

Today's date: \_\_\_\_\_ ID #: \_\_\_\_\_ Volume Client: \_\_\_\_\_

Owner/agent name: \_\_\_\_\_ Owner/agent phone #: \_\_\_\_\_

Owner/agent address: \_\_\_\_\_

Animal name: \_\_\_\_\_ ☐ Dog ☐ Cat ☐ Female ☐ Male

What date did your pet have surgery? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Why did you bring your pet here today? \_\_\_\_\_

My pet is (please check all that apply):

<input type="checkbox"/> Acting normally	<input type="checkbox"/> Defecating	<input type="checkbox"/> Drinking	<input type="checkbox"/> Eating
<input type="checkbox"/> Hiding	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Licking	<input type="checkbox"/> Urinating

History: \_\_\_\_\_

**Discharge Instructions**

*Thank you for bringing \_\_\_\_\_ in for a recheck today. Please follow the attached treatment instructions and all labeled instructions on prescribed medications. If your pet is not feeling better within a day or two or their condition worsens, please call or come back and see us.*

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**Follow up:** ☐ Date: \_\_\_\_\_ ☐ As needed

Veterinarian (print) \_\_\_\_\_

☐ Antibiotics☐ Antibiotics☐ Cerenia☐ Convenia☐ Elizabethan collar☐ Gabapentin☐ Pain medication☐ Trazodone☐ Other: \_\_\_\_\_

**Veterinary Exam**

Weight: \_\_\_\_\_ kgs      T: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ Pain score: \_\_\_\_\_

S: \_\_\_\_\_

O: \_\_\_\_\_

A: \_\_\_\_\_

P: \_\_\_\_\_

**Medications**
☐ Convenia: \_\_\_\_\_ mL SQ

☐ Cefazolin: \_\_\_\_\_ mL IV

☐ Cerenia: \_\_\_\_\_ mL SQ

☐ Cephalexin: # \_\_\_\_\_ ☐ 250 mg ☐ 500 mg \_\_\_\_\_ capsules PO BID x \_\_\_\_\_ days

☐ Gabapentin: \_\_\_\_\_

☐ Meloxicam: \_\_\_\_\_ mL PO SID x \_\_\_\_\_ days

☐ Trazodone: # \_\_\_\_\_ ☐ 50 mg ☐ 100 mg \_\_\_\_\_ tabs PO BID x \_\_\_\_\_ days

☐ \_\_\_\_\_

**Treatment Instructions**
☐ Antibiotic

☐ Elizabethan collar

☐ Gabapentin

☐ Icing

☐ Nausea

☐ Meloxicam

☐ Strict rest

☐ Trazodone

☐ Warm compress

**Veterinarian Diagnoses**
☐ Discharge from incision site/infection

☐ Seroma

☐ Fever of unknown origin

☐ Suture reaction/inflammation

☐ Follow-up recheck

☐ Tracheal irritation/URI/kennel cough

☐ GI upset (unknown cause)

☐ Uterine stump granuloma/infection

☐ Hematoma/bleeding from incision

☐ WNL or staple removal

☐ Open incision – full thickness

☐ No diagnosis provided

☐ Open incision – superficial

☐ Not surgery related

☐ Painful

☐ Other: \_\_\_\_\_

DVM Signature: \_\_\_\_\_

Initials: \_\_\_\_\_

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