

Animal ID # _____

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

Weight:
(kgs)

(lbs)

Date of Surgery

Treatment Form – DOG

First name

Last name

Phone #

Pet's name

Pet's age or DOB

Dog

Male Female

Has your pet had a litter? Y N

Date of last litter _____

Pet's color(s)

Pet's breed

Medications currently taking

Physical Exam: T _____ P _____ R _____ MM _____ CRT _____

Drug Record

Drug	Dose (ml)	Route	Time	Given By	Dose Frequency & Duration (if dispensed)
Acepromazine		IM			
Morphine		IM			
Telazol		IV			
Rimadyl inject.		SQ			
Metacam inject.		SQ			
Atropine		IM			
Butorphanol		IM			
Oral Metacam TGH		PO			
Rimadyl tablets TGH		PO			
Lidocaine		SQ			
Bupivacaine		SQ			
Cephalexin		PO			

Surgery performed:

DOG

- Closed castration
- Pediatric castration
- Ovariohysterectomy
 - In Heat Friable/Postpartum
 - Pregnant _____
 - Muco/pyometra

- Ovarian Pedicles: _____
- Uterine Body: _____
- Linea, SQ: _____
- Spermatic Cord: _____
- Skin: _____
- Cold-sterile

Clipped: _____

Abnormalities: Owner Approved

- Cryptorchid.....
- Abdominal: L / R
- Inguinal: L / R
- Heart Murmur.....
- Hernia Repair.....
- Reducible
- Non-reducible
- 75 pounds or over.....

DOG – General

- Already Neutered
- Already Spayed
- Large Testicles, Rec. Ice Pack at home

Surgery notes: _____

Vaccines / injections / services:

- Rabies – 1 Year Microchip E-Collar, Size: _____ SQ Fluids _____
- Rabies – 3 Year Nail Trim Euthasol for Puppies _____

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: _____