



Pawprints on our Hearts

Medical Record

Please fill out one form per cat

Trap #			
Contact (Owner/Agent)	Phone	Date / /	
Cat's Name	Coat Length Short <input type="checkbox"/> Medium <input type="checkbox"/> Long <input type="checkbox"/>	Surgical waiver signed by Agent <input type="checkbox"/> Owner/Caretaker <input type="checkbox"/>	
Cat's Age	Color	Gender F <input type="checkbox"/> M <input type="checkbox"/> Not sure <input type="checkbox"/>	
Health Concerns/Current Meds/Special Instructions/Comments:			
Demographics (For informational purposes only) County: _____ City: _____ Zip Code: _____ Is cat being fed regularly? : Yes <input type="checkbox"/> No <input type="checkbox"/>		How did you learn about us? _____	
Additional/Optional Treatments: <input type="checkbox"/> Flea medication/prevention (Revolution) \$5 <input type="checkbox"/> Topical Deworming (Profender)..... \$15 <input type="checkbox"/> FeLV/FIV Testing..... \$35 <input type="checkbox"/> FeLV Vaccine (If test was negative)\$15			
Signature	Owner <input type="checkbox"/> Agent <input type="checkbox"/>	Agent Name (If applicable)	

Clinic Use Only

Anesthesia

Gender	Weight/#	DKT	Time	Additional DKT	Time
F <input type="checkbox"/> M <input type="checkbox"/>		cc.		cc.	

Prep

Surgery & Post Op

<input type="checkbox"/> Chip Scan <input type="checkbox"/> Brief Exam Lactating: Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Pain injection (Onsior/Metacam) _____ cc. <input type="checkbox"/> Isoflurane used
Required: <input type="checkbox"/> Rabies Vaccine <input type="checkbox"/> FVRCP vaccine <input type="checkbox"/> Microchip <p style="text-align: center;">PLACE STICKER HERE</p>	Cat was: <input type="checkbox"/> Previously Altered <input type="checkbox"/> Normal <input type="checkbox"/> In Heat <input type="checkbox"/> Pyometra <input type="checkbox"/> Pregnant: # Feti _____ <input type="checkbox"/> Early <input type="checkbox"/> Middle <input type="checkbox"/> Late <input type="checkbox"/> Crypt 1 <input type="checkbox"/> Crypt 2
Additional/Optional: <input type="checkbox"/> Revolution <input type="checkbox"/> FeLV/FIV testing Results: _____ <input type="checkbox"/> FeLV vaccine <input type="checkbox"/> SQ Fluids _____ cc.	Additional Procedures:
<input type="checkbox"/> Ear tip & Tattoo	Doctor Initials:
Clinic Comments: 	