

**DVM Name:**

<b>Female Dog</b>	<b>SPAY</b> (Ventral midline incision)				<b>S / L</b>
	Ovarian peds:	<input type="checkbox"/> Instrument tie	<input type="checkbox"/> Circumferential	<input type="checkbox"/> (Modified) Millers	Suture _____
	Uterine stump:	<input type="checkbox"/> Transfixation	<input type="checkbox"/> Circumferential	<input type="checkbox"/> (Modified) Millers	Suture _____
	Abdominal wall:	<input type="checkbox"/> Cruciate	<input type="checkbox"/> Simple interrupted	<input type="checkbox"/> Continuous	Suture _____
	Subcutaneous:	<input type="checkbox"/> Simple continuous			Suture _____
	Skin:	<input type="checkbox"/> Subcuticular pattern	<input type="checkbox"/> Surgical glue	<input type="checkbox"/> Staples	Suture _____

<b>Male Dog</b>					
<b>ADULT SCROTAL</b>	<b>NEUTER</b>			Technique: <input type="checkbox"/> Closed castration <input type="checkbox"/> Open castration	
	Skin Incision:	<input type="checkbox"/> Pre-scrotal	<input type="checkbox"/> Scrotal		
	Cord ligation:	<input type="checkbox"/> Instrument tie	<input type="checkbox"/> Circumferential	<input type="checkbox"/> (Mod.) Millers	<input type="checkbox"/> Transfixation Suture _____
	Sc/skin closure:	<input type="checkbox"/> Simple interrupted	<input type="checkbox"/> Subcuticular mattress	<input type="checkbox"/> Surgical glue	<input type="checkbox"/> Staples Suture _____
<b>ADULT PRE-SCROTAL</b>	<b>NEUTER</b>			Technique: <input type="checkbox"/> Closed castration <input type="checkbox"/> Open castration	
	Skin Incision:	<input type="checkbox"/> Pre-scrotal	<input type="checkbox"/> Scrotal		<b>S / M / L</b>
	Cord ligation:	<input type="checkbox"/> Instrument tie	<input type="checkbox"/> Circumferential	<input type="checkbox"/> (Mod.) Millers	<input type="checkbox"/> Transfixation Suture _____
	Sc/skin closure:	<input type="checkbox"/> Simple interrupted	<input type="checkbox"/> Subcuticular mattress	<input type="checkbox"/> Surgical glue	<input type="checkbox"/> Staples Suture _____
<b>PEDIATRIC SCROTAL</b>	<b>NEUTER</b>			Technique: <input type="checkbox"/> Closed castration <input type="checkbox"/> Open castration	
	Skin Incision:	<input type="checkbox"/> Pre-scrotal	<input type="checkbox"/> Scrotal		
	Cord ligation:	<input type="checkbox"/> Instrument tie	<input type="checkbox"/> Circumferential	<input type="checkbox"/> (Mod.) Millers	<input type="checkbox"/> Transfixation Suture _____
	Sc/skin closure:	<input type="checkbox"/> Simple interrupted	<input type="checkbox"/> Subcuticular mattress	<input type="checkbox"/> Surgical glue	<input type="checkbox"/> Staples Suture _____

<b>Female Cat</b>	<b>SPAY</b> (Ventral midline incision)			
	Ovarian peds:	<input type="checkbox"/> Instrument tie	<input type="checkbox"/> Circumferential	<input type="checkbox"/> (Modified) Millers Suture _____
	Uterine stump:	<input type="checkbox"/> Transfixation	<input type="checkbox"/> Circumferential	<input type="checkbox"/> (Modified) Millers Suture _____
	Abdominal wall:	<input type="checkbox"/> Cruciate	<input type="checkbox"/> Simple interrupted	<input type="checkbox"/> Continuous Suture _____
	Subcutaneous:	<input type="checkbox"/> Simple continuous		Suture _____
	Skin:	<input type="checkbox"/> Subcuticular pattern	<input type="checkbox"/> Surgical glue	<input type="checkbox"/> Staples Suture _____

<b>Male Cat</b>	<b>NEUTER</b>			Technique: <input type="checkbox"/> Closed castration <input type="checkbox"/> Open castration	
	Skin Incision:	<input type="checkbox"/> Pre-scrotal	<input type="checkbox"/> Scrotal		
	Cord ligation:	<input type="checkbox"/> Instrument tie	<input type="checkbox"/> Circumferential	<input type="checkbox"/> (Mod.) Millers	<input type="checkbox"/> Transfixation Suture _____
	Sc/skin closure:	<input type="checkbox"/> Simple interrupted	<input type="checkbox"/> Subcuticular mattress	<input type="checkbox"/> Surgical glue	<input type="checkbox"/> Staples Suture _____