



**ANIMAL ID#**

**Clinic location**

Intake Date: \_\_\_\_\_

**CARETAKER INFORMATION (For microchip registration)**

Caretaker name: \_\_\_\_\_

~~Group/organization (if any): \_\_\_\_\_~~

CARETAKER phone number: \_\_\_\_\_

CARETAKER email: \_\_\_\_\_

**TRANSPORTER INFORMATION (if different from caretaker)**

Transporter name: \_\_\_\_\_

~~Group/organization (if any): \_\_\_\_\_~~

Transporter phone number: \_\_\_\_\_

~~Transporter email: \_\_\_\_\_~~

**EAR NOTCH CONSENT**

ALL TRAPPED CATS WILL HAVE AN EAR NOTCH PERFORMED

Area or location ID and city where trapped:

Pick-up/Release information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

~~Release location: \_\_\_\_\_~~

**Cat Name/ID:** \_\_\_\_\_

**Cat color/breed:** \_\_\_\_\_

DSH  DMH

~~Sex:  Male  Female  Unknown~~

~~Hair length:  Short  Long~~

~~Age:  0-5 months  6-11 months  1-4 years  5+ years  Unknown~~

~~If female, has this cat ever had kittens?  Yes  No  Unknown~~

~~Is this the first time this cat has ever seen a veterinarian?  Yes  No  Unknown~~

Have you seen other cats that need to be sterilized? (Please describe how many and where)

**PRE-SURGICAL EXAMINATION/PATIENT PREPARATION – GOOD FIX STAFF ONLY**

**Pre-surgical assessment notes:**

*Unless specifically noted below, this pet received the standard anesthesia protocol listed here:*

	Dose	Route
Dexmedetomidine 0.5mg/mL	0.02 mg/kg	IM
Ketamine 100 mg/mL	4 mg/kg	IM
Butorphanol 10 mg/mL	0.4 mg/kg	IM

Other: \_\_\_\_\_

**MICROCHIP INFORMATION**

Patient appears healthy, approved for surgery