



SPAY/NEUTER DOG INTAKE FORM

Minn-Kota PAAWS
 2125 1st Ave S, Ste A
 Fargo, ND 58103
 www.minnkotapaaws.org

Do you Have Questions?
 701-356-0523

For Emergency Only
 701-793-0602

Owner Name: _____ Phone: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Current Veterinarian: _____

How Did You Hear About Minn-Kota PAAWS? Friend Flyer Humane Society Internet Vet Other

PET INFORMATION

Name: _____ Sex: Male Female Breed: _____ Color(s): _____ Age: _____

How long have you owned this dog? _____ Do you have other pets in home? No Yes: _____

If your dog is female: Has she ever had a litter? Yes No Unknown When was her last heat cycle? _____

Do you consider your dog to be healthy today? Yes No If not, why? _____

Has your dog received any medications in the last 2 weeks? No Yes If yes, what did they receive? _____

How did you obtain this dog? Stray Friend Shelter/Rescue Group Craigslist Pet Store Breeder 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 LINE.

CANINE SERVICES	VACCINES	VETERINARIAN NOTES
Spay/Neuter: _____ Rabies: _____ Distemper: _____ Bordatella: _____ Microchip: _____ <i>Place Microchip ID Here</i> Other: _____ Total: _____ Owner Paid: _____ Balance: _____	RABIES Date: _____ 1 yr 3yr <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"> <i>Place Rabies Label Here</i> </div> Next Rabies Due: _____ Rabies Tag # _____ DISTEMPER <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"> <i>Place Distemper Label Here</i> </div>	Weight _____ lbs _____ mL Butorphanol 10mg/ml IM _____ mL ACP 1mg/ml 10mg/ml IM _____ mL Medetomidine 1mg/ml IM _____ mL Propofol 10mg/ml IV _____ mL Buprenorphine 0.5mg/ml IM IV _____ mL Antisedan IM _____ mL midazolam 5mg/ml IV _____ mL ketamine 100mg/ml IV _____ mL meloxicam 5mg/ml SQ post op _____ mL bupivacaine 0.5%+ local block _____ ml lidocaine 2% local block ETT = _____ Isoflurane/Oxygen Maintenance _____ _____ _____ _____ _____

Surgical Technique: Standard procedure unless otherwise noted.

Ovariohysterectomy (Spay): Ventral midline incision at umbilicus. Both ovaries and uterus are removed. Ovarian pedicles and uterine body are double ligated with monofilament absorbable suture (i.e. PDS). The linea is closed in a simple interrupted/continuous pattern with monofilament absorbable suture. The SQ is closed in a simple continuous pattern. The skin is closed in a simple continuous intradermal pattern and secured with tissue glue. No external sutures are placed. Green tattoo ink is applied in a linear fashion to the dermis near the incision site.

Orchiectomy (Neuter): Pre-scrotal incision. Testicles are exteriorized and the spermatic cord is double ligated using a *closed* or *open* technique. The SQ is closed in a simple continuous pattern. The skin is closed in a simple continuous intradermal pattern and secured with tissue glue. No external sutures are placed. Green tattoo ink is applied to the dermis near the incision site.

Rx: _____ mLs Metacam Oral 1.5mg/ml. Give _____ mLs by mouth once a day for three days. Start the morning after surgery. This is a non-steroidal anti-inflammatory medication for use in animals only. Give with food. Do not give with any other NSAIDs or steroid medications. Do not use if there is any vomiting or diarrhea.

Attending Veterinarian's signature. Please keep this record as proof of sterilization / vaccinations.

Dr. Danielle Oetker, DVM ND 1271 _____