

**ANIMAL CLINIC OF BILLINGS  
FELINE SURGERY AND PROCEDURE FORM**

Owner Name \_\_\_\_\_ Pet Name \_\_\_\_\_ Pet Age \_\_\_\_\_

My pet is here for the following procedures. Please check all that apply.

**Feline Neuter** Retained testicle(s) Proceed \_\_\_\_\_ Call first \_\_\_\_\_

**Feline Spay** Non-routine Proceed \_\_\_\_\_ Call first \_\_\_\_\_

**Declaw Front Feet**

**Growth Removal** All \_\_\_\_\_ Only as listed \_\_\_\_\_  
Pathology lab test \_\_\_\_\_ Call first \_\_\_\_\_

**Wound Repair** (please describe location) \_\_\_\_\_

**Hernia Repair** (please describe location) \_\_\_\_\_

**Dental** Treat as indicated \_\_\_\_\_ Extract as indicated \_\_\_\_\_ Call first \_\_\_\_\_

**Vaccinations** \*FVRC \_\_\_\_\_ \*Rabies \_\_\_\_\_ Felv \_\_\_\_\_

\*Must be current or made current for hospitalization

**Skin Examination** Symptoms \_\_\_\_\_  
Treat as indicated \_\_\_\_\_  
Perform appropriate skin tests \_\_\_\_\_  
Call first \_\_\_\_\_

**Permanent Identification** (Microchip)

**Anal Glands**

**Ear Conditions** Treat as indicated \_\_\_\_\_ Call first \_\_\_\_\_

**Eye Conditions** Treat as indicated \_\_\_\_\_ Call first \_\_\_\_\_

**Fecal exam for parasites**

**Deworm for parasite control**

**Nail Trim** \_\_\_\_\_

**Grooming** \_\_\_\_\_

**Bath**

**Medication Preference (if prescribed)** Tablets \_\_\_\_\_ Liquid \_\_\_\_\_

**Other Procedures:** 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

**Flea and Tick Product Dispensed**

**Heartworm Prevention Dispensed**

**Science Diet / Prescription Diet** Dry \_\_\_\_\_ Canned \_\_\_\_\_ Type \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Please feel free to contact our office after 4:00 pm today at **252-9499** to check on your pet and schedule a discharge appointment. Patients hospitalized overnight will not be discharged until after 9:00 am – please call to schedule a release appointment. Our office closes at 6:00 pm Monday through Friday and 12:00 pm Saturday.