

Pet Partners – Feline Forms

Cage # _____

Please fill out grey shaded areas only

Owner _____ Date _____
 Address _____
 City, State, Zip _____
 Home # _____ Work # _____ Cell/Pager# _____
 Pet _____ D.O.B. _____ Breed/Color _____ Sex: M / F

Behavior: Tame _____ Feral (wild) _____ Housing: Inside only _____ Outside only _____ Both _____
 IF STRAY? Yes/No _____ How long have you seen/ fed cat? _____ ever in heat? _____ had kittens? _____

DATE OF LAST VACCINATIONS? Please circle- Never vaccinated/ Vaccination history not known
If previously vaccinated please indicate dates:
RABIES (required by state law) _____ Exp. Date _____ # _____
 If expired or lack of documentation, the Rabies vaccine will be given today. A \$10 fee will be charged.
FVRCP (Distemper) _____ Under 1 year old: 1st distemper _____ 2nd _____ 3rd _____
Feline Leukemia / Aids Test _____ **FelV** (Feline Leukemia) vaccination: 1st _____ 2nd _____

Seeing worms? Yes/No _____ **Ever received worming meds?** Yes/ No Name/date of med _____
FLEAS-If any evidence of fleas is found on your pet, a flea medication will be applied at your expense.

***ALLERGIES ?** to vaccines: Yes/No _____ medications: Yes/No _____
 ***Current health problems:** Yes/ No _____
 ***Past health problems:** Yes/ No _____

*** Has pet eaten in last 12 hours or drunk water in last 8 hours ? Yes/ No**

XX

I am the owner/ agent of the above named animal. I have the authority to execute this consent.
 I hereby authorize the Pet Partners authorized veterinarian to perform the following procedures on the above named animal and to use the appropriate anesthetics and medications :

Spay/ Neuter (reproductive sterilization) _____ **Dental cleaning** with possible tooth extractions _____
Other surgery/procedure/biopsy _____

I also authorize the Pet Partners authorized veterinarian to perform extensions of the above surgery or procedures or give any appropriate medications in the event of unforeseen conditions that may be revealed or occur.
 I also authorize the tests, vaccinations, medications and pregnancy choices selected on the attached sheet.
 I understand that there is inherent risk involved with any anesthetic or surgical procedure or the administration of a vaccination or medication. I realize that the results cannot be guaranteed.
 I hereby, for myself, my heirs, executors and administrators, release and discharge Pet Partners, its employees, Board of Directors, volunteers, and all persons associated herewith for all claims, damages, rights of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or incident to the above described procedure.

SIGNATURE OF OWNER/ AGENT _____ **DATE** _____

Interview: phone _____ in person _____ Name if other than owner _____ Witness _____

Owner _____ Pet _____ Cage # _____
Breed _____ Color _____ D.O.B. _____ Stray ? _____
Comments: _____

Services Requested: _____ **Date** _____

Spay/ Neuter _____ Dental cleaning _____ Tooth extractions _____ Estimate Age _____
Other surgery _____ With Biopsy ? Yes/ No

Pre-anesthetic blood work: mini _____ partial _____ full _____ waived _____

Pregnancy termination: Y/N FeLV/FIV/HW test _____ If positive? Quarantine _____ PTS _____ Burial _____

Flea/ worm control: Advantage _____ Frontline _____ Droncit _____ Strongid _____

Rabies _____ **New Rabies** _____ **FVRCP(Distemper)** _____ **FeLV (Leukemia)** _____

Eradimite _____ Ivomec injection _____ Feral cat ear tip _____ microchip _____

E-collar _____ Skin staples _____ Pain medication _____

Services Rendered: _____ **Wt:** _____

Physical exam: _____ Comments: _____

Blood test: partial/ full/mini Results _____

Spay: In heat _____ Pregnant _____ Lactating _____ Castration: _____ Crypt _____

Dental: hand scale _____ ultrasonic scale/ polish _____ Tooth extractions _____ Est. Age _____

Other surgery _____ Biopsy _____

Vacc: Rabies _____ FVRCP _____ FeLV _____ FeLV/FIV/HW test _____

Skin: Fleas _____ Advantage / Frontline applied _____ Droncit inj. _____ Nail trim _____

Ears: Cleaned _____ waxy _____ mites _____ Left ear tip _____ Ivermectin inj. _____ Other _____

Other: Penicillin _____ IV/ SQ fluids _____ Pain injection _____ Fecal _____ U/A _____ Temp _____

Specific discharge instructions:

Physical examinations- recommended yearly unless under one year old and received one or less exams.

If today was your kitten's only veterinary visit, please return in 1 month.

Vaccination recommendations:

Rabies-return by _____ **for a** _____ **year booster (required by state law).**

Feline distemper- Recommended for protection from respiratory viruses.

Return **ASAP** if your cat/kitten has never received or is over due for a distemper vaccination.

Kittens- if never vaccinated a series of 2-3 shots 1 month apart is recommended.

Return _____ **for a booster or to complete kitten series.**

Indoor/ Outdoor adult (over 1y.o.) - a yearly booster is recommended.

Indoors only adult (no exposure to outdoor cats) -booster every other year if up to date.

Feline Leukemia- recommended for all cats that go outdoors. Need a series of 2 shots 1 month apart, then once a year thereafter.

Return _____ **for a booster.**

Surgery incision- _____ Skin layer **glued/not glued.** Just keep clean and dry for 14 days, no need to return.

_____ Skin **sutures/staples.** Return in _____ days for removal if still present.

_____ Gingival sutures- absorbable. Rinse mouth with lukewarm water after meals for 1wk.

Medications- Give the following as directed: _____

E-Collar: Leave on for _____ days when unsupervised.

Other _____

Pet Partners is a non-profit clinic. We may not be able to accommodate sick or injured animals. We strongly encourage you to establish a relationship with a full service veterinarian in case of illnesses or emergencies.

Owner _____ Pet _____ D.O.B. _____ Wt _____ (lb) _____ (kg) Cage # _____

Date: _____

Physical Exam Checklist		
1) General Appearance <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	2) INTEGUMENTARY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	3) MUSCOSKELETAL <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
4) RESPIRATORY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	5) DIGESTIVE <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	6) GENITOURINARY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
7) EARS <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	8) NEURAL SYSTEMS <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	9) LYMPH NODES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
10) EYES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	11) CIRCULATORY <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM	12) MUCOUS MEMBRANES <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORM
T _____	P _____	R _____ Wt _____

Comments: _____

Anesthesia: (see surgery log also) Time _____
 Preop- TBD combo (Telazol 50mg/ml, Butorphanol 2.5mg/ml, Dexdomitor 0.25mg/ml)
 TBD combo _____ ml IM/IV at _____ Reversal: Anti-sedan _____ ml at _____
 Acepromazine (10mg/ml) _____ ml SQ at _____
 Atropine (0.5mg/ml) _____ SQ at _____
 Glycopyrolate (0.2mg/ml) _____ ml IM at _____
 Carprofen ((50mg/ml) _____ ml SQ at _____
 Buprenex (0.3mg/ml) _____ ml IM at _____

Induction- Ketamine (100mg/ml) _____ ml IV at _____
 Diazepam (5mg/ml) _____ ml IV at _____

Additional Meds: _____ Time: _____

E.T. size _____ Mask _____ IV _____ g L R cephalic / other _____
 Fluids: IV _____ ml @ _____ SQ _____ ml @ _____
 Estimated Blood loss- _____ ml Replaced with _____ ml of _____ IV solution

Started Surgery _____ Stop Surgery _____ Sternal _____

Maintenance: Isoflurane 2 % with O2

Time _____
 Temp (°F) _____
 HR _____
 RR _____
 O2 sat% _____
 B/P _____
 CO2 % _____

Surgery: Routine OHE, OHE/abort _____ Open/Closed Castration, Crypt _____
 Dental Cleaning _____ Teeth extractions – See sheet _____ Biopsy sent: _____

Other _____

Using _____ to ligate vessels
 _____ to close fascia
 _____ to close subcu
 _____ to close skin
 _____ to close gingival flap

Bupivacaine line block: (cats 2mg/kg, dogs 4mg/kg) 0.25 % w/ or w/o epi, 0.5 % , splash
 Recovery: uneventful unless noted

INFORMATION FORM FOR CAT OWNERS

In order to save time at check-in please read the following information before dropping off your cat for surgery. If someone other than the owner is bringing the cat to the clinic, please initial your choices and sign the next page. If you have any questions please feel free to call (508) 672-4813 Monday- Thursday 9am-4pm. Please allow 15-20 minutes for check-in and pick-up.

*****Check-in is 7:00-8:00 am. Pick-up is 4:00-5:00 pm. Please call ahead if you need another time.*****

PRE-ANESTHETIC BLOOD WORK

Blood testing prior to any anesthetic procedure is recommended to uncover any possible hidden problems. The tests we order are the same that a person would have done prior to an anesthetic procedure. **The partial and minimum panel tests can be done the same day the surgery is scheduled.** For a full panel or to save \$15 on partial or mini panel test, please schedule an appointment a few days prior to surgery to have the blood drawn. We will wait for the test results before starting surgery.

Partial/ juvenile panel- for healthy animals under 7 years old. Cost is \$60.

Full panel- recommended for animals 7 years or suspected illnesses/dental disease. Cost is \$65 (must be done prior to day of surgery).

Minimum pre-op screening- provides some info but not as complete as above panels. Cost is \$45.

Waived- unforeseen problems may occur with anesthesia and you are willing to assume the risks.

Please INITIAL Choices: partial/juvenile _____ mini _____ full/adult _____ waived _____

VACCINATIONS- NOT recommended on the same day of surgery to avoid possible allergic reactions. If returning for vaccinations on a clinic day (Wednesdays or Fridays) is difficult for you, then we will vaccinate your cat at the end of the surgery day. A rabies vaccine will be given on the surgery day if your pet is not up to date or you do not provide proof of vaccination.

****PLEASE bring copies of vaccination and medical records to avoid a possible \$15-\$45 record research fee****

Feline Rabies vaccine- legally required. Please read attached letter explaining vaccine options.

Feline Distemper vaccine- recommended for protection from respiratory viruses.

Feline Leukemia vaccine- recommended for cats that go outdoors or have exposure to an outdoor cat.

A feline leukemia/ aids test is required before the initial vaccination (read below).

Choices: Rabies “new” (\$23) _____ “old” (\$10) _____ Feline distemper _____ Feline leukemia _____

FELINE LEUKEMIA/ AIDS TESTING

Feline Leukemia and Aids are non-treatable viral infections that can affect cats. The viruses are spread by the transfer of infected blood or saliva. Your cat could have been exposed to either virus from its mother or if your cat has been outside it could have been exposed through fighting or grooming of other infected cats.

Cats can be carriers of the virus and not show symptoms for many years.

Heartworms are transmitted by mosquitoes. Symptoms of coughing, shortness of breath and vomiting usually don't appear until late in the disease process so blood testing is essential for early detection.

We can test your cat for both viruses and heartworm with one blood sample. (Please note that a negative leukemia result is only considered accurate for kittens over 3 months of age and for aids if over 6 months of age. Cost is \$49.

If either feline viral test comes back positive we recommend that you keep your cat indoors to prevent the spread of the virus, and then retest in 3 months.

Therefore we recommend if the test is positive to:

- quarantine your cat at home and retest in 3 months or
- adopt the cat to a cat- free home (you must arrange this yourself) and retest in 3 months or
- euthanize (put to sleep) the cat because you are unable to isolate this cat for 3 months

Charge for euthanasia alone is \$20, plus burial is \$40 total.

Choices: test- Yes _____ No _____ If positive: quarantine _____ euthanize _____ burial _____

PREGNANCY

If your female pet is found to be pregnant upon examination or surgery, she still may be spayed (fixed). This surgery will result in the termination of the pregnancy. There may be additional charges for I.V. fluids, pain medication, and additional surgery time depending on the weight of your pet and the stage of pregnancy.
(Cats - usually \$25-\$50 extra) (Dogs- usually \$25-\$100 extra)

Choices: hold spaying if pregnancy is suspected or found during surgery _____ spay_____

FLEA CLINIC POLICY-Any animal found with fleas or flea dirt will have a flea control medication applied and you will be charged accordingly.
Your choices are:

Advantage Multi (for fleas, ear mites, and some worms)- \$15-\$17 **Frontline** (for fleas and ticks)- \$14

Tapeworm medication (Droncit) is also recommended, since fleas carry tapeworm eggs and your pet can be infected if they swallow any fleas while grooming themselves. The cost varies with the weight of the animal. (NOTE: Advantage Multi does not cover tapeworms.)
The cost for the average sized cat would be \$9.50 (injectable) or \$8 (pill) plus tax.
The cost for dogs would range from \$9-\$40 (injectable) or \$ 8-40 (pill)

Choices: Advantage Multi_____ Frontline_____ Droncit_____ (injectable _____ pill _____)

EAR MITES/ EAR INFECTIONS- Ear mites are common (especially in young cats). The mites cause itchiness of the ears. Medication choices are either a gel (which is applied by the owner into the ears), Advantage Multi topical or we can give an injection today which will need to be repeated in 3 weeks.
Ear infections caused by yeast and bacteria are more common in dogs, especially dogs with long floppy ears. Treatment usually requires an anti-yeast/ bacterial ointment plus cleansing with a vinegar mixture.

Choices: Ear mites- Gel (cost \$18)_____ Injection (cost \$9.50 each injection)_____
Ear infections- ointment (cost \$16) _____ (Vinegar recipe will be provided if needed)
Advantage Multi topical (\$15-\$17)_____

PAIN MEDICATION- All animals will be given a pain injection before surgery. The medication will wear off approximately 24 hours later. Some animals need pain medication for several days after surgery/ dentals depending on the procedure performed and their individual pain tolerance. Additional pain medication may be purchased if you know that your pet is more “sensitive.” (Pain medication will automatically be dispensed for some procedures such as tooth extractions).

Cost- For 2 days worth Cats: \$8-12 _____ Dogs: \$8+ depending on their weight _____

E-COLLAR (lampshade collar) - We highly recommend purchasing a collar to prevent licking of the surgical area. Visit fees to check and/or repair open skin incisions are \$10-\$250 (not incl. anesthesia).

Cost- \$7-8 for cats _____ \$7-12 for dogs _____ Declined_____

Signature of owner_____ Date_____

Print Name_____ Name of Pet_____

Prices are Subject to Change without notice.
****All pets must be picked up by 5:30 unless prior arrangements have been made****
Unscheduled late pick-ups will incur a fee for staff overtime coverage of \$50.
Pets not picked up by 6:00 pm for whatever reason will be kept overnight and charged \$75-\$150.