

Pet Partners – Pocket Pets

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 animal? _____ ever in heat? _____ had babies? _____

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 drank water in last 8 hours ? Yes/ No (yes for rabbits)**
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/trim** 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. _____ Sex: M / F
Comments: _____

Services Requested: _____ **Date** _____

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

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

Pregnancy termination: **Y/N**

Flea/ worm control: Advantage _____ Droncit _____ Strongid _____ Eradimite _____
Ivomec injection _____

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 _____
Skin: Fleas _____ Advantage _____ Droncit inj. _____ Nail trim _____
Ears: Cleaned _____ waxy _____ mites _____ 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 pet's only veterinary visit, please return in 1 month.

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 POCKET PET 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

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****

Ferret Rabies vaccine

Ferret Distemper vaccine- recommended for protection from respiratory viruses.

Choices: Rabies _____ Ferret distemper _____

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 (usually \$25-\$75 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 (for fleas only)- ferrets/rabbits \$12 **Frontline** (for fleas and ticks)- ferrets only \$14

Choices: Advantage _____ Frontline _____ Droncit _____ (injectable _____ pill _____)

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: \$8-12 _____

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- \$7-12 _____ 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.