**\*\*\*\*CLINIC USE ONLY—DO NOT WRITE BELOW THIS LINE\*\*\*\***

Animal Name: Hair (Circle): Short Long Other:

DOB:(**leave blank if unknown**): Color: (Circle): Male Female

Owner: Is this cat feral, free-roaming, or stray? (circle) Yes No

Do you want a reminder in 1 year when the rabies vaccine is due? (circle) Yes No

T: P: R: Weight: # oz

**Feline**

Vet:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:

 **Physical Exam Vaccinations**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Normal** | **Abnormal** | **Not Evaluated** |
| General Appearance |  |  |  |
| BCS |  |  |  |
| Integument |  |  |  |
| EENT |  |  |  |
| Musculoskeletal |  |  |  |
| Cardiovascular |  |  |  |
| Respiratory |  |  |  |
| GI |  |  |  |
| Genitourinary |  |  |  |
| Nervous System |  |  |  |
| Lymph Nodes |  |  |  |
| Endocrine |  |  |  |
| Reproductive |  |  |  |
| Oral |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Requested** | **Completed** |
| Rabies |  |  |
| FVRCP |  |  |
| E-Collar |  |  |
| FeLV/FIV/HW test |  |  |
| FeLV Vacc |  |  |
| Dewormer |  |  |
| Flea Treatment |  |  |
| Ear Tip |  |  |
| Microchip |  |  |
| Seresto Collar |  |  |
| Fecal Sample |  |  |
| TNT |  |  |
| Vaccines Current |  |  |
| Other |  |  |

 Problems Identified:

**Anesthesia**

**Procedure**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Dose** | **Route**  | **Admin.** |
| Xylazine |  | SQ/IM |  |
| Ketamine |  | SQ/IM |  |
| Butorphanol |  | SQ/IM |  |
| Isoflourane |  | Gas |  |
| Meloxi |  |  |  |
| TTD |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Dose** | **Duration** | **Initials** |
| Convenia |  |  |  |
| Clavamox |  |  |  |
| Amoxi |  |  |  |
| **Dispensing Fee**(check if applicable) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Routine OVH** |  |  |  |
| Other Notes: |  |  |  |

**Controlled:**

Routine OVH Routine Castration

*See ACS Clinic Handbook for detailed surgery protocol*

Controlled Log

**Post-Op Meds**

**OWNER NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ANIMAL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I, acting as owner or agent of the pet named, hereby request and authorize A.C.S. Community Clinic veterinarian to perform a spay/neuter surgery on the animal named on this form. **I understand that the surgery presents some hazards, including exposure to infectious and contagious diseases and parasites, and injury to -or death of such pet may result, for there are some risk in the procedure and the use of anesthetics and drugs in providing this service.** In the case of an unforeseen adverse event, efforts will be made to resuscitate and stabilize the patient. I understand that A.C.S. Community Clinic has the right to refuse service to any animal to whom surgery is deemed a health risk. I **understand that some factors significantly increase surgical risk, including but not limited to, pregnancy, heat, and diseases such as Feline Immunodeficiency Virus, Feline Leukemia, and Heartworms.** All pregnant animals will be spayed. I understand that A.C.S. Community Clinic may not perform a complete physical examination before surgery is performed.
* **Initials: \_\_\_\_\_ - I certify my animal is in good health and has had no food since 9:00p.m. the evening prior to surgery.**

**\*\*If we find this cat has Upper Respiratory Infection or heart murmur during the exam, do you want to proceed/postpone surgery with the understanding there are risks involved which may include death**

**Proceed\_\_\_\_\_\_Postpone \_\_\_\_**

**\*\*Last Flea Treatment Given – Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of treatment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*If we find fleas, ear mites, intestinal parasites on your pet, would you like us to treat? -circle one---Yes No**

|  |  |  |
| --- | --- | --- |
| **Requested** |  | **Price** |
|  | Rabies Vaccine (Required by law)**if your pet has had this vaccination, show proof at this time** | $13 |
|  | FVRCP Vaccine (distemper) If first vaccine will need booster in 3 weeks. | $14 |
|  | E-Collar (recommended to deter licking/chewing surgery site) | $10 |
|  | Feline Leukemia/FIV test **(This test required first for FeLV vaccine to be given)**  | $35.40 |
|  | Feline Leukemia Vaccine(FeLV) (Recommended for outdoor cats with negative test) **The FeLV test above is required for this vaccine.** If first vaccine will need booster in 3 weeks. | $21 |
|  | Dewormer (Number of pills depends on weight) | $10-$15/pill |
|  | Nail Trim | $11 |
|  | Microchip-may be a separate fee to register | $25 |
|  | If your pet is not in a secure pet carrier, you will receive and be billed for a **CARDBOARD CARRIER** | $10.60 |
|  | Flea Treatment - Lasts 30 days.  | $15/dose |
|  | Seresto Collar – Flea and Tick Prevention – Lasts 8 months | $65 |
|  | Waiting for Vaccination Fax |  |
| **Notes for Vet** |  |  |
|  | **Ear Tip**. **Required for all cats brought in a live trap** *Identifies spay/neutered feral cats.* |  |

**\*\*If animal licks/chews at surgery site in the presence of staff, an E-Collar will be sent home at owner’s expense\*\***

**I understand that payment in full is due when I pick up my pet.**

**Females Checkout: 5:30pm, Males Checkout: 3:30pm same day.** **(Males who came with females may be picked up at 5:30pm**

Signature of Owner/Guardian Date

**Would you like to donate $1.00 to help support our Sanctuary? YES NO CIRCLE ONE- Thank you to all who donate.**

Notes to go home: