Prevent Homeless Pets
Phone (509)375-4024, 460-9782

Feline Medical Record

Please fill out one form per cat

Cat #

Today's contact (agent):	Phone:	Clinic Date: / / 2011
Name of Owner/caretaker:	*Phone:*	Surgical Waiver Signed by: ◯ Agent ◯ Owner/caretaker
Cat's Gender: ◯ Female ◯ Male ◯ Not sure	Coat Length: ◯ SH ◯ MH ◯ LH Color:	Cat is: ◯ Tame ◯ Untouchable ◯ Not sure

◯ Ear Tip -OR- ◯ No Ear Tip

Please give this cat (check all that apply):

- ◯ FVRCP Vaccine (Distemper)
- ◯ Rabies Vaccine (3 months and over)
- ◯ Flea Control - as needed
- ◯ FeLV/FIV test

Results:_____

Special Instructions/Comments:

Health Status:

Food Intake: ◯ None or little in last 24 hours
Diarrhea: ◯ Yes ◯ Observed during clinic
Health History: ◯ URI ◯ Vomitting ◯ Lethargic
Injuries, abscesses, infections:

Clinic Use Only

Gender: ◯ Female ◯ Male	Weight:	Fluids given (if needed): _____ml 0.9% NaCl or LRS SC

Surgery Comments

Anesthesia:

_____ml Ketamine SC/IM (100 mg/ml)
_____ml Torbugesic SC/IM (10 mg/ml)
_____ml Acepromazine SC/IM (10 mg/ml)

Additional:

Pain Medication:

_____ml Meloxicam SC (5 mg/ml)

Isoflurane (if administered):

◯ via face mask
◯ via endotracheal tube

◯ **Females**

Performed OHE via routine procedure: midline abdominal incision with #15 scalpel blade, 3-hemostat technique and _____ monofilament, absorbable suture. Incision closed in three layers including intradermal sutures. Patient recovered well from anesthesia.

◯ **Males**

Performed open castration via routine procedure: bilateral scrotal incisions with #15 scalpel blade. No sutures utilized. Patient recovered well from anesthesia.

Surgeon's Initials: _____

Cat was:

◯ Normal ◯ Previously altered
◯ Cryptorchid x 1 ◯ Cryptorchid x 2
◯ In heat ◯ Nursing
◯ Pregnant: # Feti: _____
◯ Early ◯ Middle ◯ Late

Additional Notes:

Recovery (1st 12-18 hrs.):

*Keep warm (70-75°F)
*Light meal and water when alert
*Quiet activity, ferals confined
*Females - check incision for 2 wks

Dr. Jamie Lovaglio