

Animal Processing and Surgery Form

Date _____

Animal ID# _____ Kennel # _____ Sex _____ Age _____ wks/mos/yrs Weight _____ lb

☐ SNIP ☐ TNR ☐ Foster ☐ Owned ☐ ALREADY S/N

☐ Cat

___ FVRCP
___ Rabies
___ MC
___ Bravecto/Adv Multi
___ Pyrantel/Profender
___ Ear tip

☐ Dog

___ DAPPV ___ BV
___ Rabies
___ MC
___ Vectra/Bravecto/Simparica
___ Pyrantel/ivermectin
___ HW test (+ or -)
___ Rimadyl given

Meds

#

DKT _____
TTD _____
Metacam _____
Recorded ☐
Notes:

Other treatments/findings: _____

☐ in heat ☐ P1 ☐ P2 ☐ P3 ☐ post-partum ☐ lactating ☐ vaginitis ☐ pyometra
☐ Uterine vessels ligated separately ☐ ovarian horns ligated separately ☐ hydrometritis ☐ mucometritis

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