



SPAY/NEUTER CAT INTAKE FORM

Minn-Kota PAAWS
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<https://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: _____

PET INFORMATION

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

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

This cat is a Pet Free Roamer Barn Cat Community Cat Feral

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

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

Feline Leukemia (FeLV) & Feline Immunodeficiency (FIV) are contagious and often fatal diseases. Cats that have lived outdoors may have been exposed and infected, even if they currently appear healthy. Would you like your cat to be tested for these diseases at a cost of \$20? Yes No

Services Requested: Rabies Distemper Microchip Ear Notch Revolution 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.

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

Surgical Technique: Standard procedure unless otherwise noted.
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.

Attending Veterinarian's Signature: _____

Please keep this form as proof of sterilization/vaccination.

Dr. Danielle Oetker, DVM ND 1271 _____