### Treatment Form – DOG

<table>
<thead>
<tr>
<th>Physical Exam:</th>
<th>T</th>
<th>P</th>
<th>R</th>
<th>MM</th>
<th>CRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Record</td>
<td></td>
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<tr>
<td>Drug</td>
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<tr>
<td>Dose (ml)</td>
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<tr>
<td>Route</td>
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<tr>
<td>Time</td>
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<tr>
<td>Given By</td>
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</tr>
<tr>
<td>Dose Frequency &amp; Duration (if dispensed)</td>
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</tbody>
</table>

#### 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>Acepromazine</td>
<td>IM</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Butophanol</td>
<td>IM</td>
<td></td>
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</tr>
<tr>
<td>Atropine</td>
<td>IM</td>
<td></td>
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<tr>
<td>TiletamineZolazepam</td>
<td>IV</td>
<td></td>
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<tr>
<td>Meloxicam inject.</td>
<td>SQ</td>
<td></td>
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<tr>
<td>Oral Meloxicam TGH</td>
<td>PO</td>
<td>SID</td>
<td>For 3 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carprofen tabs TGH</td>
<td>PO</td>
<td>SID</td>
<td>for 4 days</td>
<td></td>
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</tr>
<tr>
<td>Lidocaine</td>
<td>SQ</td>
<td></td>
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<tr>
<td>Cephalexin</td>
<td>PO</td>
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</tbody>
</table>

#### Surgery performed:

- **DOG**
  - Closed castration
  - Pediatric castration
  - Ovariohysterectomy
  - In Heat
  - Friable/Postpartum
  - Pregnant
  - Muco/pyometra

**Ovarian Pedicles:**
- Uterine Body: __________________________
- Linea, SQ: ____________________________
- Spermatic Cord: ________________________
- Skin: ________________________________
- Cold-sterile

**Hernia Repair:**
- L / R

**Heart Murmur:**
- ________________

**Cryptorchid:**
- L / R

**Owner Approved:**
- Reducible
- Non-reducible

**75 pounds or over:**
- ________________

**Staples and E-collar Possible:**
- ________________

### Surgery notes:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

### Vaccines / injections / services:

- Rabies – 1 Year
- Rabies – 3 Year
- Nail Trim
- Microchip
- E-Collar, Size:_________
- SQ Fluids ________________
- 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:** ___________