

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 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 anesthesia 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 on cats in heat, cats that have had multiple litters, pregnant cats, cats with malnutrition, and cats with undiagnosed disease. I also understand 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 oral medication called Capstar to kill fleas for 24-48 hours. If they have ADULT fleas, they may be treated with a 30 day preventative (Frontline) as well.

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

Signature of owner/agent _____ Date _____

Choose Your Services

Female Spay Male Neuter
\$65

Heart appropriate anesthesia if heart murmur is heard, \$119.50 Yes No

Check desired **FREE** treatments

* Adjuvanted vaccines have been related to tumors

- Rabies Vaccine* (adjuvanted)
- Distemper/Flu Vaccine
- Nail Trim
- Matted Fur Removal
- Tapeworm (Dr. authorized)
- Ear Mites Treatment (Dr. authorized)

Additional Services

- Ear Notch Free
(feral only, initial _____)
- Rabies Vaccine \$36
(*non-adjuvanted)
- Dewormer -Centragard \$25
- Feline Leukemia/AIDS test \$45
- 1-day Pain Control Injection \$43
- Gabapentin (5-day Pain Control) \$26

Donation Pay It Forward \$ _____

Your Name (first & last) _____

Address _____

Phone number _____ Alt Contact _____

E-mail _____

Patient Name _____ Male Female

Age _____ Color/Markings _____

House cat In Heat Pregnant Nursing

Time my cat last ate _____

Flea product used (type) _____ Last applied _____

FERAL (extremely scared/agitated) TNR Voucher

OFFICE USE ONLY

Physical Exam	Drugs Administered	Surgical Notes
Weight _____ kg	MKM _____ ml IM	Dr. DK EB KM
BCS _____ / 9	@ _____ a / p	Prev. S/N Y N
CRT N Abn	Other _____ ml	OVH
Heart N Abn	@ _____ a / p	In Heat Y N
Dental N Abn	ISO ____ a / p - ____ a / p	Pregnant Y N
Fleas - +	Meloxicam _____ ml SQ	B-Euth _____ ml
URI - +	Bupr. SQ _____ cc	Neuter
Ear Mites - +	by _____ @ _____ a/p	Cryptorchid Y N
Male 2 testicles Y N	Antisedan _____ ml IM	Start time _____
Pre-op Temp _____	@ _____ a / p	End time _____
Post-op Temp _____	LRS _____ ml	Notes _____
Notes _____	Pen G _____ ml	
	Karo Y N	
	Adv II _____	
	Microchip Y N	
	<input type="checkbox"/> Capstar <input type="checkbox"/> Frontline	

Total Due _____

Subsidy _____ \$Rec'd _____

Dr. Notes _____