

Multi-cat Admission \_\_\_\_\_ of \_\_\_\_\_



# Vermont Spay Neuter Medical Record

Affectionately Cats 60 Commerce St., Williston, VT 05495 (802) 860-2296

I, the undersigned, do hereby certify that I am the owner (or duly authorized agent for the owner) of the animal described below, that I am at least 18 years of age, and that I do hereby give the veterinarian, her agents, and/or representatives full and complete authority to perform the surgical procedure described below. Acknowledging the nature of the procedure and the risks involved with any anesthetic and surgical procedure (e.g. allergic reactions, bleeding, difficult anesthesia due to underlying disease), I realize results cannot be guaranteed, and although very rare, death can result.

I understand there is a greater risk in anesthetizing and performing surgery if the veterinarian does not deem my cat in good health to have this surgical procedure done safely today, then I give the veterinarian authorization to decline doing the requested surgery today. A spay or neuter is the riskiest surgery your cat will have because it is their first exposure to anesthesia and we cannot predict if they will have an abnormal reaction.

I understand that my cat will be treated with a safe topical medication if they have fleas.

I understand my cat will get a tattoo as a way to permanently identify them as being spayed /neutered.

I have read, understood, and consent to the terms stated above.

Signature of owner/agent \_\_\_\_\_ Date \_\_\_\_\_

## Choose Your Services

Female Spay  Male Neuter  
**\$99**

*Check if desired*

Nail Trim (**FREE**)

### Additional Services

- Gabapentin (5-day Pain Control) \$26
- Flea Medication \$32
- Dewormer \$25
- Leukemia virus/AIDS virus test \$49
- Microchipping \$50
- Elizabethan Collar (Cone) \$12

### For Feral Cats ONLY:

Ear Notch Free  
(feral only, initial \_\_\_\_\_)

Donation Pay It Forward \$ \_\_\_\_\_

Owner's Name (first & last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Alt. Contact \_\_\_\_\_

E-mail \_\_\_\_\_

Patient Name \_\_\_\_\_  Male  Female

Age \_\_\_\_\_ Color/Markings \_\_\_\_\_

House cat  In Heat  Pregnant  Nursing: Kitten age \_\_\_\_\_

Time my cat last ate \_\_\_\_\_ **Prior Vaccines: Yes / No**

Flea product used (brand) \_\_\_\_\_ Last applied \_\_\_\_\_

Dewormer used (brand) \_\_\_\_\_ Last applied \_\_\_\_\_

**FERAL** (extremely scared/agitated)  **TNR Voucher**

**Resuscitate - (\$500 if resuscitation needed)**  **Do NOT resuscitate**

<u>Physical Exam</u>	<u>Drugs Administered</u>	<u>Surgical Notes</u>
PE DVM: DK EB KM	<input type="checkbox"/> Revolution	Dr. DK EB KM
Weight _____kg	____mL Medetomidine (1mg/mL)	<b>OVH</b>
BCS ____ / 9	____mL Ketamine (100 mg/mL)	In Heat Y N
MM Color N Abn	____mL Morphine (10mg/mL)	Pregnant Y N
Heart N Abn	@ _____ a / p	<b>Hernia Repair</b> Y N
Dental N Abn	Other _____ ml	<b>Neuter</b>
Fleas - +	@ _____ a / p	Cryptorchid Y N
URI - +	ISO ____ a / p - ____ a / p	Start time _____
Ear Mites - +	Meloxicam ____ ml SQ	End time _____
Umb Hernia - +	Bupr. IM ____ cc	Notes _____
Male 2 testicles Y N	by ____ @ ____ a/p	
Pre-op Temp _____	Antisedan ____ ml IM	
Post-op Temp _____	@ _____ a / p	
Notes _____	LRS _____ ml	
	Pen G _____ ml	
	Microchip Y N	

Total Due \_\_\_\_\_

Subsidy \_\_\_\_\_ \$Rec'd \_\_\_\_\_

Dr. Notes \_\_\_\_\_