Feline Surgical Record

Cat #

Prevent Homeless Pets
Phone (509) 497-1133 Please fill out one form per cat.

Clinic Date / /	Surgical Waiver Signed by: □ Agent □Owner/caretaker
Today's contact (agent)	Phone
Name of Owner/caretaker, if different	Phone
Owner's Street Address	
City State Zip code	
Cat's Sex: □Not sure □ Female □Male / Age □Not sure □Mo. _____ □Yr. / Cat's Name: □ no name	
Coat Length: □SH □ MH □ LH Color:	Cat is: □Tame □Untouchable □ Not sure

Please give this cat (check all that apply):
- □ **FVRCP Vaccine** (Distemper, first booster)
- □ **Rabies Vaccine** (4 lbs. and over, 1 year)
- □ **Flea Control –** as needed
- □ **Felv/FIV test**
- □ **Microchip**

Health Status
Appetite last 72 hrs: □ Normal□ □ Little □ None
Fed Breakfast: □ yes □ no
Health History: (check all seen within last week)
□Snotty nose □Runny eyes □Vomiting □Diarrhea □Low energy
List any shots in last mo. _____
Chronic health problems: (check all you suspect your pet has)
□Diabetes □ Heart problem □Seizures
Special Instructions/Comments/Health Concerns:

□ Ear Tip - or- □ Tattoo/No Ear Tip

Clinic Use Only

Sex:
□ Female □ Male

Weight:

Prep

□_____ml TTDex IM

Isoflurane □ Mask □ Tube □ ND

□_____ml Hm IM
Bupivacaine (0.5%) ND
□_____ml IT □ Splash block
□ Pen G _____ml SQ
Microchip: □ None found
□#:_____

Recovery (check when complete)

□ Time _____
□ Temp: 1)_____2)_____3)_____
□ Sugar Syrup PO
□ Fluids _____ ml LRS SQ
□_____ml Meloxicam (5 mg/ml) SQ
□ FVRCP Vac. □ NR
□ Rabies Vac. □ NR
□ Flea Control _____ml (revolution)
□ Praziquantel _____
□ Post-op weight _____

Surgeon's initials _____

Females

Performed OHE via midline incision,
Pedicles- _____ PDS/PGCL/Catgut/ Self
Uterus- _____PDS/PGCL/Catgut
Closure- _____PDS/PGCL simple interrupted/ continuous/ Cruciate linea and intradermal skin closure.

Males

CLOSED CASTRATION with scrotal incision, self-ligation

□ Ear tip □ Tattoo □ ND

Cat was:
□ Normal □ Previously altered
□ Crypt 1 □ Crypt 2
□ In heat □ Post-partum
□ Obese □ Friable
□ Pregnant: # Feti _____
□ Early □ Middle □ Late
□ Lactating _____

_____

Additional Procedures:

Observed in clinic:
Fleas Tapeworms

Ear Discharge

Diarrhea

Eye discharge

Nasal discharge

Additional Notes:

Recovery: (1st 12-18 hrs.)
Keep warm (70 – 75 degrees)
Light meal and water when alert
Quiet activity, ferals confined
Females-check incision for 2 wks.