Patient ID# \_\_\_\_\_

## Eastside Spay & Neuter Clinic 12050 E Colonial Dr • Orlando, FL 32826 Ph: 407-351-7722 • Fax: 407-555-5555

www.petallianceorlando.org

Sex:



Date:

## **Community Cat Surgical Record**

Caretaker/Transporter:

Nan	ie:								
							TRAF	<b>?</b> :	
Pho	ne:	Breed:	Color:	Est. Age:	Sex Guess:	Est. We	ight:	Actual Weight:	
	Feline Triple://	-			Gadoo.				
	Findings: □ WNL – ok for sx	x	☐ Abnorma	I – cance	- cancel sx		No Surgery		
Visual Exam:	General Appearance: ☐ BAR/QAR ☐ Depressed ☐ Good Body Condition ☐ Underweight/Emaciated						Reason:		
	Respiratory Concerns: Coughing Sneezing Runny Eyes / Nose Abnormal breathing							normal Exam	
	Coat & Skin Conditions: ☐ Fleas ☐ Ticks ☐ Mange ☐ Ear Mites ☐ Other parasites: ☐ Wounds ☐ Pyoderma ☐ Otitis Externa ☐ Dirty Ears						☐ Already Altered		
							Determined:		
	Notes:				Exam Tech:			☐ BEFORE Surgery ☐ AFTER Surgery	
					Exam redi.				
	Induction: DKTmLIM T		Antibiotics:						
ls:	Pain Meds: ☐ BupSR (3mg/mL)	Pen G (300,000 units/mL)mL SQ							
Mec	Reversal: Antisedan (5mg/mL)m	☐ ConveniamL SQ							
Anes./Meds:	Maintenance: Isoflurane + O2: □ ETT □ Mask □ No Gas				Fluids:				
An	Maintenance: Isoflurane + O2: ☐ ETT	Route: DIV DSQ  Type: DLRS D0.9% NaCl							
	Anes. Start time: Anes. I	End time:							
	6.4	T			Males:				
	Suture Size: □ 3-0 □ 2-0	Females:  ☐ Routine	Routine orged Uterus		□ Routine		Recovery:  Uneventful		
Surgery:	□ 0 □ None □ H	Engorged Uterus					☐ Dysphoric☐ Deceased		
	Type: Liviaxon	nt Stage  1  2  3		Cryprtorchid:					
Sur	Other:	☐ Obesity	□ L At			Parasite Control:  Adv. Multi Size:			
		☐ Pyometra ☐ Hydrometra					mectinmL SQ		
	☐ Tattoo ☐ Ear Tip	Trydrometra						•	
	Umbilical Hernia RV1:		RCP:		1		Other:		
	EC NT MC								
RX: Surgery Doct									
_									
Vei	RX: RX:			Surg	ery Doct	tor:	h initi		

Patient Name:



Phone Number in Case of Emergency: \_\_\_\_

## Acknowledgement Form

	By presenting my community cats to Pet Alliance of Greater Orlando (PAGO),
	I,, understand the following items:
	(. Times Traine)
	each cat must be in its own metal humane trap lined with newspaper (preferably) and covered with a towel/sheet f the cat arrives in a carrier, it will be turned away.
I1	have not fed the cat after 11:00pm the night before the appointment
	I haven't arrived ON TIME for my appointment, I may not be accepted and will need to reschedule my ppointment
If	I do not display proper behavior while at PAGO, I could be banned from using the program in the future
	each cat sterilized at PAGO will be given a time-released pain medication, Rabies vaccination and FVRCP accination in addition to the surgery. The cost for this is \$50. Other services available at additional fees.
	acknowledge that each cat I present to PAGO for TNR <b>MUST</b> have their ear tipped. This is the universal sign identify the cat as a sterile feline.
A	any fees owed to PAGO must be paid by me in cash or credit/debit at the time of services provided. NO Checks.
	must pick up the cats before PAGO closes for the day. Community cat pick up time is 4:30pm unless otherwise oted.
	will not hold Pet Alliance of Greater Orlando or any of its employees and volunteers responsible for issues that hay arise with my community cat.
<u> </u>	have read and understand all communications provided to me by PAGO.
Surger	ry/Anesthesia Consent:
infection of assume fu understand	and that some risks always exist with anesthesia and surgery, including but not limited to injury, post-operative or death of animal. I understand that general anesthesia will be administered to the animal for any procedure. I all responsibility for any additional expenses arising from any complications from the procedure. While I death all procedures will be performed to the best of the abilities of the staff, I am aware that no guarantee or has been made regarding the results.
I have vol	luntarily requested sterilization of this community cat and am aware of the risks:
Signature:	: Date: