

081-308-7883

# Surgical Authorization Form

Medfield Animal Shelter Spay/Neuter Clinic

CAT'S NAME: Carina

Date: 5/30/24

Cat's description: White / Black  
(circle) Short / Medium / Long Hair

AGE: 13 months old

Gender: Female Male

Does your cat have any health issues? No ☐ Yes ☐ If yes, please specify: \_\_\_\_\_

Has your cat been vaccinated? Rabies ☒ N Date: \_\_\_\_\_ Distemper: Y Date: \_\_\_\_\_

Has your cat been treated for: FLEAS EAR MITES PARASITES OTHER: \_\_\_\_\_

Owner's Name: May O'Grady

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

(where you can be reached during the clinic)

Services Requested (please circle)	Official Use Only
<u>Spay</u> (female) ..... \$125 Neuter (male) ..... \$90 Rabies ..... Included <u>Distemper</u> ..... \$10 <u>FelV/FIV Combo Test</u> ..... \$25 Deworming ..... \$10 Flea & Tick ..... \$10 Ear mites ..... \$10 Ear tipping (ferals only) ..... \$0	Spay (female) ..... \$125 Neuter (male) ..... \$90 Rabies ..... Included Distemper ..... \$10 FelV/FIV Combo Test ..... \$25 Parasite treatment: ..... \$10 Flea/Tick _____ Ear Mite _____ Intestinal _____

Physical Exam: Weight: 6.1 lbs

Eye - dark brown (+) anisocoria  
glaucoma suspect - R eye  
corneal lesion

Exam - Official Use Only

med glaucoma Tx - for likely d/t  
uricis

Pre-Med: 16 Medetomidine 0.5mg/ml  
16 Ketamine 100mg/ml IM/IV #  
13 Torbugesic 10mg/ml IM #  
03 Antisedan 5mg/ml  
13 Meloxicam 5mg/ml SQ

13 Buprenorphine ER 3mg/ml #  
 \_\_\_\_\_ Acepromazine 100mg/ml SQ  
 \_\_\_\_\_ Midazolam 5mg/ml IV #  
50 ERS Fluids SQ  
 \_\_\_\_\_ other: \_\_\_\_\_

## Surgery Report:

Spay- approach: ventral celiotomy Flank  
ovarian pedicles Instrument tie Circumferential  
 Uterine Stump Miller's Circumferential other \_\_\_\_\_  
Abdominal closure Cruciate Simple Interrupted Simple Continuous  
Subcutaneous closure Simple continuous simple interrupted other \_\_\_\_\_  
Intradermal closure Simple continuous  
 Neuter approach: scrotal prescrotal approach  
 Vessels/cremaster Circumferential Miller's  
 Subcutaneous closure simple continuous other \_\_\_\_\_  
 Intradermal horizontal mattress

SUTURE SA PDO  
 SUTURE 30 PDO  
 SUTURE 30 PDO  
 SUTURE \_\_\_\_\_ PDO  
 SUTURE 30 PDO  
 SUTURE \_\_\_\_\_ PDO  
 SUTURE \_\_\_\_\_ PDO  
 SUTURE \_\_\_\_\_ PDO

RDC

Hernia repair \_\_\_\_\_

Cryptorchid. left. right. / inguinal / abdominal - see above \_\_\_\_\_

Addendum: \_\_\_\_\_

Instructions to go home/follow up recommendations:

Discus w/ Mary options regarding glaucoma and spaying. Mary opts to  
not spay at this time and do tx on eye. RDC by YMC