

TO BE FILLED IN BY COLONY CARETAKER

Date:	Name of Cat (if applicable)	
Hair Length: DSH[] DMH[] DLH[]	Colour(s):	Markings: (i.e. calico/tabby)
Colony Caretaker:		
Colony Location:	Address or nearest intersection	
	City	

TO BE FILLED IN BY TSC VOLUNTEERS ONLY

Approx. Weight (in trap):	kg	TNR#:
Actual Weight of cat:	kg	Sex: Male / Female

Checklist: <input type="checkbox"/> Eye Lubrication <input type="checkbox"/> Microchip Scan: Chip <input type="checkbox"/> No Chip <input type="checkbox"/> <input type="checkbox"/> Revolution _____ (dose: 0.05cc/kg -120mg/ml)	<input type="checkbox"/> FVRCP (SQLH) <input type="checkbox"/> Rabies (SQRH) (if >12 weeks): <input type="checkbox"/> LEFT EAR TIP <input type="checkbox"/> Microchip Inserted
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PLACE FVRCP / RABIES LABELS HERE

PLACE MICROCHIP STICKER HERE

Additional Medical Information (for caretaker):

TYPE	DRUG	Given by (Initials):	AMOUNT	TIME
Premed /Induction	DKH (Domitor 0.5 mg/ml, Ketamine 100 mg/ml, Hydro 2 mg/ml) IM		ml	
Post-op Analgesia	Metacam		ml	
Other (where applicable)	Convenia / Antisedan / Other: _____		ml	
	Subcutaneous fluids		ml	

The above patient was sterilized by Toronto Street Cats on this date by:

DVM (please print name)

DVM Signature

Medical/Surgical Record

Pre-Op Exam performed by: _____

BCS: _____ **(1-9)** **Est Age:** _____ **Heart Rate:** _____ **Resp Rate:** _____

General Appear [] N [] ABN	Oral Cavity [] N [] ABN	Teeth [] N [] ABN	Eyes [] N [] ABN	Ears [] N [] ABN
Cardiac [] N [] ABN	Respiratory [] N [] ABN	Abdomen [] N [] ABN	Musculoskeletal [] N [] ABN	Neurological [] N [] NE
Lymph Nodes [] N [] ABN	Urogenital [] N [] ABN	Integument [] N [] ABN	Hydration [] N [] ABN	Oral MM [] N [] ABN

Assessment/Plans: _____

Inhalent maintenace	[] ET Tube [x] Mask [] None	Time initiated:
Sx monitor:		
TIME		
HR / RR		

PRE-OP cond: _____

POST-OP cond: _____

Sx start time: _____

Sx end time: _____

SPAY APPROACH	Midline [] flank [] other []	Suture: PDS / Mono / Maxon
Ovarian Ligatures	2-0 3-0 4-0	Autoligation []
Uterine Body Ligatures	2-0 3-0 4-0	
Body Wall Closure	2-0 3-0 4-0	Cont [] Interrupted []
Subcutaneous Closure	2-0 3-0 4-0	Cont [] Interrupted []
Skin Closure (intradermal)	2-0 3-0 4-0	Adhesive [] None []
Repro Status	Normal [] In heat [] Pregnant [] early / mid / late term	Lactating [] # kittens _____
NEUTER APPROACH	Routine (scrotal) [] Cryptorchid(Abdominal) [] Cryptorchid(Inguinal) []	
Cord Ligation	Open Closed Autoligation	other:

Comments / Additional Procedures: _____