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	**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**
Today's contact (agent)	Phone	
Name of Owner/caretaker, if different	Phone	**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:
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	

□ Ear Tip - or- □ Tattoo/No Ear Tip

Clinic Use Only

Sex:
□ Female □ Male

Weight:

Prep

□_____ml TTDex IM

Isoflurane □ Mask □ Tube □ ND

□_____ml Hm (2mg/ml) IM
□Bupivacaine (0.5%) □Lidocaine 2%
□_____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.