

How To Enhance Your Practice's "Perception of Value"

Make the Office Visit a Pleasurable Experience

Warm and Professional Atmosphere

- Current reading material
- Client education
- Leash hooks attached to reception desk
- Coffee
- Kiddie Corner (Treasure chest of toys, coloring books)
- Pet carriers
- Personalized leashes
- Background music
- ID collars and tags
- Obtaining patient weight during each visit (microchip)
- Uniforms and name badges
- Being attentive to the client's needs
- Virtual tour of your practice



Exam Report Card

Exam Room Report Card

For: _____

DATE: _____ LAST NAME: _____

Vaccination Program

<input type="checkbox"/> Up to Date	<input type="checkbox"/> FAVD	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Lyme	<input type="checkbox"/> Distemper	<input type="checkbox"/> Rabies	<input type="checkbox"/> FURCP	<input type="checkbox"/> Leishman	<input type="checkbox"/> FIV
<input type="checkbox"/> Also Due	<input type="checkbox"/> FAVD	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Lyme	<input type="checkbox"/> Distemper	<input type="checkbox"/> Rabies	<input type="checkbox"/> FURCP	<input type="checkbox"/> Leishman	<input type="checkbox"/> FIV
<input type="checkbox"/> Also Due	<input type="checkbox"/> FAVD	<input type="checkbox"/> Bordetella	<input type="checkbox"/> Lyme	<input type="checkbox"/> Distemper	<input type="checkbox"/> Rabies	<input type="checkbox"/> FURCP	<input type="checkbox"/> Leishman	<input type="checkbox"/> FIV

1. Coat & Skins

- ☐ Allergic reaction
- ☐ Alopecia
- ☐ Biting
- ☐ Brachycephalic
- ☐ Burns
- ☐ Dermatitis
- ☐ Dry Hot Skin
- ☐ Eczema
- ☐ Fleas
- ☐ Hair Loss
- ☐ Hot Spots
- ☐ Infection
- ☐ Intestinal
- ☐ Lethargy
- ☐ Lumps
- ☐ Mange
- ☐ Matted Fur
- ☐ Nodules
- ☐ Parasites
- ☐ Skin Cancer
- ☐ Skin Lesions
- ☐ Skin Tags
- ☐ Sores
- ☐ Swelling
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

2. Eyes

- ☐ Allergic reaction
- ☐ Blepharitis
- ☐ Conjunctivitis
- ☐ Corneal Injury
- ☐ Enophthalmos
- ☐ Exophthalmos
- ☐ Glaucoma
- ☐ Keratitis
- ☐ Lachrymation
- ☐ Nystagmus
- ☐ Pterygia
- ☐ Strabismus
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

3. Ears

- ☐ Allergic reaction
- ☐ Blepharitis
- ☐ Conjunctivitis
- ☐ Corneal Injury
- ☐ Enophthalmos
- ☐ Exophthalmos
- ☐ Glaucoma
- ☐ Keratitis
- ☐ Lachrymation
- ☐ Nystagmus
- ☐ Pterygia
- ☐ Strabismus
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

4. Nose & Throat

- ☐ Allergic reaction
- ☐ Blepharitis
- ☐ Conjunctivitis
- ☐ Corneal Injury
- ☐ Enophthalmos
- ☐ Exophthalmos
- ☐ Glaucoma
- ☐ Keratitis
- ☐ Lachrymation
- ☐ Nystagmus
- ☐ Pterygia
- ☐ Strabismus
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

5. Mouth, Teeth, Gums

- ☐ Allergic reaction
- ☐ Blepharitis
- ☐ Conjunctivitis
- ☐ Corneal Injury
- ☐ Enophthalmos
- ☐ Exophthalmos
- ☐ Glaucoma
- ☐ Keratitis
- ☐ Lachrymation
- ☐ Nystagmus
- ☐ Pterygia
- ☐ Strabismus
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

6. Legs & Paws

- ☐ Allergic reaction
- ☐ Blepharitis
- ☐ Conjunctivitis
- ☐ Corneal Injury
- ☐ Enophthalmos
- ☐ Exophthalmos
- ☐ Glaucoma
- ☐ Keratitis
- ☐ Lachrymation
- ☐ Nystagmus
- ☐ Pterygia
- ☐ Strabismus
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

7. Diagnostics / Description

- ☐ Allergic reaction
- ☐ Blepharitis
- ☐ Conjunctivitis
- ☐ Corneal Injury
- ☐ Enophthalmos
- ☐ Exophthalmos
- ☐ Glaucoma
- ☐ Keratitis
- ☐ Lachrymation
- ☐ Nystagmus
- ☐ Pterygia
- ☐ Strabismus
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

8. Urinary System

- ☐ Allergic reaction
- ☐ Blepharitis
- ☐ Conjunctivitis
- ☐ Corneal Injury
- ☐ Enophthalmos
- ☐ Exophthalmos
- ☐ Glaucoma
- ☐ Keratitis
- ☐ Lachrymation
- ☐ Nystagmus
- ☐ Pterygia
- ☐ Strabismus
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

9. Reproductive System

- ☐ Allergic reaction
- ☐ Blepharitis
- ☐ Conjunctivitis
- ☐ Corneal Injury
- ☐ Enophthalmos
- ☐ Exophthalmos
- ☐ Glaucoma
- ☐ Keratitis
- ☐ Lachrymation
- ☐ Nystagmus
- ☐ Pterygia
- ☐ Strabismus
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

10. Weight

- ☐ Allergic reaction
- ☐ Blepharitis
- ☐ Conjunctivitis
- ☐ Corneal Injury
- ☐ Enophthalmos
- ☐ Exophthalmos
- ☐ Glaucoma
- ☐ Keratitis
- ☐ Lachrymation
- ☐ Nystagmus
- ☐ Pterygia
- ☐ Strabismus
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

11. Diet

- ☐ Allergic reaction
- ☐ Blepharitis
- ☐ Conjunctivitis
- ☐ Corneal Injury
- ☐ Enophthalmos
- ☐ Exophthalmos
- ☐ Glaucoma
- ☐ Keratitis
- ☐ Lachrymation
- ☐ Nystagmus
- ☐ Pterygia
- ☐ Strabismus
- ☐ Tumor
- ☐ Ulcers
- ☐ Wounds

Recommendations

- ☐ Stay on medication (give your name)
- ☐ Switching recommended (why, specify) (what)
- ☐ Repeating dental scaling / polishing

DE: _____

How _____ **to** _____ **days**

Your Animal Hospital
Street Address
City, ST ZIP
(555) 123-4567

Presentation of Your Client Statement

- Overall aesthetics
- Knowledge of services provided
- Itemization
- Patient visit forms

Hospital Brochure or Hospital Folder

- Educate clients about your practice and the services you provide
- Photographic tour of your hospital
- Send to telephone shoppers

Web Sites

- How effective is your practice website?

Photo Mural

- Photographic review of your practice and its facilities

New Client Thank You Letter

Thank You For Referral Card or Letter

- Graduated thank you for referral program

Sympathy Letter or Card

- Donation to graduate school or charitable organization

Birthday Cards



Medical Recalls

- Out-Patient office visits
- Surgical and medical discharges

The Three R's

- Reminder, Recall, Re-Appointment

Client Questionnaire

Review Quality and Professionalism of:

- Client Handouts
- Reminder Cards
- Letterhead & Logo
- Business Cards

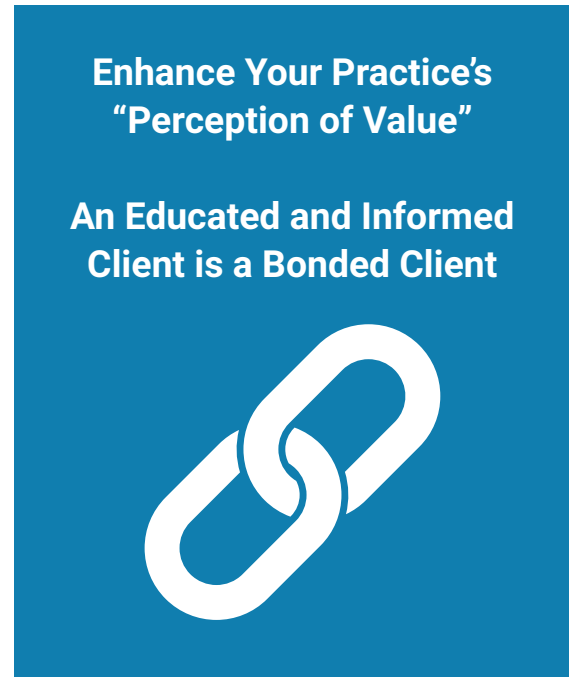
Hospital Tours

Education of Staff

- Staff Meetings
- In-Service Meetings
- Knowledge of Products and Services

Discharge Of Patients

- Review Condition of Patient
- Discharge by Doctor
- Explanation of Condition
- Written Discharge Orders
- Follow-Up (recall)



CARE OF YOUR PET FOLLOWING SURGERY OR HOSPITALIZATION

Pets, like people, are made up of a system of delicate tissues. In order to minimize post-surgical complications, you will need to provide the proper conditions if we are to expect satisfactory healing of your pet. Please read the following instructions for your technician at the time your pet is discharged from the hospital.

Today and Tonight:

- ☐ Until tomorrow, keep your pet quiet and confined in a warm environment off of furniture and off of high places where your pet could potentially fall.
- ☐ Normal activity may be resumed upon arriving home.
- ☐ After surgery, your pet may be inclined to drink and eat excessively, which will likely result in vomiting. To avoid this, do not offer food or water until _____ and then offer _____.
- ☐ Begin giving prescribed medications _____ and then offer _____.

Exercise and Activity:

- ☐ Your pet should be under strict confinement to a cage or small room for _____ days. Carry outside for elimination.
- ☐ No running, jumping or access to stairs should be permitted.
- ☐ Brief leash walks (on a short leash) only for _____ days. Avoid stairs and jumping on and off of furniture. Outdoor exercise must be limited to short periods on a short leash and only when necessary.
- ☐ No bathing, grooming or swimming for _____ days.
- ☐ It is okay to resume normal activity after _____ days.

Incision/Wound Care:

- ☐ Check the incision twice daily and notify us if you notice any swelling, redness or drainage. Prevent licking, chewing, and/or scratching at the incision/handage.
- ☐ Apply a warm compress or soak the wound for _____ minutes _____ times daily for _____ days.
- ☐ Keep the handage/grip clean and dry. Cover loosely with a plastic bag when outdoors. Call the hospital if the handage/grip slips, becomes wet, soiled or if you notice any swelling above or below the handage/grip.

Diet:

- ☐ Return to your pet's normal diet.
- ☐ Feed softened or canned food for the next three (3) days to allow your pet's mouth to heal.
- ☐ A permanent diet change to _____ for _____ days.

Medications:

- ☐ effective, it is imperative that you feed only this food. No table scraps or non-prescription treats allowed.
- ☐ No medications are indicated.
- ☐ Give the prescribed medications as indicated (directions attached).

Appointments:

- ☐ Administer the following additional medications: _____
- ☐ We need to see your pet back for a recheck exam in _____ days. Please call ahead for an appointment.
- ☐ Suture removal in _____ days.
- ☐ Drain removal in _____ days.
- ☐ Bandage/grip change/check in _____ days.

Monitor:

A decrease in activity or appetite for one or two days may be observed and patients may not have a bowel movement for 24 to 36 hours after surgery. This is normal. However, if your pet exhibits any of the following symptoms, please notify the hospital: (1) loss of appetite for over two days, (2) refusal to drink water over one day, (3) weakness, (4) depression, (5) vomiting, or (6) diarrhea.

Special Instructions:

I have read and understand the above discharge instructions. The doctors and staff have answered my questions to my satisfaction.

Signature of owner or authorized agent _____

AS ALWAYS, PLEASE CALL US AT (XXX) XXX-XXXX IF YOU HAVE ANY QUESTIONS OR CONCERNS.

Discharge Order Form

CANINE-FELINE REPORT CARD

For:

FIRST NAME _____ LAST NAME _____
 DATE ____/____/____ AGE _____ WEIGHT _____

Vaccination Program

☐ Up to Date
☐ Vac. Due: PARVO _____ Bordetella _____ LYME _____ DHP-P _____ Rabies _____ FURCP _____ Leukemia _____ FIV _____
☐ Also Due: Fecal _____ Heartworm test _____ Senior Profile _____ Dental Health Check _____ Vaccine Titers _____
☐ Vac. Given: PARVO _____ Bordetella _____ LYME _____ DHP-P _____ Rabies _____ FURCP _____ Leukemia _____ FIV _____

1. Coat & Skin

☐ Appears normal ☐ Itchy ☐ Bacterial Infection
☐ Dull / Dry ☐ Shedding ☐ Fleas (M, Mo, S)
☐ Scabs ☐ Matted ☐ Hair Loss
☐ Hotspot ☐ Tumors ☐ Pigment

2. Eyes

☐ Appears normal ☐ Infection: L _____ R _____
☐ Discharge: L _____ R _____ ☐ Cataract: L _____ R _____
☐ Inflamed: L _____ R _____ ☐ Lenticular Sclerosis
☐ Eyelid Deformities ☐ Other _____

3. Ears

☐ Appears normal ☐ Tumor: L _____ R _____
☐ Inflamed ☐ Excessive Hair
☐ Itchy ☐ Yeast Infect: L _____
☐ Mites ☐ Bacterial Infect: L _____
☐ R _____

4. Nose & Throat

☐ Appears normal ☐ Enlarged Lymph Glands
☐ Nasal Discharge ☐ Other _____
☐ Inflamed Throat

5. Mouth, Teeth, Gums

☐ Appears normal ☐ Gingivitis (Inflamed Gum Tissue)
☐ Broken Teeth ☐ Loose Teeth
☐ Tartar Buildup ☐ Pyorrhea (pus)
☐ Ulcers ☐ Tumors

6. Legs & Paws

☐ Appears normal ☐ Nails Too Long
☐ Lameness (LF, RF, LR, RR) ☐ Joint Problems
☐ Damaged Ligaments ☐ Foot/Hair Discoloration

7. Heart

☐ Appears normal ☐ Fast
☐ Murmur ☐ Other _____
☐ Slow

8. Abdomen

☐ Appears normal ☐ Abnormal Mass
☐ Enlarged Organs ☐ Tense/Painful
☐ Fluid ☐ Other _____

9. Lungs

☐ Appear normal ☐ Breathing Difficulty
☐ Abnormal sound ☐ Rapid Respiration
☐ Coughing ☐ Other _____
☐ Congestion

10. Gastrointestinal System

☐ Appears normal ☐ Abnormal Feces
☐ Excessive Gas ☐ Parasites
☐ Vomiting Problem ☐ Other _____
☐ Anorexia (appetite)

11. Urogenital System

☐ Appears normal ☐ Recommend neutering
☐ Abnormal urination ☐ Mammary tumors
☐ Genital discharge ☐ Anal sacs
☐ Abnormal testicles ☐ Enlarged prostate

12. Weight _____ lbs.

☐ Normal range ☐ Thin by _____ lbs.
☐ Heavy by _____ lbs. ☐ Other _____

13. Diet

☐ Excellent ☐ Vitamins needed
☐ Good ☐ Improvement necessary

Dogs

Annual Heartworm Test
☐ Negative
☐ Positive
☐ Recommended

Heartworm Refill?

☐ Yes
☐ No

Cats

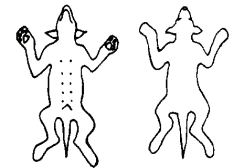
FeLV / FIV Test
☐ Negative
☐ Positive
☐ Recommended

Cats / Dogs

Annual Intestinal Worm Test
☐ Yes
☐ No
☐ Recommended
 Result _____

Flea Control Needed

☐ Pet
☐ House
☐ Yard



☐ Diagnosis / Description

(Numbers below correspond to numbers above)

☐ Lab results by mail / phone / consult
☐ Injection given
☐ Start medication at bedtime
☐ Give second dose medication in 2 weeks on ____ / ____ / ____

DR. _____

Recommendations

☐ Stay on heartworm pills year round
☐ Bathing recommended weekly / monthly / other
☐ Recommend dental scaling / polishing

Need _____ in _____ days

Your Animal Hospital
Street Address
City, ST ZIP
(555) 123-4567

Wellness Testing

Good health is essential for a healthy, happy, long life. At the time of your pet's visit, we will perform a wellness screening.

You may be concerned about the stress of blood testing and radiographs but with all the modern advances available today, your pet's procedures can be performed safely and comfortably. One of our knowledgeable veterinary technicians will be happy to answer any questions your family may have about this process.

The wellness screening for your pet includes the following:

- ♦ Electrocardiogram (ECG)
- ♦ Red Blood Cell Analysis
- ♦ White Blood Cell Analysis
- ♦ Platelet Count
- ♦ Radiographs of the chest and abdomen
- ♦ Blood Chemistry Profile

After the ECG, radiographs, and laboratory testing, we will report the results of the screening and make any recommendations to you.



Vaccinations

Vaccinations are a way to prevent serious infections from harming our animal friends. Your pet is temporarily protected from the mother's immune system until 5-6 weeks of age if it is nursing, but then that protection is gone! YOUR PET IS AT RISK UNTIL THE INITIAL VACCINATION SERIES IS COMPLETED which requires at least 3 visits at 3 week intervals. Some vaccinations require yearly "boosters", so look for your reminders from us in the mail. Your pet's vaccination needs are determined by his/her lifestyle. We will recommend vaccinations based on your pet's environment and activities.

Dental Care

75-85% of pets over the age of 3 have dental disease! Maintaining the health of your pet's teeth is one of the most important things that you can do to increase the comfort and length of your pet's life. Dogs and cats are not supposed to have bad breath. They have bad breath because they do not brush their teeth. Advanced dental disease can be costly, not to mention painful to your pet. Your pet's teeth should be cleaned, scaled and polished to help assure he/she keeps his/her teeth as long as possible; to control breath odor; and to prevent liver, kidney, and heart disease from developing.

Dental care is important because:

Pets with gingivitis are physically uncomfortable.

Gum and tooth disease lead to endocarditis (heart valve infection); kidney and other organ infections.

You will enjoy your pet more when he/she doesn't have halitosis (bad breath).

Your pet's health care expense in later years is reduced by regular dental cleaning and preventive care.

Weight Control

Pets that are fed to their ideal body condition throughout their lives have a median life span greater than pets that are not. Where does your pet fit in? Limiting weight gain and early intervention are powerful tools to help decrease the development and severity of chronic health conditions. Pet owners should talk with us about an accurate body condition score. If we discover your pet is overweight, we will help you with a weight loss plan.

Senior Care

As our pets enter their senior years, we see the following changes:

Their metabolism slows down

They are more prone to skin problems

They are more prone to heart and kidney disorders and cancer

The most common ailments in older cats and dogs are:

Oral disease

Thyroid dysfunction

Chronic kidney failure

Cancer

Heart disease

Diabetes mellitus

To insure the health of older animals, we have developed a wellness program. The senior pet program is designed to allow

For: _____
FIRST NAME LAST NAME
DATE / / HORSE AGE

EQUINE REPORT CARD

Vaccination Program

☐ Up to Date Tetanus _____ EEE/WEE _____ Flu _____ Rhino _____ PHF _____ Strangles _____
☐ Vac. Due: Tetanus _____ EEE/WEE _____ Flu _____ Rhino _____ PHF _____ Strangles _____
☐ Vac. Given: Tetanus _____ EEE/WEE _____ Flu _____ Rhino _____ PHF _____ Strangles _____

1. Coat & Skin

☐ Appears normal ☐ oily ☐ Itchy
☐ Dull ☐ Shedding ☐ Parasites
☐ Scaly ☐ Matted ☐ Other _____
☐ Dry ☐ Tumors _____

2. Eyes

☐ Appears normal ☐ Infection: L _____ R _____
☐ Discharge: L _____ R _____ ☐ Cataract: L _____ R _____
☐ Inflamed: L _____ R _____ ☐ Other _____
☐ Eyelid Deformities _____

3. Ears

☐ Appears normal ☐ Tumor: L _____ R _____
☐ Inflamed ☐ Excessive Hair
☐ Itchy ☐ Other _____
☐ Mites _____

4. Nose & Throat

☐ Appears normal ☐ Enlarged Lymph Glands
☐ Nasal Discharge ☐ Other _____
☐ Inflamed Throat _____

5. Mouth, Teeth, Gums

☐ Appears normal ☐ Inflamed Lips
☐ Broken Teeth ☐ Loose Teeth
☐ Sharp edges ☐ Pyorrhea
☐ Ulcers Other _____
☐ Tumors _____

6. Legs & hooves

☐ Appears normal ☐ Hoof Problems
☐ Lameness (LF, RF, LR, RR) ☐ Joint Problems
☐ Damaged Ligaments ☐ Other _____
☐ Thrush _____

7. Heart

☐ Appears normal ☐ Fast
☐ Murmur ☐ Other _____
☐ Slow _____

8. Abdomen

☐ Appears normal ☐ Abnormal Mass
☐ Enlarged Organs ☐ Tense/Painful
☐ Fluid ☐ Other _____

9. Lungs

☐ Appear normal ☐ Breathing Difficulty
☐ Abnormal sound ☐ Rapid Respiration
☐ Coughing ☐ Other _____
☐ Congestion _____

10. Gastrointestinal System

☐ Appears normal ☐ Abnormal Feces
☐ Palpation - OK ☐ Parasites
☐ Colic History ☐ Anorexia _____
☐ Sounds: L _____ R _____

11. Urogenital System

☐ Appears normal ☐ Mammary tumors
☐ Discharge ☐ Other _____
☐ Abnormal testicles _____

12. Central nervous System

☐ Appears Normal ☐ Depression.
☐ Seizures ☐ Behavior Problems

13. Diet

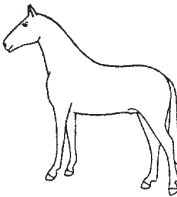
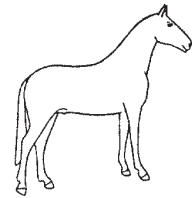
☐ Excellent ☐ Vitamins needed
☐ Good ☐ Improvement necessary

Coggins Test

☐ Negative
☐ Positive
☐ Recommended

Fecal Test

☐ Negative
☐ Positive
☐ Recommended



☐ Diagnosis / Description

☐ Lab results by mail / phone / consult
☐ Injection given
☐ Start medication at _____
☐ Give second dose medication on / /

DR. _____

Recommendations

☐ Recommend Teeth Float
☐ Recommend referral to a farrier
☐ Recommend weight loss _____ weight gain _____

Need _____ in _____ days

Your Animal Hospital
Street Address
City, ST ZIP
(555) 123-4567

Logo

[Practice Name]
Address
Phone number
Website address

COMPREHENSIVE AVIAN REPORT CARD

BIRD'S NAME _____ **OWNER'S NAME** _____ **DATE OF EXAMINATION** _____

PATIENT ID _____ **SPECIES** _____ **SEX** _____ **AGE** _____ **Tattoo/Band/Microchip No.** _____
-Years -Months

Origin of Bird: ☐ Wild-caught ☐ Hand-Fed ☐ Unknown ☐ Captive-Bred (Breeder name: _____)

Medical History _____ Diet _____

1. General Appearance - Skin and Feathers

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

3. Eyes and Ears

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

5. Beak and Nostrils

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

7. Mouth, Pharynx/Choana

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

9. Feet and Nails

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

11. Musculoskeletal

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

13. Digestive

☐ Appears Normal ☐ Abnormal

Notes _____

Fecal Test ☐ Recommended ☐ Yes ☐ No

Results _____

☐ See Well Care Plan for Recommendations

2. Heart - Circulation

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

4. Lungs - Respiratory

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

6. Vent/Cloaca

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

8. Urinary, Reproductive and Hormonal

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

10. Nervous System and Behavior

☐ Appears Normal ☐ Abnormal

Notes _____

☐ See Well Care Plan for Recommendations

12. Weight _____ **grams | lbs.**

☐ Normal Range ☐ Underweight by _____

☐ Overweight by _____ ☐ Other _____

☐ See Well Care Plan for Recommendations

14. Diet and Nutrition

☐ Excellent ☐ Good ☐ Poor

Notes _____

☐ See Well Care Plan for Recommendations

15. Other Tests _____

Well Care Plan

Recommendations

Needs by (date)

1. _____	--	_____
2. _____	--	_____
3. _____	--	_____
4. _____	--	_____

Next Appointment Date: _____

Dr. _____

2190 R2016NOV

[Practice Name]

DISCHARGE ORDER FORM

CARE OF YOUR PET FOLLOWING SURGERY OR HOSPITALIZATION

Pets, like people, are made up of systems of delicate tissues. In order to minimize post-surgical complications, you will need to provide the proper conditions if we are to expect satisfactory healing of your pet. Please read the following instructions for your pet's recovery. If you have any questions or concerns regarding these instructions, please bring them up with the doctor or technician at the time your pet is discharged from the hospital.

Today and Tonight:

- ☒ Please protect your pet when leaving the hospital by using either a leash or a carrier.
- ☐ Until tomorrow, keep your pet quiet and confined in a warm environment, off of furniture and off of high places where your pet could potentially fall.
- ☐ Normal activity may be resumed upon arriving home.
- ☐ After surgery, your pet may be inclined to drink and eat excessively, which will likely result in vomiting. To avoid this, do not offer food or water until _____, and then offer _____. You may resume normal feeding tomorrow.
- ☐ Begin giving prescribed medications _____, and continue as directed.

Exercise and Activity:

- ☐ Your pet should be under strict confinement to a cage or small room for _____ days. Carry outside for elimination. No running, jumping or access to stairs should be permitted.
- ☐ Brief leash walks (on a short leash) only for _____ days. Avoid stairs and jumping on and off of furniture. Outdoor exercise must be limited to short periods on a short leash and only when necessary.
- ☐ No bathing, grooming or swimming for _____ days.
- ☐ It is okay to resume normal activity after _____.

Incision/Wound Care:

- ☐ Check the incision twice daily and notify us if you notice any swelling, redness or drainage. Prevent licking, chewing, and/or scratching at the incision/bandage.
- ☐ Apply a warm compress or soak the wound for _____ minutes, _____ times daily for _____ days.
- ☐ Keep the bandage/splint clean and dry. Cover loosely with a plastic bag when outdoors. Call the hospital if the bandage/splint slips, becomes wet, soiled or if you notice any swelling above or below the bandage/splint.

Diet:

- ☐ Return to your pet's normal diet.
- ☐ Feed softened or canned food for the next three (3) days to allow your pet's mouth to heal.
- ☐ Feed _____ for _____ days.
- ☐ A permanent diet change to _____ is necessary. In order for this diet to be effective, it is imperative that you feed only this food. No table scraps or non-prescription treats allowed.

Medications:

- ☐ No medications are indicated.
- ☐ Give the prescribed medications as indicated (directions attached): _____
- ☐ Administer the following additional medications: _____

Appointments:

- ☐ We need to see your pet back for a recheck exam in _____ days. Please call ahead for an appointment.
- ☐ Suture removal in _____ days: _____
- ☐ Drain removal in _____ days: _____
- ☐ Bandage/splint change/check in _____ days: _____

Monitor:

A decrease in activity or appetite for one or two days may be observed and patients may not have a bowel movement for 24 to 36 hours after surgery. This is normal. However, if your pet exhibits any of the following symptoms, please notify the hospital: (1) loss of appetite for over two days, (2) refusal to drink water over one day, (3) weakness, (4) depression, (5) vomiting, or (6) diarrhea.

Special Instructions:

I have read and understand the above discharge instructions. The doctors and staff have answered my questions to my satisfaction.

Signature of owner or authorized agent

AS ALWAYS, PLEASE CALL US AT (XXX) XXX-XXXX IF YOU HAVE ANY QUESTIONS OR CONCERNS.