

CAGE # \_\_\_\_\_

# Spay/Neuter Veterinary Clinic of the Sandhills (910) 692-FIXX (3499)

|                  |
|------------------|
| Weight:<br>(kgs) |
| (lbs)            |

Date of Surgery  
\_\_\_\_\_

## Treatment Form – CAT

|            |           |         |                 |                  |
|------------|-----------|---------|-----------------|------------------|
| First name | Last name | Phone # | Your pet's name | Pet's age or DOB |
| _____      | _____     | _____   | _____           | _____            |

**Cat**

Male     Female

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

|                |             |                             |
|----------------|-------------|-----------------------------|
| Pet's color(s) | Pet's breed | Medication currently taking |
| _____          | _____       | _____                       |

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    |      |          |  |
|                 |           |       |      |          |  |
| Bupivacaine     |           | 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: \_\_\_\_\_

### Vaccines / injections / services:

- 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: \_\_\_\_\_