

**TNR Sterilization/Vaccination Record**
**TNR#:**
**TO BE FILLED IN BY COLONY CARETAKER:**

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

**TO BE FILLED IN BY TSC VOLUNTEERS ONLY:**

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

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

PLACE FVRCP / RABIES LABELS HERE	PLACE MICROCHIP STICKER HERE
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<b>Additional Medical Information</b> (for caretaker):
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TYPE	DRUG	Given by (Initials):	AMOUNT	TIME
<b>Premed /Induction</b>	DKH (Domitor 0.5 mg/ml, Ketamine 100 mg/ml, Hydro 2 mg/ml) IM		ml	
<b>Post-op Analgesia</b>	Metacam		ml	
<b>Other</b> (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

TNR#:

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**