacam		SQ			
Lidocaine		SQ			
Bupivacaine		SQ			
Amoxidrops		PO			

Surgery performed:

clipped: _____

CAT

Closed castration

Ovariohysterectomy

In Heat Pregnant _____

Friable/Postpartum

Ovarian Pedicles, Uterine Body, Linea, SQ: **3-0 monosorb** _____

Skin: _____

CAT - General

Already Neutered

Already Spayed

Abnormalities	Owner Approved
Cryptorchid	<input type="checkbox"/>
<input type="checkbox"/> Abdominal L / R <input type="checkbox"/> Inguinal L / R	
Heart Murmur _____	<input type="checkbox"/>
Hernia Repair	<input type="checkbox"/>
<input type="checkbox"/> Reducible <input type="checkbox"/> Non-reducible	

Surgery notes: _____

Vaccines / injections / services:

Rabies - 1 Year Ear Tip (Feral cats) Microchip SQ Fluids _____

Rabies - 3 Year Nail Trim Euthasol for Kittens _____

Recommendations for follow up:

Over/Underweight Ear Concerns Skin Abnormalities Tapeworms/Intestinal Parasites Dental Concerns Fleas Ticks

Sx Start: _____ Sx Stop: _____ Doctor: _____

ISO Start: _____

Checked Record: _____