



Humane Society of Tampa Bay

Spay/Neuter Clinic

3607 N. Armenia Avenue
Tampa, FL 33607-1322
(813) 870-3304

Client **Last Name** _____ Client **First Name** _____

Address _____

City _____ State _____ Zip code _____

Appointment made under another name? If yes, what? _____

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

Work phone _____ Email address _____

Pet/Animal Name _____ Dog Cat Sex: Male Female

Breed _____ Color/markings _____ Age _____

<i>Below: FOR OFFICE USE ONLY</i>		Date _____	Weight _____	Pick-up time _____
Dogs	Cats			
<input type="checkbox"/> Spay _____	<input type="checkbox"/> Spay _____	<input type="checkbox"/> <i>Feral cat in trap</i> <input type="checkbox"/> <i>Free roamer</i>		
<input type="checkbox"/> Neuter _____	<input type="checkbox"/> Neuter _____	<input type="checkbox"/> Spay _____		
<input type="checkbox"/> Tooth extraction if vet recommended	<input type="checkbox"/> Hernia repair if vet. recommended	<input type="checkbox"/> Neuter _____		
<input type="checkbox"/> Hernia repair if vet recommended	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Other request _____		
<input type="checkbox"/> Nail trim <input type="checkbox"/> Nail file	<input type="checkbox"/> Ear tip (notch)	<input type="checkbox"/> Perform ear tip (notch)		
<input type="checkbox"/> Ear clean/Ear pluck	<input type="checkbox"/> Other request _____	<input type="checkbox"/> No ear tip _____		
<input type="checkbox"/> Other request _____	<input type="checkbox"/> Rabies vaccine _____ <input type="checkbox"/> Tag	<input type="checkbox"/> Rabies vaccine <input type="checkbox"/> Tag		
<input type="checkbox"/> Rabies vaccine _____ <input type="checkbox"/> Tag	<input type="checkbox"/> FVRCP vaccine	<input type="checkbox"/> FVRCP vaccine		
<input type="checkbox"/> DHPP vaccine <input type="checkbox"/> Bordetella vaccine	<input type="checkbox"/> FeLV vaccine	<input type="checkbox"/> FeLV vaccine		
<input type="checkbox"/> Microchip	<input type="checkbox"/> Microchip	<input type="checkbox"/> FeLV/FIV test _____		
<input type="checkbox"/> HW test _____	<input type="checkbox"/> FeLV/FIV test _____	<input type="checkbox"/> Test declined		
<input type="checkbox"/> HW prevention injection	<input type="checkbox"/> Euthanasia if positive _____	<input type="checkbox"/> Euthanasia is authorized		
<input type="checkbox"/> HW prev. Rx: <input type="checkbox"/> 1 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 1 yr	Sign _____	<input type="checkbox"/> If positive either FeLV or FIV		
<input type="checkbox"/> Brand _____	<input type="checkbox"/> Administer flea control _____	<input type="checkbox"/> If positive for FeLV only		
<input type="checkbox"/> Administer flea control _____	<input type="checkbox"/> Flea control to go _____	Sign _____		
<input type="checkbox"/> Flea control to go _____	<input type="checkbox"/> Tapeworm injection	<input type="checkbox"/> Apply flea control		
<input type="checkbox"/> Tapeworm injection	<input type="checkbox"/> Ear mite treatment, if found	<input type="checkbox"/> Tapeworm injection		
<input type="checkbox"/> Broad dewormer Rx _____	<input type="checkbox"/> Profender Rx (broad dewormer)	<input type="checkbox"/> Ear mite treatment, if found		
<input type="checkbox"/> Pain med Rx _____	<input type="checkbox"/> Pain med Rx _____	<input type="checkbox"/> Pain med Rx _____		
<input type="checkbox"/> Other Rx _____	<input type="checkbox"/> Other Rx _____	<input type="checkbox"/> Other Rx _____		
<input type="checkbox"/> E collar _____ <input type="checkbox"/> sent home <input type="checkbox"/> declined	<input type="checkbox"/> Carrier <input type="checkbox"/> Pill Pockets			

Client to initial after check-in _____

PE: Auscultation WNL Abn _____ MM Pink Abn _____ Mentation BAR Abn _____
Skin: Fleas Papules Crusts Other _____ EENT: WNL Brachycephalic Abn _____

Medications:

Glycopyrrolate 20mg/mL _____ Acepromazine 10mg/mL _____ Ace diluted to 1mg/mL _____ Butorphanol 10mg/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 _____ Ketoprofen diluted to 10mg/mL _____ PPG mL _____
 Ivermectin mL _____ Praziquantel mL _____ Other: _____

Checked in by _____ Veterinarian _____