

**STAFF ONLY**  
 amt owed: \_\_\_\_\_  
 donation: \_\_\_\_\_  
 total: \_\_\_\_\_  
 Paid: cash / check



**CITIZENS FOR ANIMAL PROTECTION**

17555 Katy Freeway  
 Houston, TX 77094  
 281 497 0591

**FCAP**

**SURGERY FORM**

**STAFF ONLY**  
 Date: \_\_\_\_\_  
 Id #: \_\_\_\_\_  
 Weight: \_\_\_\_\_ Tech init: \_\_\_\_\_

TRAPPER FILL OUT UPPER PORTION	Trapper Name: _____		Email address: _____		
	Address: _____		Zip code trapped: _____		
	Phone (to be reached today): _____	Alternate phone number: _____		<b>**Please be sure to be available at the one of the phone numbers provided**</b>	
	<b>Services requested:</b>		<b>Sick/ Injured:</b> <input type="checkbox"/> euthanize <input type="checkbox"/> treat <input type="checkbox"/> call		
	<input type="checkbox"/> Routine ( <i>see below</i> )-FREE <input type="checkbox"/> convenia ( <i>if needed</i> )-\$15 <input type="checkbox"/> FVRCP-\$5 <input type="checkbox"/> tapeworm injection ( <i>if needed</i> )-\$5		<b>Testing:</b> <input type="checkbox"/> FELV/FIV combo \$15 <b>Felv +:</b> <input type="checkbox"/> Euthanize <input type="checkbox"/> return altered <input type="checkbox"/> phone call <b>FIV +:</b> <input type="checkbox"/> Euthanize <input type="checkbox"/> return altered <input type="checkbox"/> phone call		
	Please describe any special conditions or problems you believe the cat may have: _____		Signature of trapper _____		

**Please note: All cats will be ear tipped on the left ear to identify that they have been altered. No exceptions.**

STAFF ONLY BELOW-----STAFF ONLY BELOW-----STAFF ONLY BELOW-----STAFF ONLY BELOW

Breed: _____	Color: _____	Sex: _____ M / F	approximate age: _____
Identifying marks: _____		injuries/abnormalities: _____	
Hydration: good / dehydrated BCS: 1 2 3 4 5 mm _____			
Parasites: fleas ticks earmites tapes other _____			

<b>Routine Services:</b> <input type="checkbox"/> Spay Neuter <input type="checkbox"/> Rabies Vaccine (rr sq) <input type="checkbox"/> Ear Notching (left ear) <input type="checkbox"/> Ivermectin _____ ml sq <input type="checkbox"/> Advantage (0.4cc) <input type="checkbox"/> Meloxicam _____ ml sq <input type="checkbox"/> Clean ears  Scanned for microchip? # _____	<b>Other Services (vet's discretion)</b> <input type="checkbox"/> Felv neg pos <input type="checkbox"/> FIV neg pos <input type="checkbox"/> FVRCP (rf sq) <input type="checkbox"/> Convenia _____ ml sq <input type="checkbox"/> Droncit _____ ml sq <input type="checkbox"/> SQ fluids _____ ml <input type="checkbox"/> Wound cleaning  <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>ANESTHESIA</b>		
		<b>Time/init</b>	<b>Drugs Used</b>	
			KDT	ml IM
			Antisedan	ml SQ
		Fatal Plus ml		

<b>SURGERY NOTES</b>					<b>Castration:</b> open / closed		<b>Suture:</b> PDS		<b>Reproductive Status (check one)</b>		
<b>Spay</b>	autoligate	Miller's	Encircling	Transfixing			ligature: 2-0 3-0		<input type="checkbox"/> Heat <input type="checkbox"/> Pregnant <input type="checkbox"/> Lactating <span style="margin-left: 20px;">Early Mid Late</span> <input type="checkbox"/> Post partum <input type="checkbox"/> Crypt x1 x2 <input type="checkbox"/> prev altered <span style="margin-left: 20px;">ing abd</span> <input type="checkbox"/> Reproductively quiet		
L pedicle							skin: 2-0 3-0				
R pedicle							glue? <input type="checkbox"/>				
Stump							<b>Approach:</b> midline flank				

<b>Post op notes</b> _____ _____ _____	<b>Special instructions:</b> <input type="checkbox"/> Release immediately <b>Hold:</b> <input type="checkbox"/> 24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> _____ days  Alert and standing at time of release? Yes / No
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\_\_\_\_\_  
 Veterinarian Signature