

Dog Spay Form



Date: _____	Pet Name: _____	Owner: _____	Owner ID: _____
Phone: (____) _____	Weight: _____	Tech: _____	Pet ID: _____
		Scribe: _____	

Description	Amount	mg Used	Initials	Time
Vaccines				
Rabies: RR Initials: Time:	DHPP: RF Initials: Time:	Bordatella: IN Initials: Time:		
Topical Meds				
Capstar per rectum Blue Green	tablet			AM PM
Ivermectin:PG 1:9 0.1%	0.1 cc AU	0.1 mg per ear		AM PM
				AM PM
Injectable Meds				
Acepromazine (10 mg/ml) – IM	cc	X 10 = mg		AM PM
Acepromazine (1 mg/ml) – IM	cc	= mg		AM PM
Anzemet (20 mg/ml) - IV	cc	X 20 = mg		AM PM
Butorphanol (10 mg/ml) – IM	bottle: cc	X 10 = mg		AM PM
Butorphanol (10 mg/ml) – IM	bottle: cc	X 10 = mg		AM PM
Butorphanol (10 mg/ml) – IM	bottle: cc	X 10 = mg		AM PM
Butorphanol (10 mg/ml) – IM IV	bottle: cc	X 10 = mg		AM PM
Dexdomitor (0.5 mg/ml) - IV	cc	X 0.5 = mg		AM PM
Diazepam (5 mg/ml) – IV	bottle: cc	X 5 = mg		AM PM
Ketamine (100 mg/ml) – IV	bottle: cc	X 100 = mg		AM PM
Ivermectin (10 mg/ml) - AU	0.1cc	1 mg (1000 ug)		AM PM
Polyflex (250 mg/ml) – SC IM	cc	X 250 = mg		AM PM
Praziquantel 5.65% – SC	cc	X 56.5 = mg		AM PM
				AM PM
Rx Meds to Go Home				Filled - Initials
Buprenex (0.3 mg/ml)	cc	X 0.3 = mg	PO up to q8hrs PRN for pain	
Cephalexin 250 mg tablets	Tablet	PO BID x _____ days for :		
Cephalexin 250 mg capsules	Capsule	PO BID x _____ days for :		
Cephalexin 500 mg	Capsule	PO BID x _____ days for :		
Doxycycline 100 mg	tablet	PO BID x 2 weeks for cough		
Ivermectin 1% (10 mg/ml)	cc	PO every 2 weeks for 3 doses for scabies		
Metronidazole 250 mg	tablet	PO BID x 7 days for diarrhea		
Panacur (100 mg/ml)	cc	PO SID x 3 days, and repeat in 2 weeks to deworm		
Pyrantel (50 mg/ml)	cc	PO SID x 3 days, and repeat in 2 weeks to deworm		
Tramadol 50 mg	tablets	PO up to q8hrs PRN for pain x _____ doses		
Extra Materials				
Surgery Gown		Bouffant Hat	Surgery Mask	6-1/2 Gloves
Exam Gloves		#10 Blade	Spay Pack	Microchip

Surgery Report: **Incision length:** _____ cm In Heat pregnant _____ days _____ feti

Ovary Ligation: 0 Mono 2-0 Mono 3-0 Mono 4 gut 2 gut 0 gut 2-0 gut

Uterine Body Ligation: 0 Mono 2-0 Mono 3-0 Mono 4 gut 2 gut 0 gut 2-0 gut

Linea alba: 0 Mono 2-0 Mono 3-0 Mono

Skin closure: glue 2-0 Braunamid **Suture Pattern:** simple inter simple cont cruciate inter

Hemostasis: electrocautery 3-0 Mono ligation belly wrap

Identification: tattoo microchip (registered)

Comments:

Anesthetic Report: make an entry every 5-10 minutes

		Anesthetic Induction					
		Isoflurane On		Intubated: Yes No		Tube Size:	
		Surgery Start		Pat. Tubes: Bain F-Tubes		RB Bag: 1/2L 1L 2L 3L	
Time	O ₂ (L/min)	Isoflurane %	O ₂ Sat %	Heart Rate bpm	Resp Rate bpm	Temp °F	
		Isoflurane Off		Surgery Time: _____ min. Isoflurane Time: _____ min. Oxygen Time: _____ min.			
		Surgery End					
		Oxygen Off					
		Extubated					

Time sternal: _____ **Time Walking:** _____

Anesthetic Recovery: uneventful Comments (below)

Post-Op Support: ice pack heating pad snuggle safe disc

Comments:

Drugs in log: **Nail Trim:** **Clean Ears:** **Took blood for HW Test:**

Check isoflurane: M _____ G _____ W _____ **Check Oxygen:** M _____ G _____ W _____

Post-Op Check-Up: Initials: _____ Time: _____ PM AM

BAR QAR painful mm Pink CRT <2 sec incision looks good

Comments: