

MINN-KOTA PAAWS CAT SPAY/NEUTER INTAKE FORM

2125 1ST Ave S Fargo, ND 58103

<http://minnkotapaaws.org> | contact@minnkotapaaws.org

CLIENT INFORMATION

Owner Name:	Phone:	Date:
Address:		
Email:	Current Veterinarian	

PET INFORMATION

Name:	Sex:	Breed:	Color:	Age:
How long have you owned this pet?			Do you have other pets in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This cat is a: <input type="checkbox"/> Pet <input type="checkbox"/> Free Roamer <input type="checkbox"/> Barn Cat <input type="checkbox"/> Community Cat <input type="checkbox"/> Feral				
Has your cat received any medications or preventatives in the past 2 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what did they receive? _____				
Feline Leukemia(FeLV) and Feline Immunodeficiency Virus (FIV) are contagious diseases. Cats may have been exposed or infected even if they currently appear healthy. Would you like your cat tested for these diseases at an additional cost of \$20? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Services Requested: <input type="checkbox"/> Rabies <input type="checkbox"/> Distemper <input type="checkbox"/> Microchip (\$15) <input type="checkbox"/> Ear Notch <input type="checkbox"/> Revolution (\$5) <input type="checkbox"/> Other _____				

SURGICAL CONSENT

I understand that all surgery, anesthesia, vaccinations, and medications carry risks, and that unforeseen conditions may be present which can increase the risks of complications such as abnormal bleeding, infection, allergic reactions, or even death. I understand that this is not a full-service veterinary clinic and pre-operative blood screening is not available. I agree not to hold the participating veterinarian(s), their representative(s) or the facility liable for damages. I certify that all the information regarding my pet is correct and true to the best of my knowledge. **Owner Signature:** _____ **Date:** _____

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS SECTION

<p style="text-align: center;">FELINE SERVICES</p> <p>Spay/Neuter: _____</p> <p>Rabies: _____</p> <p>Distemper: _____</p> <p>FeLV/FIV Test: _____</p> <p>Microchip: _____</p> <p>Revolution: _____</p> <p>Wormer: _____</p> <p>Ear Notch: _____</p> <p>Other: _____</p> <p>Total: _____</p> <p>Owner Paid: _____</p> <p>Balance: _____</p>	<p style="text-align: center;">VACCINES</p> <p style="text-align: center;">RABIES</p> <p>Date: _____ 1 yr 3yr</p> <p style="text-align: center;">Rabies Label</p> <p>Next Rabies Due: _____</p> <p style="text-align: center;">DISTEMPER 1ST 2ND 3RD</p> <p style="text-align: center;">Distemper Label</p> <p style="text-align: center;">MICROCHIP</p>	<p style="text-align: center;">VETERINARIAN NOTES</p> <p style="text-align: center;">Weight _____ lbs</p> <p>_____ mL DTK IM</p> <p>_____ mL meloxicam 5mg/ml SQ</p> <p>_____ mL buprenorphine 0.5mg/ml OTM</p> <p>_____ mL buprenorphine SR SQ</p> <p><input type="checkbox"/> Neutered by _____</p> <p><input type="checkbox"/> OVH Notes Suture: _____</p> <p>Normal In Heat Lactating Pregnant Pyometra Abnormal</p> <p>Presumed Previously Spayed Other: _____</p> <p>Patient Notes:</p> <p>Ear Mites Fleas Eyes URTI Skin Parasites</p> <p>Other: _____</p>
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SURGICAL TECHNIQUE

Ovariohysterectomy (Spay): Ventral midline incision midway between umbilicus and pelvis. Both ovaries are removed and the pedicle is auto-ligated. Uterine body is ligated with monofilament absorbable suture (i.e. PDS) with a modified Millers. The linea is closed in a simple continuous pattern with monofilament absorbable suture. The skin is closed in a simple continuous intradermal pattern and secured with tissue glue. No external sutures are placed. A linear green tattoo is placed cranial to incision site to indicate the animal has been sterilized.

Orchiectomy (Neuter): Closed Scrotal Technique. The scrotum is incised with a sterile scalpel blade. The testicles are exteriorized and the spermatic cord auto-ligated using mosquito hemostats. The incision is left open to heal.

PLEASE KEEP THIS FORM AS PROOF OF STERILIZATION / VACCINATION Dr. Danielle Oetker, DVM ND1271 _____