

Surgical Form

PLEASE FILL OUT CLIENT/PATIENT AREA COMPLETELY

Client Name _____ Patient Name _____

Address: _____ Age _____

_____ Breed _____

Phone: _____ Color _____

Circle One: Indoor Outdoor

Circle One: Male Female

History of health problems/medications?

PLEASE CHECK ALL SERVICES THAT APPLY

- Spay Dental
- Neuter
- Pain meds (required)
- Rabies- 1year 3 year
- Provided proof of current Rabies vaccine: _____ (staff initials)
- DHPP/FVRCP- Series Annual
- Bordetella/FelV
- Flea control- Applied Sent Home
- Deworm- General Broad
- Heartworm Prevention: _____ months
- Ear tip
- Microchip
- Heartworm Test- Negative Positive
- FeLV/FIV Test- _____ / _____
- Meloxicam 7.5mg # _____ tabs. Give _____ tab(s) PO SID x 4 days
- Carprofen _____mg # _____ tabs. Give _____ tab(s) PO BID x 4 days
- Metacam (1.5mg/ml)# _____ml. Give _____ml PO SID x 4days.
- Tramadol 50mg # _____ tab(s). Give _____ tab(s) PO BID x _____ days.
- Additional M _____

Medication(s): _____

N O T E S :

I, being of legal age, and responsible for the animal described above, have the authority to grant Angels of Assisi and its staff members, volunteers, or agents, my consent to receive, transport, prescribe for, treat, and/or perform surgery/sterilization upon the animal named on this form. It is thoroughly understood that Angels of Assisi staff, agents, volunteers will not be held liable or responsible in any manner and I assume all risks. I further understand that risks are involved with any surgical procedures/vaccines, but as long as, in the opinion of the attending Veterinarian, the animal is an acceptable surgical candidate, surgical procedures or vaccines will be performed regardless of the animal's sex or medical condition, including pregnancy or "in heat". I understand that Angels of Assisi may not be performing/evaluating pre-anesthetic blood work prior to surgery. I have disclosed to the Staff any pre-existing conditions or medical problems that may be relevant to the health of this animal. I understand that Angels of Assisi hosts 4th year Veterinary students who are in the formal training process for future Veterinary practice and that these students may perform surgery under the direct supervision of the attending Veterinarian. I understand that fleas/ticks/ear mites, etc. may be treated if noted on the exam. I understand that all animals must be picked up at the time designated by the Staff and if I do not pick my animal up it will be considered abandoned, at which time I relinquish all right to Angels of Assisi. I understand that a small ink/tattoo will be applied near the incision site to signify that this animal has been spayed/neutered.

Signature of Owner/Agent

Date

MEDICAL STAFF NOTES:

Weight: _____

Cage: _____

Vet Initials: _____

MEDICAL STAFF NOTES:

- _____ml Acepromazine _____ ml Antisedan
- _____ml Butorphanol _____ml Dexdomitor
- _____ml Rimadyl _____ml Buprenex SR
- _____ml Ketamine _____ml Metacam
- _____ml Midazolam _____ml Atropine
- _____ml Propofol

Skin _____ Fleas: Yes No

Flea control applied: Yes No Type: _____ ml

Ears _____ Cleaned? _____ Mites? _____ Ivomec _____ml

Teeth _____ Nails trimmed? Yes No

Scan for microchip _____

Spay:

Routine _____ In Heat _____ Post-Partum _____ Lactating _____ Pregnant _____

Neuter: