

FOR LAUREL CATS FOSTER PROGRAM USE ONLY



Foster Name

Pick-Up Person Name

Today's Date

Foster Phone

Pick-Up Person Phone

LAUREL CATS

Name of Person Who Found Cat: _____

Phone of Person Who Found Cat _____

Email Address: _____

Address of Where Cat Was Found _____

City/ST/Zip _____

County _____

ANIMAL RECORD

Animal's Name: _____

LC ____ - ____

Microchip # _____

Species:

CAT
Indoor only
Indoor/Outdoor
Feral

OTHER

Breed: _____

Color: _____

Sex:

M F ?

Age or Birthday: _____

Please list any medications your animal is taking - including heartworm / flea / tick prevention: _____

Please list any medical conditions / food allergies we should be aware of - including any previous surgeries: _____

Please circle all the procedures to be performed:

Spay / Neuter

Microchipping

Hernia Repair

Rabies Vaccine

Revolution in-house

FelV/FIV Test

FVRCP

Revolution Flea Meds

FelV Vaccine

Deworming

Extraction of Retained Baby Teeth

Ear Tip

Other: _____

Please read and sign:

Spay Now will provide postoperative surgical rechecks for our patients for no charge during our regular clinic hours. If any medications are needed, there may be a nominal fee. Please call us if your pet is having any problems after surgery. If you elect to take your animal elsewhere for postoperative care, we cannot reimburse you for any costs involved.

Subcutaneous or intravenous fluids may be given at the doctor's discretion. IV fluids will incur an additional charge if needed. Animals will be treated for fleas or ticks at the doctor's discretion and additional charges may apply.

All female animals will receive a small tattoo near the spay incision to identify that they have been spayed should they become separated from you.

I hereby declare that I am the owner, guardian, or responsible party for the animal listed above. I consent to and authorize Spay Now, Inc., to perform the above-listed procedures on my animal. I also consent for Spay Now, Inc., to administer medications and/or ear cleaning, nail trimming, and/or grooming as deemed necessary or prudent. While I expect these procedures to be performed to the best abilities of the veterinarian and staff, I understand that with any vaccination, medication, anesthesia, or surgical procedure there are risks, including drug and vaccine reactions, bleeding, infection or anesthetic complications including death of the animal. I expect that reasonable precautions will be used to ensure the animal's safety and well being while in Spay Now's care.

I agree to release and hold harmless Spay Now, Inc., its agents, employees, and volunteers from all actions, causes of action, damages, claims or demands, which I, my heirs, executors, administrators, or assigns or the animal's owner may have against the above-referenced releases, for any and all damages, causes, or actions and injuries known or unknown, which may arise as a result of the surgery or treatment received by my animals. I have read and agree to the above:

Signature: _____

Date: _____

Physical Exam:

Heart: WNL abn NE	Resp: WNL abn NE
Eyes: WNL abn NE	Ears: WNL abn NE
Mouth: WNL abn NE	Skin: WNL abn NE
Abdomen: WNL abn NE	Urogenital: WNL abn NE
Comments	

Meds Drawn Up:

Drug:	Amount:	Route Given:
Medetomidine 1mg/ml		IM SQ IV
Ketamine 100mg/ml		IM SQ IV
Dolorex 10mg/ml		IM SQ IV
Acepromazine 10mg/ml		IM SQ
Midazolam 5mg/ml		IM SQ IV
Buprenorphine .15mg/ml		IM SQ
Atropine		IM SQ IV

IV Catheter: 22g 24g R L Cephalic Other: _____ Amt Infused: _____

Isoflurane: Y N ETT# _____ Masked HR _____ SpO2 _____

Pre-Op Tech Initials: _____

Procedure: OHE Routine Pregnant Lactating In Heat Other: _____

Castration Routine Cryptorchid: Retained R L **Location Found:** Inguinal Abdominal Other: _____

Incision: Midline Scrotal Prescrotal Flank R L Parapreputial Other: _____

Pedicles/Cords Ligated: Miller's Knot Pedicle Tie Single Ligated Double Ligated Autoligated Vessels Transfixed

Suture: Chromic Gut PDS Monocryl Vicryl 3-0 2-0 0

Uterine Body Ligated: Miller's Knot Single Ligated Double Ligated Vessels Transfixed

Suture: Chromic Gut PDS Monocryl Vicryl 3-0 2-0 0

Closure: 3 Layer 2 Layer

Closure Suture: Vicryl PDS Stainless Steel Monocryl 4-0 3-0 2-0 0

Skin Sutures: Y N **Skin Closed With Tissue Glue:** Y N **Left Ear Tip:** Y N **Tattoo:** Y N

Surgery Comments/Other Procedures:

Post Op:

Vaccinations Received: _____	Next Due: _____
_____	Next Due: _____
Diagnostic Testing: FeLV/FIV Test Y N Results _____	4DX Testing Y N Results _____
Treatments Received:	
Flea Medication: Y N Product: _____ Amt: _____	Dewormer: Y N Product: _____ Amt: _____
Ivermectin Solution for Ear Mites: Y N Nail Trim: Y N Ears Cleaned: Y N Condition: _____	
Subq Fluids: Y N Amt: _____ Other: _____	Post Op Tech Initials: _____
Veterinarian:	