



**Citizens for Animal Protection**  
**17555 Katy Fwy, Houston, Tx 77094**  
**281.497.0591**

## FCAP Surgery Form

<i>Staff Only</i>	
Amt owed :	_____
Donation :	_____
Total :	_____
Paid :	Cash / CC / Check

<i>Staff Only</i>	
Date :	_____
ID # :	_____
Weight	Tech init.

<b>TRAPPER FILL OUT UPPER PORTION</b>	Trapper Name :	Appointment Name :	Email :
	Address :	City :	Zip Code Trapped :
	Phone (reachable today) :	Alternate Phone :	<i>Please be available at one of the phone numbers provided</i>
	Services Requested :	Sick/Injured : <input type="checkbox"/> Euthanize <input type="checkbox"/> Treat	
	<input type="checkbox"/> Routine ( <i>see below</i> ) – FREE <input type="checkbox"/> Convenia (if needed) - \$20	Testing : <input type="checkbox"/> FeLV/FIV combo - \$20	
	<input type="checkbox"/> FVRCP Vaccine - \$5 <input type="checkbox"/> Tapeworm treatment - \$5	FeLV + : <input type="checkbox"/> Euthanize <input type="checkbox"/> Return Altered	
Please describe any special conditions or problems you believe the cat may have :		FIV + : <input type="checkbox"/> Euthanize <input type="checkbox"/> Return Altered	
		_____ <i>Signature of trapper</i>	
<b>Please Note : ALL Cats will be ear tipped on the left ear to identify that they have been altered. No exceptions.</b>			

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

Breed :	Color :	Sex : M / F	Approx. 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>		<b>Other Services (vet's discretion)</b>		
<input type="checkbox"/> Spay    Neuter		<input type="checkbox"/> FeLV    NEG    POS		
<input type="checkbox"/> Rabies Vaccine (rr sq)		<input type="checkbox"/> FIV    NEG    POS		
<input type="checkbox"/> Ear Notching (left ear)		<input type="checkbox"/> FVRCP (rf sq)		
<input type="checkbox"/> Ivermectin _____ ml sq		<input type="checkbox"/> Convenia _____ ml sq		
<input type="checkbox"/> Advantage (0.4cc)		<input type="checkbox"/> Droncit _____ ml sq		
<input type="checkbox"/> Meloxicam _____ ml sq (for pain)		<input type="checkbox"/> LRS _____ ml		
<input type="checkbox"/> Clean ears		<input type="checkbox"/> Wound Cleaning		
<input type="checkbox"/> Tattoo _____		<input type="checkbox"/> _____		
<input type="checkbox"/> Scanned for Microchip?		<input type="checkbox"/> _____		
# _____				
<b>Surgery Notes</b>		<b>Anesthesia</b>		
Castration : open / closed		Time/Init		
Spay	Autoligate	Miller's	Drugs Used	
L Pedicle				
R Pedicle			KDT	ml IM
Stump			Antisedan	ml SQ
			Fatal+	ml
		<b>Reproductive Status</b>		
Suture : PDS		<input type="checkbox"/> Heat		
Ligature : 2-0 3-0		<input type="checkbox"/> Lactating		
Skin : 2-0 3-0		<input type="checkbox"/> Post-partum		
Glue? : <input type="checkbox"/>		<input type="checkbox"/> Pregnant		
<b>Approach</b>		early mid late		
Midline    Flank		<input type="checkbox"/> Crypt x1 x2		
		ing    abd		
		<input type="checkbox"/> Reproductively quiet		
<b>Post Op Notes :</b>		<b>Special Instructions :</b> <input type="checkbox"/> Release immediately		
		Hold : <input type="checkbox"/> 24hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> _____ days		
_____ <i>Veterinarian Signature</i>		_____ <i>Signature of Trapper Confirming Below</i>		
		Alert & standing at time of release?    yes / no		