

Animal ID # \_\_\_\_\_



# Sandhills Spay Neuter Veterinary Clinic(SNVC)

Phone:(910) 725-8188



Weight: (kgs)
(lbs)

Date of Surgery

## Feline Surgical Treatment Form

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"/>

Cat

Pet's color(s)

Male  Female

Pet's breed

Has your pet had a litter?  Y  N  
Date of last litter \_\_\_\_\_

Medication currently taking and when was the last dose given?

Is your feline: Circle all that apply  
Indoor Outdoor Feral

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			
Meloxicam		SQ			
Lidocaine		SQ			
Clavamox		PO			
Amoxidrops		PO			

Surgery performed:

clipped: \_\_\_\_\_

### CAT

- Closed castration
- Ovariohysterectomy
  - In Heat  Pregnant \_\_\_\_\_
  - Friable/Postpartum  Muco/pyometra

Ovarian Pedicles, Uterine Body, Linea, SQ: **3-0** \_\_\_\_\_

Skin: \_\_\_\_\_

### CAT - General

- Already Neutered  Post-op Concerns
- Already Spayed

Abnormalities	Owner Approved	Initial
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		
Staples and E-collar Possible	<input type="checkbox"/>	_____

Surgery notes: \_\_\_\_\_



### Check In Questions Asked?

Vaccines / injections / services: CRV DATE DUE \_\_\_\_\_

- Rabies - 1 Year  Ear Tip (Feral cats)  Microchip  SQ Fluids \_\_\_\_\_
- Rabies - 3 Year  Nail Trim  E-Collar, Size: \_\_\_\_\_  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: \_\_\_\_\_