

TNR SURGERY FORM

Print Clearly in blue/black ink

**ALTERED TAILS**
BARNHART CLINIC950 W. Hatcher Rd Phoenix, AZ 85021 602-943-7729
7246 E Main St. #3, Mesa AZ 85207 480-807-1200

Date: / /	Name on Appointment:		
	Phone # for name on appointment:		
Address:		City:	Zip:
Transporter Name:		Transporter Phone #:	
Total # of cats brought:			
Trap#:		Breed: <input type="checkbox"/> DSH <input type="checkbox"/> DMH <input type="checkbox"/> DLH <input type="checkbox"/> Siamese <input type="checkbox"/> Other:	
Color:			
<input type="checkbox"/> Grey Tabby	<input type="checkbox"/> Calico	<input type="checkbox"/> Black	<input type="checkbox"/> Flame Point
<input type="checkbox"/> Brown Tabby	<input type="checkbox"/> Dilute Calico	<input type="checkbox"/> White	<input type="checkbox"/> Seal Point
<input type="checkbox"/> Orange Tabby	<input type="checkbox"/> Tortoiseshell (Tortie)	<input type="checkbox"/> Grey	<input type="checkbox"/> Black/White
<input type="checkbox"/> Cream/Buf Tabby	<input type="checkbox"/> Dilute Tortoiseshell	<input type="checkbox"/> Other: _____	
Additional Services (TO BE PAID AT PICK UP to Altered Tails. NOT covered by or paid to ADLA):			
<input type="checkbox"/> Flea / Tick Preventative (\$20)	<input type="checkbox"/> Convenia (\$15-\$40) <i>Based off actual weight. Approval at doctor's discretion</i>		
<input type="checkbox"/> FeLV/FIV Snap Test (\$45)	<input type="checkbox"/> Rabies Vaccine (\$20)		
<input type="checkbox"/> Earmite Treatment (\$35) <i>Approval at doctor's discretion</i>	<input type="checkbox"/> FVRCP (\$20)		
<input type="checkbox"/> 3-Day Slow-Release Pain Injection (\$20)			
<u>EVERY TNR cat will receive a left ear tip along with a small tattoo mark on his/her underside to show that he/she has been sterilized.</u> <u>If a cat has already been altered, an ear tip will be made but no tattoo will be applied.</u>			
<i>I understand if I request additional services, the cost is to me and to be paid at pick up. I understand the animal I brought today will be given general anesthesia and there is a risk associated with anesthesia including death. If, during treatment, a condition is discovered which requires medical attention or an additional procedure, I consent to these procedures and agree to pay the additional costs. I, being of legal age and responsible for the cat described above, give my consent to receive, transport, prescribe for, treat, and perform services on the above-named cat. I acknowledge this feral/free roaming cat is at higher risk for surgical complications. I understand and agree that this cat will be examined under anesthesia and approve surgery regardless of the outcome of the examination. All pregnancies will be terminated to aid in population control. In the event of cardio-pulmonary arrest, cardio-pulmonary resuscitation (CPR) will be attempted to a reasonable degree as determined by a veterinarian.</i>			
I understand if I cannot be reached quickly by phone, I give permission for the veterinarian to humanely euthanize this cat if the cat's condition is deemed incompatible with being released back to the outdoors within 24 hours (\$25 fee)			Initial:
I understand if this cat is euthanized for any reason, there is a fee of \$25			Initial:
I understand Altered Tails is not a 24-hour facility and any cat(s) picked up after 5:00pm will incur a late fee of \$30 for first cat plus \$10 for every additional cat; Additional fee(s) will incur after 5:30pm at clinic discretion			Initial:
X _____			
Signature of caretaker or responsible party		Date	
→ BELOW IS FOR VETERINARY CLINIC USE ONLY. DO NOT FILL OUT BELOW THIS LINE! ←			
<input type="checkbox"/> Altered Tails Sterilization (for appointments scheduled directly with clinic and NOT through ADLA) \$50.00			
<input type="checkbox"/> ADLA Sterilization (for appointments scheduled directly with ADLA)			
<input type="checkbox"/> Walk-in fee (for cats unscheduled or cats brought in over scheduled amount)			
<input type="checkbox"/> ADLA \$15 "walk-in" fee paid to Altered Tails at time of pick-up		<input type="checkbox"/> Clinic: \$25 "walk-in" fee (added to surgery price)	

<input type="checkbox"/> APPLY WALK-IN FEE	<input checked="" type="checkbox"/> Aftercare instructions sent home with client on day of surgery				
_____ml Meloxicam 5mg/ml SQ _____ml MKT* IM _____ml Buprenorphine SR 3mg/ml SQ _____ml Simbadol 1.8mg/ml SQ _____ml Antisedan 5mg/ml IM SQ <input type="checkbox"/> Not Given _____ml Midazolam 5mg/ml IM _____ml Ketamine 100mg/ml IV _____ml Convenia 80mg/ml SQ <input type="checkbox"/> Not medically necessary	Est. Weight: _____lbs.	Gen Appearance	N	AB	<input type="checkbox"/> QAR <input type="checkbox"/> BAR <input type="checkbox"/> Other:
	Actual Weight: _____lbs.	E/E/N/T/MM/Oral			
	Est. Age: ____yrs. ____mo.	Musculoskeletal			
	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Lymph Nodes			
		Heart/Lungs			
		Abdomen/UG			
		Skin/Coat			
		Dr. Initials			
<input checked="" type="checkbox"/> Unable to conduct examination prior to anesthesia/sedation.					

*MKT= Medetomidine(0.27mg/ml), Ketamine (46mg/ml), Butorphanol (2.67mg/ml)

Microchip	<input type="checkbox"/> Scanned <input type="checkbox"/> No Chip	<input type="checkbox"/> In Heat	Time	Temp (°F)	Pulse/Resp	Initials
Microchip # _____		<input type="checkbox"/> Pregnant	TPR After Induction		/	
EAR TIP	<input type="checkbox"/> Already Tipped	Initial	<input type="checkbox"/> Unable to obtain first TPR after induction, fractious			
Flea / Tick Preventative	Initial	Fetus: _____ @ _____ trimester	Maintenance		/	
Earmite Tx <small>Milbemite (0.1% milbemycin oxime) 0.2ml AU</small>	Initial	<input type="checkbox"/> Pyometra			/	
Rabies	SQ RR	STICKER			/	
	Initials		<input type="checkbox"/> Hydrometra			/
FVRCP	SQ RF	STICKER			/	
	Initials		<input type="checkbox"/> Crypt <input type="checkbox"/> L <input type="checkbox"/> R			/
FeLV/FIV Test	Results:	FeLV	Neg / Pos		Final Recovery	
	Initials	FIV	Neg / Pos			
		<input type="checkbox"/> Abdominal	Normal		Abnormal	
		<input type="checkbox"/> Inguinal				

Post-Surgical Notes:

- _____ml Bupivacaine 0.5% IP
 _____ml LRS given SQ _____ml PenG (300,000IU/ml) given SQ

SURGERY FORM

Feline Neuter:

Incision made over each testicle. A closed technique is used to auto-ligate cords. Incision(s) left open to heal by 2nd intention. Tattoo applied near the umbilicus.

- Two skin incisions One skin incision
 Splash block of Epi (1:1000) and Lidocaine (2%), in a 1:9 ratio, used

Feline Spay:

Incision made on ventral midline. Suspensory ligaments cut and ovarian pedicles ligated. Uterine body ligated with one Modified Miller's knot. Linea closed with a cruciate pattern. Subcutaneous and intradermal layers closed in a Modified Colorado pattern. Tissue glue applied over skin incision. Tattoo applied near the incision.

Suture used: Pedicles auto-ligated / _____, uterus: _____, body wall: _____, skin: _____

- Broad ligaments ligated Uterine horns ligated separately
 Uterus double ligated Stick ties

Additional Notes:

Doctor Signature: _____

Date: _____ Trap# _____ Rescue/Owner Name: _____

Revised/Effective 8.1.23 [] Spoke to client [] LVM @ _____ [] Text @ _____ [] UTLVM Pick Up Time: _____