Ahtanum Veterinary Clinic
Phone (509) 469-2602

Medical Record

Please fill out one form per cat.

Cat #

Today's contact (agent)	Phone	Clinic Date / /
Name of Owner/caretaker	Phone	Surgical Waiver Signed by: □ Agent □ Owner/caretaker
For Rabies – Address	For Rabies - City, State	For Rabies - Cat's Name & Age
Cat's Gender: □ Female □ Male □ Not sure	Coat Length: □ SH □ MH □ LH Color:	Cat is: □ Tame □ Untouchable □ Not sure

□ **Ear Tip** - or- □ **Tattoo/No Ear Tip**

Please give this cat (check all that apply):	Special instructions/comments
□ **FVRCP Vaccine** (Distemper) □ **Rabies Vaccine** (4 lbs. and over) □ **Flea Control –** as needed □ **Felv/FIV test**	

Clinic Use Only

Vital Statistics

Gender □ Female □ Male	Weight:	Temp.

Anesthesia and Prep

(ND = Not Done)

_____ **Atropine > Sub Q**

_____ **Torb**

_____ **Ketamine > IV/IM**

_____ **Diazpam/Ace**

□ Ear tip □ Tattoo □ ND
□ FVRCP Vac. □ ND
□ Rabies Vac. □ ND
□ Flea Control □ ND
□ Penicillin _____ cc. □ ND
□ Fluids _____ cc. □ ND

Clinic Comments

Surgery and Post-op

□ Isoflurane used □ ND

_____

Cat was:
□ Normal □ Previously altered
□ Crypt 1 □ Crypt 2
□ In heat □ Post partum
□ Pregnant: # Feti _____
□ Early □ Middle □ Late

_____
Additional Procedures

□ Surgeon's initials _____

This completed, initialed form is proof of sterilization (spay/neuter) of the above animal.