



Asavet Veterinary Services, LLC
dba Santa Cruz Veterinary Clinic
 5408 S. 12th Ave. Tucson, AZ 85706
 Phone #: (520) 889-9643
 Fax #: (520) 889-9023
 www.santacruzpet.com

Date: ___/___/___

PACC TNR Program

Checked in by: _____

Please legibly complete the highlighted areas only.

Client's Name: Pima Animal Care Center Address: 4000 N. Silverbell Rd. Tucson, AZ 85745 Phone #: 520-243-5900 Authorized Contact for Today: _____ Phone #: _____	Animal ID #: _____ <small>Last Name, date & # (Example: Smith 0409-1)</small> Species: <input checked="" type="checkbox"/> Feline Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ wks/mo/yrs Breed: <input type="checkbox"/> DSH <input type="checkbox"/> DMH <input type="checkbox"/> DLH <input type="checkbox"/> OTHER: _____ Color: _____
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Surgical Sterilization Consent

Please answer the following questions to the best of your knowledge.

1. What **address** was the cat trapped including **ZIP** code? _____
2. How long has the cat been in the area? _____
3. Have you noticed any illness or injuries in the past? None _____
4. Has this pet ever been vaccinated? No If Yes, when? PRC ___/___/___ RV ___/___/___ FeLV ___/___/___

Services Below will be performed under the Feral Program:

- **PRC vaccine**
- **Rabies vaccine**
- **Ear Tip & Tattoo to identify surgically sterilized feral cats.**

Additional services requested are at regular price and are NOT covered under the Feral Program.

5. Any additional concerns to address today? _____

I am the owner and/or designated person to authorize for medical care for the above described pet. I hereby allow Asavet Veterinary Services, LLC to examine, spay/neuter, ear tip, prescribe for, and treat the above described pet. I designated person to authorize for services that are to be paid by contracted fees by PACC. I understand that the doctors and staff will use all reasonable precautions against injury, escape, or death of my pet. I understand that all anesthesia involves some minimal risks to my pet and I will not hold the doctor and staff responsible under any circumstances. I understand that the staff/veterinarian is not on site 24hours a day. I understand I am responsible for following post anesthetic/surgical recovery instructions to avoid serious injury or even death to my pet. All animals spayed/neutered may be tattooed for identification.
I understand that I assume all risks.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY Estimated Weight _____ Temp (E R) _____ Pulse _____ Resp _____ Scan: Neg. / Pos. _____

Physical Exam: Gen. Appearance <input type="checkbox"/> N <input type="checkbox"/> Ab. Cardio/Pulmonary <input type="checkbox"/> N <input type="checkbox"/> Ab. Integumentary <input type="checkbox"/> N <input type="checkbox"/> Ab. Musculo-Skeletal <input type="checkbox"/> N <input type="checkbox"/> Ab. Digestive <input type="checkbox"/> N <input type="checkbox"/> Ab. Genito-Urinary <input type="checkbox"/> N <input type="checkbox"/> Ab. EENT <input type="checkbox"/> N <input type="checkbox"/> Ab. Mucous Membranes <input type="checkbox"/> N <input type="checkbox"/> Ab.	<input type="checkbox"/> Feral= UNABLE TO EXAM! P.E. Findings: BCS= _____ / 9 Veterinarian's Signature _____
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PACC TNR Program

SX Date: ____/____/____

Type of SX: **CS / CN**

OTHER: _____

Est. Wt: _____ lbs

ANIMAL ID #: _____

	ANESTHESIA TIME	INTUBATED Y / N	PREMED:
DVM:	ON :	ET SIZE:	CATS: Kitty Magic: (Hydromorphone 2mg/mL, Ketamine 0.45mg/mL, Dexdomitor 0.18mg/ml) _____ mL IM Btl# _____
Prep Tech:	OFF :	Isoflurane Y / N	Antisedan: (5mg/mL) _____ mL IM

Induction: Propofol (10mg/mL): _____ mL IV

Anesthesia and drug log entered: Tech: _____

Analgesia: Ketoprofen (100mg/mL): _____ mL SQ _____ (_____ mg/mL) _____ mL SQ Btl# _____

Antibiotics: Unasyn (30mg/mL): _____ mL SQ Cefazolin (100mg/mL): _____ mL SQ Convenia (80mg/mL): _____ mL SQ

Peri-Op Rx: Ampacillin (250mg/mL): _____ mL SQ _____

Surgery:

- Normal
- Abnormal-see notes
- Multip
- Prepubertal
- Mature
- In Heat
- Pregnant Lactating
- Cryptorchid
- Hernia Repair-Umbilical
- Hernia Repair-Inguinal

CN: Fig. 8 Tie
 Knot Tie
 Other _____

CS (OHE): Ventral Midline Incision Flank
 OP: s-L / d-L / Knot ____ gut / One-Dox / Other _____
 UP: s-L / d-L / t-L ____ gut / One-Dox / Other _____
 Close body wall & SQ ____ s.s. / One-Dox / Other _____
 Skin Adhesive Skin Staples SQ Cautery

Surgery Notes/Findings: _____ Tattooed

Stats: Record stats no less than every 15 minutes.									
Time									
Temp									
Pulse									
Resp									
CRT									
MM									
SpO2									
ISO									
Initial									

Recovery: Normal Abnormal

Time of extubation: _____

- Slow
- Low Temp
- Vomited _____
- Other _____

Recovery Tech Initials: _____

SERVICES PERFORMED:

<input checked="" type="checkbox"/>	Description	Tech	<input checked="" type="checkbox"/>	Description	Tech
	Rabies SQ RR (Serial#: _____)			Revolution 120mg/mL: _____ mL topically	
	PRC SQ RF			Advantage 9.1%: _____ mL topically	
	SQ Fluids: _____ mL 0.9%NaCl / Norm R / LRS			Praziquantel 56.8mg/mL: _____ mL SQ	
<i>Additional Services if Requested:</i>				LEFT EAR TIP	
	FeLV SQ LR			Sex: M / F Age: _____ Weight: _____	
<i>Time:</i>	FeLV/FIV/HW Snap Test Neg / Pos			Microchip Scan: Neg. / Pos. _____	

Post-Op Instructions & Rx: _____

Discharge Initials: Tech: _____

Charges: _____ \$50 S/N

TOTAL DUE: \$ _____

Invoice: # _____ **By:** _____