

Animal #:

Clinic Location:

Date:

Office Use Only

Owner:

Cat Name:

Phone:

Sex:

Male

Female

Email:

Breed:

DSH

DMH

DLH

Address:

Color:

Services Provided (please circle):

Spay

Neuter

Vaccines:

Rabies

Distemper

Flea Treat

Ear Tip

Microchip? (\$35)

FIV/FelV? (\$40)

As Needed, Other Services Provided may include treatment for tapeworms, earmites, infections, tooth extraction(s), wound cleaning.

Surgical Report

TBD Dose

IM

Depo-Medrol Dose

BASW Premed

Buprenorphine/Zorbium Dose

Ketamine Dose

Convenia Dose

Midazolam Dose

Praziquantal Dose

Meloxicam Dose

Ivermectin Dose

Antiseden Dose

Other Med

Routine OHE w/o complication

Pregnant?

Routine Castration w/o complication

Cryptorchid?

Dental - Cleaning, Scaling, Polishing

Extractions:

In:

Ca:

Pm:

Mo:

Doctor's notes, instructions, prescriptions:

History

When was the last time your pet had food or water? 12 hours? Other? _____

Does your pet have a previous medical history? Is your pet currently on any medications?

Anesthesia Release / Consent to Treatment

I understand that my pet's procedure requires general anesthesia and / or sedation. All precautions will be taken to ensure the safety of my pet throughout the procedure(s) listed above.

I acknowledge that I have been informed of the possible risks associated with the procedure(s) listed above as well as any anesthesia / sedation or medications / treatments required for said procedures. I have had any questions regarding the above answered to my satisfactions and hereby consent to having the procedure(s) listed above performed on my pet by the veterinarians and staff at SNSN.

I also understand that any additional medications/treatments deemed necessary by the Veterinarians will be given to my pet and that I am responsible for all costs, and is payable the day of service.

Please initial next to your choice for resucitative efforts should an anesthetic and / or surgical complication arise during the procedure(s) listed above:

_____ I understand that the doctor(s) reserve the right to perform lifesaving efforts should complications arise and do wish that life-saving efforts be performed on my pet should the need arise.

_____ I DO NOT wish to have any life saving or resucitative efforts performed on my pet should the need arise.

I officially release Dr. Bryan Langlois, Dr. Michelle Kaleta, the Spay Neuter Save Network and any of its employees from any liability pertaining to the procedure(s) listed above (before, during, or after surgery).

Printed Name: _____ Date: _____

Signature: _____