



POST-OPERATIVE INSTRUCTIONS

ASPCA® Veterinary Services of North Carolina, P.C.
(828) 252-2079

<input type="checkbox"/> Cash \$ _____
<input type="checkbox"/> Check # _____
<input type="checkbox"/> Visa/M-Card \$ _____
Animal ID # _____

Date of Surgery _____

First Name _____ Last Name _____ Emergency Phone (in case of complications) _____ Cell Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Animal's Name _____ Animal's Age (Years) _____ Animal's Age (Months) _____ Contact Email _____

Dog Cat

Transport Group Name _____ Animal's Breed _____ Animal's Color(s) _____

Male Female

1. Has the Animal been to a veterinarian within the last 30 days? No Yes (regular checkup) Yes (vaccines) Yes (sick/injured) Please describe: _____

2. Has the Animal had any previous surgeries? No Yes Please describe: _____

3. Has the Animal been eating/drinking normally? No Yes

4. Did the Animal have a small breakfast this morning? No Yes

5. Does the Animal have any current medical/health conditions (check all that apply)? No Coughing Sneezing Vomiting Diarrhea Lethargy Vaccine reactions Allergies

Other condition (please describe): _____

6. Is the Animal on any medications, or had any injections, in the last 30 days, including flea/tick treatments, insulin, thyroid or steroids? No Yes Please describe: _____

POST-OPERATIVE INSTRUCTIONS

- You must restrict the Animal's activity for the next ten days to allow the tissue time to heal, & avoid causing the incision to open. Cats should stay indoors. All dogs should go out on a leash to urinate/defecate & then return inside to rest. Keep the incision site dry; do not bathe or apply topical ointment during the recovery period.
- Keep males away from unspayed females for 30 days. Keep females away from unneutered males for seven days. Be prepared to keep pets separate during the recovery period.
- Check the incision site twice daily. Females should have no drainage; redness & swelling should be minimal. The incision for male dogs is directly on the scrotum & is left open to allow for drainage. Small amounts of drainage/discharge is normal for up to three days. Too much activity causes increased drainage, so activity restriction is very important. Do not allow the Animal to lick or chew at the incision. If this occurs, an Elizabethan collar MUST be applied to prevent additional licking/chewing that could cause infection.
- Appetite should return gradually within 24 hours of surgery. Do not change the Animal's diet at this time, & do not give them junk food, table scraps, milk, or any other *people food* during the recovery period. Feeding them their regular diet will help avoid gastro-intestinal upset.
- Minimal redness & swelling of the surgery site should resolve within several days, but if they persist longer, please call our office at (828) 252-2079. After office hours, please call (855) 434-9285. You should also contact us immediately if you notice any of the following: pale gums; depression; unsteady gait; loss of appetite or decreased water intake; vomiting; diarrhea; discharge or bleeding from the incision; difficulty urinating or defecating; labored breathing. Do not give human medication to the Animal. It is dangerous & can be fatal.
- If the Animal received a vaccine at our clinic other than rabies, please discuss a "booster" vaccine with your regular veterinarian. Canine distemper/parvo vaccine & feline distemper vaccine all need to be "boostered" three to four weeks after administration of the first vaccine for maximum effectiveness.
- We will make every reasonable effort to treat at OUR CLINIC, at minimal cost, any post-operative complications resulting directly from the surgery, if the above post-operative instructions are followed in full. Your regular veterinarian must address illnesses or injuries that are not a direct result of surgery. Please call for an appointment as soon as you see any cause for concern at (828) 252-2079. After office hours, please call (855) 434-9285.

<input type="checkbox"/> Spay	Ovariohysterectomy – unless otherwise noted, there are no sutures to remove
<input type="checkbox"/> Neuter	Castration – unless otherwise noted, there are no sutures to remove
<input type="checkbox"/> Already spayed/neutered	Please contact this clinic if you have any questions or notice signs of heat
<input type="checkbox"/> In Heat	Please keep away from intact males for at least two weeks
<input type="checkbox"/> Pregnant: _____	Unless otherwise noted, there are no sutures to remove
<input type="checkbox"/> Cryptorchid	Undescended testicle(s) – your pet has two incisions
<input type="checkbox"/> Staples	_____ need to be removed in 10-14 days here or at your regular veterinarian
<input type="checkbox"/> Expect bruising near incision	Should resolve on its own after a couple of weeks

The Animal received a green tattoo next to their incision. This tattoo is a scoring process in the skin. IT IS NOT AN EXTRA INCISION.

Our vets recommend that you establish a wellness program for the Animal with a regular full-service veterinarian.

Please see your regular veterinarian to address the following concerns about the Animal:

Over/underweight Ear concerns Eye concerns Skin concerns Dental concerns Tapeworms/internal parasites Fleas/ticks

Other: _____

VET: _____ Weight (kgs.) _____

The Animal has received these vaccinations/services today: Other _____

<input type="checkbox"/> DA ₂ LPPv	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Ivermectin	<input type="checkbox"/> Oral meloxicam (morning after surgery) 0.1 mg/kg	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Microchip
<input type="checkbox"/> DA ₂ PPv	<input type="checkbox"/> FVRCP	Rabies: <input type="checkbox"/> 1-year <input type="checkbox"/> 3-year	<input type="checkbox"/> Meloxicam injection _____ mg/kg	<input type="checkbox"/> Ear tip	<input type="checkbox"/> Hernia repair

Cats: Requested Vaccines & Services		Dogs: Requested Vaccines & Services	
<input type="checkbox"/> Feline distemper vaccine	<input type="checkbox"/> Nail trim	<input type="checkbox"/> Canine distemper/parvo vaccine	<input type="checkbox"/> Nail trim
<input type="checkbox"/> Ivermectin (Trapped cats only)	<input type="checkbox"/> Microchip F/A	<input type="checkbox"/> Kennel cough vaccine	<input type="checkbox"/> Microchip F/A
<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Elizabethan collar	<input type="checkbox"/> Rabies vaccine (1-year)	<input type="checkbox"/> Elizabethan collar
<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Hernia repair	<input type="checkbox"/> Rabies vaccine (3-year)	<input type="checkbox"/> Hernia repair

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, & AGREE TO THE TERMS IN THIS AGREEMENT & THE ATTACHED AGREEMENTS. I HAVE PROOF OF CURRENT RABIES VACCINATION

SIGNATURE OF OWNER OR AUTHORIZED AGENT _____ DATE _____ INITIAL (when picking up) _____

Office/ Partner Use	<input type="checkbox"/> Owned <input type="checkbox"/> Shelter <input type="checkbox"/> Foster <input type="checkbox"/> Community cat (feral) <input type="checkbox"/> Community cat (friendly)	<input type="checkbox"/> Ear tip <input type="checkbox"/> Microchip	Updated 10/22/18
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