

**Surgical Authorization Form**  
 Medfield Animal Shelter Spay/Neuter Clinic

**CAT'S NAME:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Cat's description: \_\_\_\_\_ **AGE:** \_\_\_\_\_  
 (circle) Short/Medium/Long Hair **Gender:** Female \_\_\_ Male \_\_\_

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

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

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

Owner's Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ (where you can be reached during the clinic)

Services Requested (please circle)	Official Use Only
Spay(female) ..... \$175	Spay (female)..... \$175
Neuter(male)..... \$125	Neuter (male).....\$125
Rabies.....Included	Rabies.....Included
Distemper ..... \$10	Distemper.....\$10
FeIV/FIV Combo Test..... \$25	FeLV/FIV Combo Test.... \$25
Deworming.....\$10	Parasite treatment: ..... \$10
Flea & Tick ..... \$10	Flea/Tick _____
Ear mites..... \$10	Ear Mite _____
Ear tipping (ferals only) ..... \$ 0	Intestinal _____

**Exam - Official Use Only**

**Physical Exam:** Weight: \_\_\_\_\_ lbs  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Pre-Med:** \_\_\_\_\_ Dexmedetomidine 0.5mg/ml  
 \_\_\_\_\_ Ketamine 100mg/ml IM/IV # \_\_\_\_\_  
 \_\_\_\_\_ Torbugesic 10mg/ml IM # \_\_\_\_\_  
 \_\_\_\_\_ Antisedan 5mg/ml  
 \_\_\_\_\_ Meloxicam 5mg/ml SQ

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

**Surgery Report:**

**Spay- approach:** ventral celiotomy Flank  
 ovarian pedicles Instrument tie Circumferential Miller's SUTURE: \_\_\_\_\_ PDO  
 Uterine Stump Miller's Circumferential other \_\_\_\_\_ SUTURE \_\_\_\_\_ PDO  
 Abdominal closure Cruciate Simple Interrupted Simple Continuous SUTURE \_\_\_\_\_ PDO  
 Subcutaneous closure Simple continuous simple interrupted other SUTURE \_\_\_\_\_ PDO  
 Intradermal closure Simple continuous Subc mod horiz. mattress SUTURE \_\_\_\_\_ PDO

**Neuter -approach:** scrotal prescrotal approach  
 Vessels/cremaster Circumferential Miller's SUTURE \_\_\_\_\_ PDO  
 Subcutaneous closure simple continuous other \_\_\_\_\_ SUTURE \_\_\_\_\_ PDO  
 Intradermal horizontal mattress SUTURE \_\_\_\_\_ PDO

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

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

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

Instructions to go home/follow up recommendations:

