

Owner Name: _____

Date: _____

WEIGHT: _____

BODY CONDITION SCORE: _____

AGE _____

NORMAL? Y N

General Appearance		
Mucous Membranes		
Hydration		
Cardiac/Circulatory		
Respiratory		
Reproductive		
Additional Remarks:		

SURGICAL INFORMATION:			
OVH	Y/N	SUTURE	
Fatty	<input type="checkbox"/>	None	<input type="checkbox"/>
Hydrometra	<input type="checkbox"/>	Monocryl	<input type="checkbox"/>
Pyometra	<input type="checkbox"/>	PDS	<input type="checkbox"/>
Postpartum	<input type="checkbox"/>	Vicryl	<input type="checkbox"/>
Pedicle Tie	<input type="checkbox"/>	Other	<input type="checkbox"/>

My signature confirms that I performed a presurgical examination (or visual examination for feral cats) and that the patient is an adequate candidate for anesthesia and spay/neuter surgery. I also performed the spay/neuter surgery on this patient.

Veterinarian Signature

SPAYED		
Already Spayed	<input type="checkbox"/>	
Scar Seen	<input type="checkbox"/>	
Likely in Heat	<input type="checkbox"/>	
Lactating	<input type="checkbox"/>	
Pregnant	<input type="checkbox"/>	
NEUTERED		
Already Neutered	<input type="checkbox"/>	
Cryptorchid	<input type="checkbox"/>	
Multiple Incisions	<input type="checkbox"/>	
Abdominal SQ	<input type="checkbox"/>	
Sutures to remove?	Y/N	
Tissue Adhesive	Y/N	
Abdominal Exploratory performed	Y/N	
RECOVERY ENTRY TIME:		
Comments:		

POST OP TEMPERATURE	

Services Received:

Drugs

Dose:

Ear Tip	
Vaccination: Dog (DA2PP) Cat (FVRCP)	
Tattooed	
Nail Trim	
E-Collar	
Microchip	
Flea Treatment	
Cleaned Ears	
Fluids	
Other:	

Acepromazine 10 mg/mL IM _____
Hydromorphone 10 mg/mL IM _____
Telazol 100 mg/mL IV _____
TKX IM _____
Meloxicam 1.5 mg/mL ORAL _____
Buprenorphine 0.3 mg/mL ORAL _____
Other:

Tramadol 50 mg: Give ___ tablets by mouth every 6-8 hours as needed for pain. # _____

Patient Name: _____

Date: _____