

TNR#:

TO BE FILLED IN BY COLONY CARETAKER:

DATE:	WHERE CAT WAS TRAPPED Address and/or nearest intersection:		
COLONY CARETAKER:			
NAME OF CAT: (if applicable)	City:		
HAIR LENGTH: (circle one)	SHORT	MED	LONG
COLOR(S):			
MARKINGS: (i.e. calico/tabby)			

TO BE FILLED IN BY TSC VOLUNTEERS ONLY:

Approx. Weight (in trap):	kg	Gender: (circle one)	MALE	FEMALE
Actual Weight of cat:	kg			

Checklist:

<input type="checkbox"/> Eye Lubrication	<input type="checkbox"/> Rabies (SQRH) (if >12 weeks):
<input type="checkbox"/> Scan for existing Microchip Chip <input type="checkbox"/> No Chip <input type="checkbox"/>	<input type="checkbox"/> <u>LEFT EAR TIP</u>
<input type="checkbox"/> Revolution _____ (dose: 0.05cc/kg -120mg/ml)	<input type="checkbox"/> Microchip inserted <u>and</u> Scanned

PLACE FVRCP / RABIES
LABELS HEREPLACE MICROCHIP
STICKER HEREAdditional 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

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 maintenance	[] 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 []	Lactating []		
	Pregnant []	early / mid / late term	# kittens _____		
NEUTER APPROACH	Routine (scrotal) [] Cryptorchid(Abdominal) [] Cryptorchid(Inguinal) []				
Cord Ligation	Open	Closed	Autoligation	other: _____	

Comments / Additional Procedures: _____

VETS: DON'T FORGET TO SIGN THE FRONT PAGE