

Surgical Authorization Form
Medfield Animal Shelter Spay/Neuter Clinic

CAT'S NAME: _____

Date: _____

Cat's description: _____
(circle) Short/Medium/Long Hair

AGE: _____
Gender: Female ___ Male ___

Does your cat have any health issues? No ___ Yes ___ If yes, please specify: _____

Has your cat been vaccinated? Rabies: **Y N** **Date:** _____ Distemper: **Y N** **Date:** _____

Has your cat been treated for: **FLEAS** **EAR MITES** **PARASITES** **OTHER:** _____

Owner's Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone: _____ (where you can be reached during the clinic)

Services Requested (please circle)	Official Use Only
Spay (female) \$125	Spay (female) \$125
Neuter (male) \$90	Neuter (male) \$90
Rabies Included	Rabies Included
Distemper \$10	Distemper \$10
FeLV/FIV Combo Test \$25	FeLV/FIV Combo Test \$25
Deworming \$10	Parasite treatment: \$10
Flea & Tick \$10	Flea/Tick _____
Ear mites \$10	Ear Mite _____
Ear tipping (ferals only) \$ 0	Intestinal _____

Exam - Official Use Only

Physical Exam: Weight: _____ lbs

Pre-Med: ___ Dexmedetomidine 0.5mg/ml
___ Ketamine 100mg/ml IM/IV # ___
___ Torbugesic 10mg/ml IM # ___
___ Antisedan 5mg/ml
___ Meloxicam 5mg/ml SQ

___ Buprenorphine ER 3mg/ml # ___
___ Acepromazine 100mg/ml SQ
___ Midazolam 5mg/ml IV # ___
___ LRS Fluids SQ
___ other: _____

Surgery Report:

Spay- approach:	ventral celiotomy	Flank		
ovarian pedicles	Instrument tie	Circumferential	SUTURE: _____ PDO	
Uterine Stump	Miller's	Circumferential other _____	SUTURE _____ PDO	
Abdominal closure	Cruciate	Simple Interrupted	Simple Continuous	SUTURE _____ PDO
Subcutaneous closure	Simple continuous	simple interrupted	other	SUTURE _____ PDO
Intradermal closure	Simple continuous			SUTURE _____ PDO

Neuter -approach:	scrotal	prescrotal approach	
Vessels/cremaster	Circumferential	Miller's	SUTURE _____ PDO
Subcutaneous closure	simple continuous	other _____	SUTURE _____ PDO
Intradermal	horizontal mattress		SUTURE _____ PDO

Hernia repair _____

Cryptorchid. left. right. / inguinal / abdominal - see above _____

Addendum: _____

Instructions to go home/follow up recommendations:

