

## DeZavala-Shavano Veterinary Clinic Procedure Form

Client's Name: _____				Date: _____			
Patient's Name: _____				Procedure: _____			
<b>Additional Services</b>				<b>Physical Exam</b>			
_____	MC	_____	Vaccs	<b>Coat &amp; Skin:</b>		Normal	Abnormal
_____	NT	_____	HW Test	<b>Eyes:</b>		Normal	Abnormal
_____	EAG	_____	Fecal Test	<b>Ears:</b>		Normal	Abnormal
_____	Clean Ears	_____	ProHeart 6	<b>Nose &amp; Throat:</b>		Normal	Abnormal
<b>Bloodwork</b>				<b>Mouth, Teeth, Gums:</b>		Normal	Abnormal
_____	Preanesth. Profile, CBC, Electrolytes			<b>Legs &amp; Paws:</b>		Normal	Abnormal
_____	General Profile, CBC, Electrolytes			<b>Heart:</b>		Normal	Abnormal
_____	Histopathology			<b>Abdomen:</b>		Normal	Abnormal
_____	Other: _____			<b>Lungs:</b>		Normal	Abnormal
_____	RESULTS: _____			<b>Gastrointestinal System:</b>		Normal	Abnormal
				<b>Urogenital System:</b>		Normal	Abnormal
				<b>Weight:</b>		Normal	Abnormal
				Comments: _____			
				_____			
<b>Anesthetic Risk:</b> A    B    C    D    E							
<b>Endotracheal Tube Size:</b> _____							
<b>Premeds</b>				<b>Anesthetic Time:</b> Start _____    Stop _____			
_____	Flocillin _____ cc SQ			<b>Surgery Time:</b> Start _____    Stop _____			
_____	Atropine _____ cc SQ IM			<b>Dentistry Time:</b> Start _____    Stop _____			
_____	BDG _____ cc SQ IM			<b>Ligatures</b>			
_____	Artificial Tears Eye Ointment			_____			
_____	Other: _____			_____			
<b>Induction</b>							
_____	Telazol _____ cc IV IM			<b>Closure</b>			
_____	Propofol _____ cc IV			_____			
_____	Cat Box Sevoflo			PDS: 2-0 3-0 4-0 cru int cont subcut			
_____	Mask Sevoflo			_____			
_____	Other: _____			Braunamid: 2-0 3-0 cru int cont subcut			
<b>Fluid Therapy</b>				_____			
_____	Catheter: 24ga 22ga 20ga			Staples _____ No Skin Sutures _____			
_____	Placement Site: _____			_____			
_____	IV _____ SQ _____ IV Pump _____			Penrose Drain: 1/4" 1/2" 3/4"			
_____	LRS @ _____ ml/hr			<b>Medication Dispensed</b>			
_____	Additives: _____			_____			
_____				Rimadyl _____ mg Qty _____			
_____				Metacam _____ ml			
_____				Clavamox _____ mg Qty _____ Drops			
_____				Other: _____			