FOR LAUREL CATS FOSTER PROGRAM USE ONLY

Today's Date

Spay Now	Foster Name	Pick-Up Person Name	
Animal Surgery Clinic	Foster Phone	Pick-Up Person Phone	

Spay Now	r ootor rame	Tiok op Folgom name		
Animal Surgery Clinic	Foster Phone	Pick-Up Person Phone		
LAUREL CA	TS Name of Person	Who Found Cat:		
Phone of Person Who Foun	d Cat	Email Address:		
Address of Where Cat Was	Found	City/ST/Zip	County	
		ANIMAL RECORD		
Animal's Name		Miocrochin #		

Animal's Name: Color: Sex: Age or Birthday Indoor only Indoor/Outdoor Feral 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 Extraction of Retained Baby Teeth Ear Tip			7111	IMAL RECORD					
CAT Indoor only Indoor/Outdoor Feral 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	Animal's Name:		LC		Miocrochip #				
Indoor/Outdoor Feral 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 Rabies Vaccine Revolution in-house FVRCP Revolution Flea Meds M F ? Hernia Repair FeLV/FIV Test FeLV Vaccine	Species:		Breed:	Color:	s	ex:			Age or Birthday:
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	Indoor only Indoor/Outdoor	OTHER				M	F	?	
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Deworming Extraction of Retained Baby Teeth Ear Tip	Please circle all the Spay / Nei	procedures to buter	pe performed: Microchipping	3	ny previous sur	gerie	He		•
	Please circle all the Spay / Nei Rabies Va	procedures to buter	pe performed: Microchipping Revolution in-] -house	ny previous sur	gerie	He Fe	LV/F	IV Test

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 of 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., it's 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 abovereferenced 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:	Resp:							
WNL abn NE	WNL	abn	NE		_			
Eyes:	Ears:							
WNL abn NE		abn	NE		_			
Mouth:	Skin:							
WNL abn NE		abn	NE		_			
Abdomen:	Urogenit							
WNL abn NE	WNL	abn	NE		_			
Comments								
Meds Drawn Up:								
Drug:	Amount:	Rou	te Given:	<u> </u>				
Medetomidine 1mg/ml		IM	SQ	IV				
Ketamine 100mg/ml		IM	SQ	IV	7			
Dolorex 10mg/ml		IM	SQ	IV	7			
Acepromazine 10mg/ml		IM	SQ		7			
Midazolam 5mg/ml		IM	SQ	IV				
Buprenorphine .15mg/ml		IM	SQ					
Atropine		IM	SQ	IV				
IV Catheter: 22g 24	g R L Cephalic	Other:			Amt Infused:		_	
					0.00			
Isoflurane: Y N I	ETT#	Masked	HR		SpO2		_	
Isoflurane: Y N I Pre-Op Tech Initials:		Masked	HR		SpU2		_	
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