<pre>pet</pre>			PI	ease Fill O	ut One	Form I	Per Anima	I			Clinia I IO II	D.
community	Owner First	Name	Owner	Last Name		Phone N	umber TODA	Υ	Date		Clinic HQ II	D:
center										Use Only	☐ Card _	
Street Address				City / State				Zip		'I se	☐ Cash	
										Office	☐ TRANSF	PORT
E-mail							How did you	hear al	hout us?			
L-IIIaii							. ,		bsite	milv	☐ Billboar	d or Print ad
							Other:	0.4		,,,,	5204.	
Animal's Name	/ID	Trap #					Breed or E	Breed N	⁄lix		n Apr	proximate Age
			▎႘⊓	og	Ц Ма	le					l	
			∟ ca	at	L Fen	nale	Color(s)				.	
					Unk	known						
Cat Service	s Requested	Office Us	se Only	Dog S	ervices l	Requested		Off	fice Use Only			:I C
	□ FVRCP/ "Distemper" Vaccine			☐ DHPP/Dis				-	,		Addit	ional Concerns
		_					raccine					
☐ Leukemia Vaccine (**FeLV/FIV test required) ☐ Rabies Vaccine				☐ Kennel Cough Vaccine								
☐ Ear Tip				Rabies Vaccine								
☐ Microchip				Microchip								
☐ Nail Trim	Nail Trim			☐ Nail Trim								
☐ FeLV/FIV Test	FeLV/FIV Test			☐ Heartwor	m Test	(If over 7	months old)					
									d. It is important f			
understand, the	e following b owner or agen	efore signing	your nan	ne: ove, hereby red	quest an	d authoriz	e Pet Commu	unity Ce	ndergo surgery. <u>C</u> enter, through whom iis form.		•	
		eration I have oure, and some							of, an animal may rocedure.	cond	eivably res	sult, for there is
I either certify that my animal has been vaccinated within 1 year prior to this date, or waive my right to protect my animal by having it vaccinated, or request recommended vaccinations at the time of surgery. I understand that it takes up to 2 weeks for vaccinations to protect my animal.												
• I understand the inherent risks of failing to maintain current vaccinations and waive all claims arising out of, or connected with, the performance of this operation due to such failure. I understand that if my animal develops kennel cough after surgery, I am responsible for treatment at my own cost.												
I certify that	mv animal is i	in good health a	and. if an a	dult. has had r	no food s	since 12:00) midnight the	e evenii	ng prior to surgery.			
•	•	· ·					ŭ			ol.		
		•	ŭ			•		• ,	deemed a health ris			
physical exa	amination befo		erformed, a	nd that my ani	imal will	not receiv	e pre-operati	ve bloo	t Community Center dwork at Pet Comm			
		ctors significant a (FeLV), and h			includino	g, but not l	imited to, pre	gnancy	, heat, and diseases	such	n as feline in	nmunodeficiency
 I understand 	I understand that if my animal is pregnant, the pregnancy will be terminated at surgery, and if she is lactating, her side may be shaved instead of her "belly" I understand that if my animal has a significant number of fleas or other parasites, the veterinarian may opt to administer flea and/or parasite medication and an additional charge of \$5 may be applied to my bill.											
	•		•	l hernia, it will	be repai	red at the	time of surge	ry at ar	n additional charge c	of \$15	i.	
• I understand that if I am concerned about my animal after surgery, I must call Pet Community Center's after-hours line (615-802-8387), and that Pet Community Center will not be held responsible for any fees or charges incurred if I decide to take my animal to another veterinary clinic without first speaking with a Pet Community Center staff member.												
	•	imal does exper olications at the	•	•	nplicatio	ns, and I h	ave followed	post-o _l	perative instructions	, Pet	Community	Center will treat
Animal Care animals left	e and Control of after the agree	or dispose of the	e animal as charged a	s deemed just boarding fee	and proposed and p	per, and ass than \$2	s allowed by to per night. A	he Sta	ercise its right to eith te of Tennessee und essation of the worky	ler Tit	le 63-12-13	
with, the per them, or any hereby agre caused by a	rformance of the sylvent of them, or find the second of the sylvent of the second of t	his procedure o le action by rea fy and hold Pet able events inclu *** IF YOUR	r any adve son of sucl Community uding fire, v R ANIMAL	rse reactions f h sterilization o y Center harm vandalism, bur IS LACTATING	rom vac or attemp less for a glary, ex G, SHE I	cinations. oted sterili: any dama ktreme we: MAY HAVI	I agree that I zation of such ges caused dather, natural E HER SIDE	have no anima the disaste SHAVE	es from any and all of ot and will not claim all or any consequend ne transportation of t ers, or acts of God. ED FOR SURGERY* THAT HE/SHE HAS	any reces recherches	ight of complated therethimal, or for	pensation from to. Owner/agent any damages
									ikeness in any medit			
	rpetuity. By ap	ppearing in vide							ipating of my own fre		, 🗀	I agree I decline
		Pet Commur	nity Center	• 943B Dr. Ric	hard G	Adams Dri	ve • Nashville	e, TN 3	7207 • 615-512-500)1		
☐ I have read	d and unders	stand the cond	•						I have been given a		of the	
				-				post-	-surgical instructions	s, hav	e read and	
-									erstand them, and ag uctions as given.	gree t	o toliow all	
Signature				Date				1113111	authorio do giveri.			Initial

		Pl	ease Fill Out One F	orm Per Animal						
community Owner	First Name			none Number TODAY	Date	_	Clinic HQ ID:			
center					☐ Date ☐ Card ☐ Card ☐ Check					
Street Address			City / State	Z	J	Office Use	Cash			
				☐ TRANSPO	PRT					
E-mail				How did you hear	about us?					
L-IIIdii				Tacebook/w		riend/family	☐ Billboard	or Print ad		
				Other:		. ,				
Animal's Name/ID	Trap #	¬ П "		Breed or Breed	l Mix		Appro	oximate Age		
			· –							
		L Ca	t 📙 Female	e <u>Color(s)</u>			1			
			Unknov							
	Completed By		Canine Services	Completed By			Additio	nal Concerns		
FVRCP Vaccine			DA2PP Vaccine							
Leukemia Vaccine			☐ Kennel Cough Vaccine							
☐ Rabies Vaccine ☐ Ear Tip			☐ Rabies Vaccine							
☐ Microchip										
☐ Nail Trim			☐ Nail Trim							
☐ FeLV/FIV Test	<u> </u>		☐ Heartworm Test							
S:	□Vet Exam □	Tech Exam (F	eral cats only)	□Visual exam	ONLY due to fr	actious hehavi	or Examiner	Weight (lbs)		
□BAR □Abnormal		ricen Exam (i	crai cats omy	- Visual exam	OIVER due to II	actions beliavi				
O: Physical exam										
A: Surgical candidate	· ·		ware of the following:		_	_				
□Yes □No	I		oncernsSkin Abnorma	alities La Tapeworms L	■Dental Conce	erns L Flea	S	Age		
P: Surgically sterilize Accept Decline	☐Ticks ☐Lacta	ting commun	ity cat \square Other:							
	Feline Anesthesia &	Analgesia			Canine Ar		esia & Analgesia			
Drug	Volume (ml) Route		Time Given	Drug		Volume (ml)	Route	Time Given		
MKM*				Acepromazine(10mg/ml)			SC			
				Morphine (15mg/ml)			SC			
Meloxicam (5 mg/ml)		SC		Ketamine 100mg/ml			IV			
11:4		Intra-		Midazolam 5mg/ml			IV			
Lidocaine (2%)		testicular	l	Meloxicam 5mg/ml			SC			
Anesthesia maintained with iso	flurane in oxygen via mas	sk		Lidocaine (2%)			Intratesticular			
*MKM = 3cc medetomidine (1n		0 mg/ml)/ 2cc i	morphine(15mg/ml)	Anesthesia maintained wi	th isoflurane in	oxygen via end	otracheal tube			
Additional Anesthetics/a	nalgesics:									
Post-operative medicatio	ns									
☐ TM Karo Syrup		Atipamezole (2 mg/ml) IM 🔲	cc Subcutaneous fluids		Other(s):				
I	(300,000 IU/ml) SC		☐ Flea spra			☐ Nitenpyra	ım (Capstar)			
□Spay	Skin incision	□Ventral m	nidline incision with #15 blac	de □Right flank incision	with #15 blade	Sutur	e (PDS/PDC)) Size		
□Already spayed			rential Modified Miller	's □Autoliga	ition	3-0	2-0	0 1		
□In Heat	Uterine Stump:	□Circumfe			ation	3-0		0 1 0 1		
□Pregnant Abdominal Closure □Umbilical Hernia Repair Splash block:		☐Simple C		☐Cruciate ocaine/bupivacaine & Epine	enhrine □r	none 3-0	2-0	0 1		
□Cryptorchid (abdominal	Subcutaneous:		ontinuous Simple Interru		□none	3-0		0 1		
or inguinal approach/closure)	Intradermal:	☐Simple C	ontinuous	□Cruciate	□none	3-0	2-0	0 1		
	Skin Glue:	□Applied			□none					
□Neuter □Already neutered	Skin incision: Technique:	□Pre-scrot □Open	al □Scrotal □Closed Castra	tion.		Sutur	Suture (PDS/PDO) Size			
	Cord ligation:	□ Circumfe			ition	3-0	2-0	0 1		
	Splash block:	□Lidocaine	e/bupivacaine □Lido	ocaine/bupivacaine & Epine	ephrine □r	none				
☐Umbilical Hernia Repair	Subcutaneous:		ontinuous Simple Interru	pted □Cruciate □Cruciate	□none □none	3-0		0 1		
	Intradermal: Skin Glue:	☐Simple C☐Applied	3-0	2-0	0 1					
					□none					
Additional surgery note:	S							Vet initials		
☐ I have read and un	derstand the cond	ditions abo	ve		I have bee	n given a con	y of the			
				po	ost-surgical in	structions, ha	ve read and			
					nderstand the structions as		to follow all			
Signature			Date	""		J		Initial		