

ISU HYPERTHYROID CAT CHECKLIST

	DUE DATE	WHAT	NAME	CHECK WHEN	DONE
Yes/No		OFF YD diet 2 weeks			Done
Yes/No		OFF Methimazole 1-2 weeks			Done
		Current Medications - List			Done
Yes/No		Fractious			Done
		Appetite/Eating			Done
		Physical Exam			Done
		Blood Pressure			Done
		Bloodwork			Done
		T4			Done
		Thoracic Radiographs			Done
		Cardiac Consult			Done
		IV Catheter Front Leg			Done
Yes/No		Sedation Ketamine/Midazolam			Done
Time		Anesthesia Request Time			Done
		Nuc Med Request Radiology			Done

Coordinating DVM Signature:

Faculty Attending DVM Signature:

ADDITIONAL NOTES: