

SpayNeuterNac

Cat Spay Form

Date: _____	Pet Name: _____	
Owner: _____	Owner ID: _____	Pet ID: _____
Phone: (____) _____	Weight: _____	Tech: _____ Scribe: _____

Description	Bottle:	Amount	mg Used	Initials	Time
Vaccines					
Rabies: RR Initials: Time:	FRCP: RF Initials: Time:	FeLV: LR Initials: Time:			
Topical Meds					
Capstar Blue per rectum		tablet			AM PM
Ivermectin:PG 1:9 (1 mg/ml) - AU		0.1cc	0.1 mg (1000 ug)		AM PM
					AM PM
Injectable Meds					
Butorphanol (10 mg/ml) – IM	bottle:	cc	X 10 = mg		AM PM
Butorphanol (10 mg/ml) – IM	bottle:	cc	X 10 = mg		AM PM
Butorphanol (10 mg/ml) – IM	bottle:	cc	X 10 = mg		AM PM
Buprenex (0.3 mg/ml) – IM	bottle:	cc	X 0.3 = mg		AM PM
Buprenex (0.3 mg/ml) – IM	bottle:	cc	X 0.3 = mg		AM PM
Dexdomitor (0.5 mg) - IM		cc	X 0.5 = mg		AM PM
Ketamine (100 mg/ml) – IM	bottle:	cc	X 100 = mg		AM PM
Polyflex (250 mg/ml) – SC IM		cc	X 250 = mg		AM PM
Praziquantel 5.65% – SC		cc	X 56.5 = mg		AM PM
TDB – Telazol (100 mg/ml)	bottle:	cc	X 100 = mg		AM PM
	Butorphanol (10 mg/ml)	bottle:	X 0.5 = cc	X 10 = mg	
	Dexdomitor (0.5 mg/ml)	X 0.5 =	cc	X 0.5 = mg	
Kitty Magic - IM	bottle:	cc			AM PM
	Butorphanol (10 mg/ml)	bottle:	X 0.4 = cc	X 10 = mg	
	Dexdomitor (0.5 mg/ml)	X 0.2 =	cc	X 0.5 = mg	
	Ketamine (100 mg/ml)	bottle:	X 0.4 = cc	X 100 = mg	
					AM PM
					AM PM
Rx Meds to Go Home					Filled - Initials
Buprenex (0.3 mg/ml)	bottle:	cc	X 0.3 = mg	PO up to q8hrs PRN for pain	
Butorphanol (10 mg/ml)	bottle:	cc	X 10 = mg	PO up to q8hrs PRN for pain	
Cephalexin 250 mg tablets		Tablet	PO BID x _____ days for :		
Ivermectin 1% (10 mg/ml)		cc	PO every 2 weeks for 3 doses for scabies		
Pyrantel (50 mg/ml)		cc	X 50 = mg	PO SID x 3 days, repeat in 2 weeks	
Tramadol 50 mg		Tablet(s)	PO up to q8hrs PRN for pain x _____ doses		
Extra Materials					
Surgery Gown		Bouffant Hat		Surgery Mask	6-1/2 Gloves
Exam Gloves		#10 Blade		Spay Pack	Microchip

Surgery Report: **Incision length:** _____ cm In Heat pregnant _____ days _____ feti

Ovary Ligation: 0 Mono 2-0 Mono 3-0 Mono 0 gut 2-0 gut

Uterine Body Ligation: 2 gut 0 gut 2-0 gut 3-0 Mono **Linea alba:** 0 Mono 2-0 Mono 3-0 Mono

Skin closure: glue 2-0 Braunamid **Suture Pattern:** simple inter simple cont cruciate inter

Hemostasis: electrocautery 3-0 Mono ligation belly wrap

Identification: tattoo microchip (registered) left ear tip

Comments:

Anesthetic Report: make an entry every 5-10 minutes

		Anesthetic Induction					
		Isoflurane On		Intubated: Yes No		Tube Size:	
		Surgery Start		Pat. Tubes: Bain F-Tubes		RB Bag: 1/2L 1L 2L 3L	
Time	O ₂ (L/min)	Isoflurane %	O ₂ Sat %	Heart Rate bpm	Resp Rate bpm	Temp °F	
		Isoflurane Off		Surgery Time: _____ min. Isoflurane Time: _____ min. Oxygen Time: _____ min.			
		Surgery End					
		Oxygen Off					
		Extubated					

Time sternal: _____ **Time Walking:** _____

Anesthetic Recovery: uneventful Comments (below)

Post-Op Support: ice pack heating pad snuggle safe disc

Comments:

Drugs in log: **Nail Trim:** **Clean Ears:** **Took blood for FeLV Test:**

Check isoflurane: M_____ G_____ W_____ **Check Oxygen:** M_____ G_____ W_____

Post-Op Check-Up: Initials: _____ Time: _____ PM AM

BAR QAR painful mm Pink CRT <2 sec incision looks good

Comments: