



# Humane Society of Tampa Bay

## Spay/Neuter Clinic

3607 N. Armenia Avenue

Tampa, FL 33607-1322

(813) 870-3304

Owner Last Name \_\_\_\_\_ Owner First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Appointment made under another name? If yes, what? \_\_\_\_\_ Authorized pickup \_\_\_\_\_

We must be able to contact you today: Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Email address \_\_\_\_\_

Pet/Animal Name \_\_\_\_\_  Dog  Cat Sex:  Male  Female

Breed \_\_\_\_\_ Color/markings \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Please continue to back of form. →

**Below: For office use only** Date \_\_\_\_\_ Weight \_\_\_\_\_ Pick-up appt. \_\_\_\_\_

**Dogs**

Spay  Pregnant \_\_\_\_\_

Neuter  Crypt \_\_\_\_\_  Inguinal  Abdom

Tooth extraction with vet ok \_\_\_\_\_

Hernia repair with vet ok \_\_\_\_\_

Other \_\_\_\_\_

Nail trim  Nail file  Ear clean / pluck

Rabies:  1 yr  3 yr  Tag

DHPP \_\_\_\_\_  Bordetella  Lepto \_\_\_\_\_

HW test:  Neg  Pos  No test

HW prev. Rx:  1 mo  6 mo  1 yr

Microchip

Flea treatment:  Required \_\_\_\_\_

Requested \_\_\_\_\_

Tapeworm injection

Dewormer Rx \_\_\_\_\_

Pain med Rx \_\_\_\_\_

Other Rx \_\_\_\_\_

E collar \_\_\_\_\_  sent  declined \_\_\_\_\_

IT injection total amount \_\_\_\_\_

**Cats**

Spay  Pregnant \_\_\_\_\_

Neuter  Crypt \_\_\_\_\_  Inguinal  Abdom

Hernia repair with vet ok \_\_\_\_\_

Other \_\_\_\_\_

Nail trim  Ear clean  Ear tip/notch

Rabies:  1 yr  3 yr  Tag

FVRCP \_\_\_\_\_  FeLV \_\_\_\_\_

FeLV/FIV test: \_\_\_\_\_

Call if Pos  Go home if Pos  No test

Euthanasia is authorized with signature: \_\_\_\_\_

If positive for FeLV or FIV

If positive for FeLV only

**Sign** \_\_\_\_\_

Microchip

Flea treatment:  Required \_\_\_\_\_

Requested \_\_\_\_\_

Tapeworm injection  Profender Rx

Ivermectin \_\_\_\_\_

Pain med Rx \_\_\_\_\_

Other \_\_\_\_\_

Carrier  Pill Pockets

IT injection total amount \_\_\_\_\_

Feral in trap  Free roamer  \_\_\_\_\_

Spay  Pregnant \_\_\_\_\_

Neuter  Crypt \_\_\_\_\_  Inguinal  Abdom

Other \_\_\_\_\_

Perform ear tip/ear notch

No ear tip \_\_\_\_\_

Evaluate for shelter:  Pass  Fail

Rabies:  1yr  3 yr  Tag

FVRCP \_\_\_\_\_  FeLV \_\_\_\_\_

FeLV/FIV test: \_\_\_\_\_

Call if Pos  Go home if Pos  No test

Euthanasia is authorized with signature: \_\_\_\_\_

If positive for FeLV or FIV

If positive for FeLV only

**Sign** \_\_\_\_\_

Microchip

Flea treatment:  Required \_\_\_\_\_

Requested \_\_\_\_\_

Tapeworm injection  Profender Rx

Ivermectin \_\_\_\_\_

Pain med Rx \_\_\_\_\_

Other \_\_\_\_\_

IT injection total amount \_\_\_\_\_

Client/Agent to initial after check-in \_\_\_\_\_

PE: Auscultation  UR (unremarkable)  Abn \_\_\_\_\_ MM  Pink  Abn \_\_\_\_\_ Mentation  BAR  Abn

Skin:  Fleas  Papules  Crusts \_\_\_\_\_ EENT:  UR  Brachycephalic  Abn \_\_\_\_\_

Acepromazine 10mg/mL \_\_\_\_\_  Ace diluted to 1mg/mL \_\_\_\_\_  Butorphanol 10mg/mL \_\_\_\_\_  Glycopyrrolate 20mg/mL \_\_\_\_\_

Ketamine 100mg/mL \_\_\_\_\_  Diazepam 5mg/mL \_\_\_\_\_  Midazolam 5mg/mL \_\_\_\_\_  Propofol 10mg/mL \_\_\_\_\_

Ketamine 100mg/mL \_\_\_\_\_  Dexdomitor 0.5mg/mL \_\_\_\_\_  Dexdomitor diluted to 0.05mg/mL \_\_\_\_\_  Nalbuphine 20mg/mL \_\_\_\_\_

Buprenorphine 0.3mg/mL \_\_\_\_\_  Ketoprofen 100mg/mL x 0.05 mL \_\_\_\_\_  Ketoprofen diluted to 10mg/mL x 0.05 mL \_\_\_\_\_  BDK combo \_\_\_\_\_  Antisedan \_\_\_\_\_

Checked in by \_\_\_\_\_ Veterinarian \_\_\_\_\_ Booster/recheck needed \_\_\_\_\_

Revised 12/09