

Animal ID # _____

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

Weight: (kgs)
(lbs)

Date of Surgery

Treatment Form – DOG

First name	Last name	Phone #	Pet's name	Pet's age or DOB
_____	_____	_____	_____	_____

<input type="checkbox"/> Dog	<input type="checkbox"/> Male <input type="checkbox"/> Female	Has your pet had a litter? <input type="checkbox"/> Y <input type="checkbox"/> N
Pet's color(s)		Date of last litter _____

Pet's color(s)	Pet's breed	Medications currently taking
_____	_____	_____

Physical Exam: T _____ P _____ R _____ MM _____ CRT _____

Drug Record

Drug	Dose (ml)	Route	Time	Given By	Dose Frequency & Duration (if dispensed)
Acepromazine		IM			
Morphine		IM			
Atropine		IM			
Tiletamine/Zolazepam		IV			
Meloxicam inject.		SQ			
Oral Meloxicam TGH		PO	SID	For 3 days	
Carprofen tabs TGH		PO	SID	for 4 days	
Bupivacaine		SQ			
Cephalexin		PO			

Surgery performed:

DOG

Closed castration Ovarian Pedicles: _____

Pediatric castration Uterine Body: _____

Ovariohysterectomy Linea, SQ: _____

In Heat Friable/Postpartum Spermatic Cord: _____

Pregnant _____ Skin: _____

Muco/pyometra Cold-sterile

Clipped: _____

Abnormalities:	Owner Approved
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	
75 pounds or over.....	<input type="checkbox"/>
Staples and E-collar Possible	<input type="checkbox"/>

DOG – General

Already Neutered Post-op Concerns

Already Spayed Large Testicles, Rec. Ice Pack at home

Surgery notes: _____

Vaccines / injections / services:

Rabies – 1 Year Microchip SQ Fluids _____

Rabies – 3 Year Nail Trim E-Collar, Size: _____ Euthasol for Puppies _____

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: _____