



Prevent Homeless Pets
Phone 509-497-1133

Canine Surgical Record

Dog #

Please fill out one form per dog.

Clinic Date / /		Surgical Waiver Signed by: <input type="checkbox"/> Agent <input type="checkbox"/> Owner/caretaker		Please give this dog (check all that apply): <input type="checkbox"/> DA2Pv Vaccine (first Booster) <input type="checkbox"/> Rabies Vaccine (1 year) <input type="checkbox"/> Microchip Health Status Appetite last 72 hrs: <input type="checkbox"/> Normal <input type="checkbox"/> Little <input type="checkbox"/> None Fed Breakfast: <input type="checkbox"/> yes <input type="checkbox"/> no Health History: (check all seen within last week) <input type="checkbox"/> Coughing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Low energy List any treatment in last mo. _____ Chronic health problems: (check all you suspect your pet has) <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart problem <input type="checkbox"/> Seizures Special Instructions/Comments/Health Concerns:
Today's contact (agent)		Phone		
Name of Owner/caretaker, if different		Phone		
Owner's Street Address				
City		State	Zip code	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Age <input type="checkbox"/> Not sure <input type="checkbox"/> Mo. <input type="checkbox"/> Yr.	Dog's Name:		
Breed:		Dog is:		
Color		<input type="checkbox"/> Tame <input type="checkbox"/> Untouchable <input type="checkbox"/> Not sure		

Clinic Use Only

Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Weight:	<input type="checkbox"/> Females Performed OHE via midline incision, Pedicles- _____ PDS/ PGCL/Catgut Uterus- _____ PDS/ PGCL/Catgut Closure- _____ PDS/ PGCL simple interrupted/ continuous/ Cruciate linea and intradermal skin closure. <input type="checkbox"/> Males Performed closed neuter via pre-scrotal/scrotal midline incision Testicles- _____ PDS/Catgut PGCL /self Closure- _____ PDS/ PGCL/ Vetbond simple interrupted/continuous/Cruciate linea and intradermal skin closure.	Observed in clinic: Fleas Tapeworms Ear Discharge Diarrhea Eye discharge Nasal discharge Additional Notes:
Prep _____ ml Hm (2mg/ml) IM _____ ml Ace (5mg/ml) IM _____ ml K (100mg/ml) IV _____ ml Mz (5mg/ml) IV Isoflurane Mask Tube ND <input type="checkbox"/> Bupivacaine (0.5%) <input type="checkbox"/> Lidocaine 2% <input type="checkbox"/> _____ ml IT <input type="checkbox"/> Splash block <input type="checkbox"/> Pen G _____ ml SQ <input type="checkbox"/> Meloxicam (5 mg/ml) _____ ml SQ Microchip: <input type="checkbox"/> None found ##: _____			
Recovery (check when complete) <input type="checkbox"/> Time _____ <input type="checkbox"/> Temp: 1) _____ 2) _____ 3) _____ <input type="checkbox"/> Sugar Syrup PO <input type="checkbox"/> Fluids _____ ml LRS SQ <input type="checkbox"/> DA2Pv Vac. <input type="checkbox"/> NR <input type="checkbox"/> Rabies Vac. <input type="checkbox"/> NR		Additional Procedures:	
Surgeon's initials			