

Contact/Foster: Lisa Lindquist Phone #: 763-234-4599

Invoiced 54089

Rescue: FEHR Acct. # 6800

Scanned

Patient Name: Baxter
no name
Breed: DSH

Sex: m Age: 5 months Microchip #: No chip found
Color: Orange & white

DATE: 1/29/15 CVT: CO Appointment time: 4:30 4:28 Check-In CVT: CO

Doctor: Dr. Jacobson Dr. Patton
 Dr. Wilcox Dr. Freitag

Today's Visit: Plan

Reason for today's visit:
Exam, FELV/FIV, DIF 1 of 2, RVF if age appropriate, dewormer.

Vitals Weight: 5.4 Temp: Pulse: 160 Resp: Sniffing

Vaccines	Tests	Labwork	Services
<input checked="" type="checkbox"/> Rabies <u>1 year</u> <input checked="" type="checkbox"/> PCR <u>1 of 2</u> <input type="checkbox"/> Other _____	<u>Carrier = 3.6 # / 9.0 w/cats</u> <input checked="" type="checkbox"/> Felv/FIV Combo - <u>All neg</u> <input type="checkbox"/> Ear Smear <input type="checkbox"/> Fecal <input type="checkbox"/> Giardia Snap _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Profile Prep <input type="checkbox"/> Profile Full <input type="checkbox"/> CBC <input type="checkbox"/> Other _____	<input type="checkbox"/> Spay <input type="checkbox"/> Neuter <input type="checkbox"/> Dental <input type="checkbox"/> Microchip <input type="checkbox"/> Nail Trim <input type="checkbox"/> Other _____

Exam: N= Appears Normal AB=Abnormal

Exam Notes

1: Pain/Site 10 Scale: _____	N	AB
2: Body Score: 5 Scale: _____	N	AB
3: General Appearance:	N	AB
4: Digestive System:	N	AB
5: Musculoskeletal:	N	AB
6: Circulatory System:	N	AB
7: Respiratory System:	N	AB
8: Integumentary System:	N	AB
9: Genitourinary System:	N	AB
10: Nervous System:	N	AB
11: Lymphatics:	N	AB
12: Special Senses:	N	AB
13: Other Findings	N	AB

Both testicles descended
Healthy cat

Preventatives

Go Home Medications

Profender _____
 Pyrantal _____
 Drontal 1 tab PO in clinic
 Advantage Multi _____
 Frontline Plus _____
 Other _____

Recommendations:



Rescue Group Feline Surgery/Procedure Flow Sheet

LABORATORY TESTS

SX CVT: _____

PRE-ANESTHETIC #1 #2 none

Wt: _____

Other Lab Tests Performed: _____

Results Reviewed by DVM: _____ (Initial)

FLUIDS: YES NO SQ IV : Catheter Size _____ g Location: _____

Type: LRS SALINE Other: _____

Rate: _____ mls/hr Total Amount to be given: _____ mls

PRE-MEDICATIONS:

Location Pre-Med Admin: _____

Atropine _____ mls SQ @ _____

Acepromazine _____ mls SQ @ _____

PAIN MEDICATIONS:

Injectable Buprenex 0.15mg/mL _____ mls @ _____

IM SQ Location: _____

ANTIBIOTICS:

Durapen _____ mls @ _____ Location: _____

Other _____ mls @ _____

ANESTHETIC PROTOCOL:

Ketamine _____ mls IV @ _____

Valium _____ mls IV @ _____

Propofol (R or 28) _____: _____ mls IV @ _____

Gas Anesthesia Only: MASK DOWN CHAMBER INTUBATE: YES NO

Intubate and maintain on Iso/O2 Drug Log

Surgical Prep:

Routine surgical clip and routine surgical scrub done with nolvasan scrub and alcohol (no laser).

Surgical Procedure: Routine Ovariohysterectomy

Abdominal incision was made. The vessels and the uterine body were ligated with two circumferential ligatures using _____ Monoswift and removed with a blade. The abdominal incision was closed with _____ Monoswift. The linea and subcutaneous tissue was closed in a simple continuous pattern and the skin was closed in an intradermal pattern. Skin glue was used to close the tissue over the buried knots.

Surgical Procedure: Routine Castration

The incision was made in the caudal portion of the scrotum. The ligation was done by tying the spermatic cord on itself and removing the testicles with a blade distal of the knot. This was done the same for both testicles. The incision was left open to heal by second intention.

Additional surgery notes: