

# TNR SURGERY FORM

Print Clearly in blue/black ink



950 W. Hatcher Rd Phoenix, AZ 85021 602-943-7729  
7246 E Main St. #3, Mesa AZ 85207 480-807-1200

Date:		Appointment Name:			Phone #:	
Address:				City:		Zip:
Transport Name:				Phone #:		
Trap#:		Sex: <input type="checkbox"/> Unknown <input type="checkbox"/> Female <input type="checkbox"/> Male		Total # of cats brought:		
Breed: <input type="checkbox"/> DSH <input type="checkbox"/> DMH <input type="checkbox"/> DLH <input type="checkbox"/> Other:				Color: <input type="checkbox"/> Tabby		

**Additional Services (TO BE PAID AT PICK UP to Altered Tails. NOT covered by or paid to ADLA):**

<input type="checkbox"/> Rabies Vaccine \$15	<input type="checkbox"/> 3 Day Pain Injection (\$20)	<input type="checkbox"/> Convenia (\$10-\$25)
<input type="checkbox"/> FVRCP (\$15)	<input type="checkbox"/> FeLV/FIV Snap Test (\$40)	<i>Based off actual weight of cat. Approval at doctor's discretion</i>
<input type="checkbox"/> Flea / Tick Preventative (\$10)	<input type="checkbox"/> Microchip (\$25)	

Sterilization \$30.00 (for appointments **NOT** scheduled through ADLA)  Unscheduled appointments \$40.00

**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.**

*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. I understand if this cat is euthanized for any reason there is a fee of \$25. In the event of cardio-pulmonary arrest, cardio-pulmonary resuscitation (CPR) will be attempted to a reasonable degree as determined by a veterinarian.*

In the event that 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 **Initial:**

A late fee will be assessed for cats picked up after 5:00pm. \$30 for the first cat and \$5 for every additional cat **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"/> ADLA	<input type="checkbox"/> NON-ADLA	<input type="checkbox"/> NON-ADLA UNSCHEDULED	<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 _____ ml Midazolam 5mg/ml IM _____ ml Ketamine 100mg/ml IV _____ ml Convenia 80mg/ml SQ		<b>Est. Weight:</b> _____ lbs.  <b>Actual Weight:</b> _____ lbs.  <b>Est. Age:</b> _____ yrs. _____ mo.	Gen Appearance	N	AB	
			E/E/N/T/MM/Oral			
			Musculoskeletal			
			Lymph Nodes			
			Heart/Lungs			
			Abdomen/UG			
			Skin/Coat			
Dr. Int.						

\*MKT= Medetomidine (0.03mg/kg) Ketamine (5mg/kg), Butorphanol (0.3mg/kg)  Unable to conduct examination prior to anesthesia/sedation.

Ear Tip		<input type="checkbox"/> In Heat		Time	Temp (°F)	Pulse/Resp	Initials				
Microchip	<input type="checkbox"/> Scan <input type="checkbox"/> No Chip SQ Intrascapular	<input type="checkbox"/> Pregnant	Fetus: _____ @ _____ trimester	<b>TPR After Induction</b>							
				<b>Maintenance</b>							
Rabies	SQ RR	<input type="checkbox"/> Pyometra									
FVRCP	SQ RF	<input type="checkbox"/> Hydrometra									
FeLV/FIV Test	Results:	<input type="checkbox"/> Crypt	Normal	Abnormal	<input type="checkbox"/> Karo given PO in recovery						

Post-Surgical Notes: **\*Surgery Notes attached to second page**

\_\_\_\_\_ ml Bupivacaine 0.5% IP  
 \_\_\_\_\_ ml LRS given SQ

Date: \_\_\_\_\_ Pet Name: \_\_\_\_\_ Rescue/Owner Name: \_\_\_\_\_

## 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:**

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Dr. Signature \_\_\_\_\_