

Animal ID # _____



Sandhills Spay Neuter Veterinary Clinic (SNVC)
Phone:(910) 725-8188



Weight: (kgs)
(lbs)

Date of Surgery

Canine Surgical Treatment Form

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 and when was the last dose given? _____

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

Drug Record

Drug	Dose (ml)	Route	Time	Given By	Dose Frequency & Duration (if dispensed)
Acepromazine		IM			
Hydromorph.		IM			
Atropine		IM			
TiletamineZolazepam		IV			
Meloxicam inject.		SQ			
Oral Meloxicam TGH		PO	SID	For 3 days	
Carprofen tabs TGH		PO	SID	for 4 days	
Lidocaine		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..... _____
- Staples and E-collar Possible _____

DOG - General

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

Surgery notes: _____

 Check In Questions Asked?

Vaccines / injections / services: CRV DATE DUE: _____

- Rabies - 1 Year
- Rabies - 3 Year
- Microchip
- E-Collar, Size: _____
- SQ Fluids _____
- 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: _____