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

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

Physical Exam: T _______ P _______ R _______ MM _________________ CRT ______

Drug Record

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose (ml)</th>
<th>Route</th>
<th>Time</th>
<th>Given By</th>
<th>Dose Frequency &amp; Duration (if dispensed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Butorphanol</td>
<td></td>
<td>IM</td>
<td></td>
<td></td>
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<tr>
<td>Dexmedetomidine</td>
<td></td>
<td>IM</td>
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<tr>
<td>Ketamine</td>
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<td>IM</td>
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<tr>
<td>Antisedan</td>
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<tr>
<td>Meloxicam</td>
<td></td>
<td>SQ</td>
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<tr>
<td>Bupivicaine</td>
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<td>SQ</td>
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<tr>
<td>Clavamox</td>
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<td>PO</td>
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<tr>
<td>Amoxicarbons</td>
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<td>PO</td>
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</tbody>
</table>

Surgery performed: clipped: ______

CAT

[ ] Closed castration
[ ] Ovariohysterectomy
[ ] In Heat [ ] Pregnant ______
[ ] Friable/Postpartum [ ] Muco/pyometra

Ovarian Pedicles, Uterine Body, Linea, SQ: 3-0 ______

CAT – General

[ ] Already Neutered [ ] Post-op Concerns
[ ] Already Spayed

Surgery notes: __________________________________________

Abnormalities | Owner Approved | Initial
--------- | -------------- | ----
Cryptorchid | [ ] | _____
[ ] Abdominal L / R [ ] Inguinal L / R
Heart Murmur | [ ] | _____
Hernia Repair | [ ] | _____
[ ] Reducible [ ] Non-reducible
Staples and E-collar Possible | [ ] | _____

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: ________________________ Checked Record: ________

ISO Start: _______