

**SURGERY PREP CAT**



Owner: \_\_\_\_\_ Pet: \_\_\_\_\_

Age/DOB: \_\_\_\_\_ Sex: F M Wt: \_\_\_\_\_ Temp: \_\_\_\_\_

Color: \_\_\_\_\_ Hair Length: \_\_\_\_\_ Breed(s): \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_

Financial Info				
<b>Services:</b> Free Low Cost		<b>Eligibility:</b> Financial 501c Rescue		<b>Sponsor:</b> OM OMPET RexSam MT
<b>Nac. Cty. Residency Confirmed:</b> <input type="checkbox"/>		<b>\$10 Co-Pay:</b> Date _____		<b>Bill Sponsor:</b> \$ _____ Balance Due
Vaccination				
Vaccine	Age	Date	Sticker	Performed By
FRCP #1			<b>RF</b>	Breeder Vet Shelter Rescue Clinic
FRCP #2 (kitten)			<b>RF</b>	Breeder Vet Shelter Rescue Clinic
FRCP 1yr			<b>RF</b>	Breeder Vet Shelter Rescue Clinic
FeLV #1			<b>LR</b>	Breeder Vet Shelter Rescue Clinic
FeLV 1yr			<b>LR</b>	Breeder Vet Shelter Rescue Clinic
Rabies			<b>RR</b>	Vet Clinic
Deworming				
Drug	Dose	Date	Performed By	
Capstar	blue green	1	Breeder Vet Shelter Rescue Clinic	
Pyrantel	cc		Breeder Vet Shelter Rescue Clinic	
Praziquantel		1	Breeder Vet Shelter Rescue Clinic	
Ivermectin:PG 1:9	0.1cc each ear	1	Breeder Vet Shelter Rescue Clinic	
Tests				
Test	Result	Date	Performed By	
FeLV	Pos Neg		Vet Shelter Rescue Clinic	
Fecal Flotation	Pos Neg		Vet Shelter Rescue Clinic	
Identification				
ID Method	Number	Date		
Microchip:			scan negative	Breeder Vet Shelter Rescue Clinic
City Tag:				
Rabies Tag:			clinic:	Vet Clinic
Other				